



READ YOUR OUTLINE OF COVERAGE

Group Critical Illness Insurance is provided under a Group Policy that has been issued to the Policyholder. **The Policyholder is National Federation of Independent Contractors Association.**

The Outline of Coverage provides a very brief summary of the important features of the Group Critical Illness Insurance. The Outline of Coverage is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control.

To access and read your Outline of Coverage:

- If you are a **RESIDENT** of one of the following states, click on the box below that shows the name of your state of residence: **Alaska**, **Arkansas**, **Colorado**, **Connecticut**, **Delaware**, **Florida**, **Idaho**, **Kentucky**, **Louisiana**, **Maine**, **Maryland**, **Minnesota**, **Mississippi**, **Missouri**, **Montana**, **Nebraska**, **New Hampshire**, **New Mexico**, **New York**, **North Carolina**, **North Dakota**, **Ohio**, **Oklahoma**, **Oregon**, **South Carolina**, **South Dakota**, **Texas**, **Utah**, **Vermont**, **Washington**, **West Virginia**, or **Wyoming**.

OR

- If you do not reside in one of the above listed states, click on the box below that shows the name of the **GROUP POLICY ISSUANCE STATE**. The **GROUP POLICY ISSUANCE STATE** is: **Tennessee**.
- **This product is not approved for policies to be issued in the states noted in red. Furthermore, if you are a RESIDENT of this state you are not eligible to enroll for this product. Please contact your plan administrator for details.**

It is important that you follow the above directions and click on the box for the state that applies to you. Some of the information in the Outline of Coverage varies by state.

Please contact MetLife at 1-800-GET-MET8 if you have any questions about this important coverage.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation of
Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy") Certificate
Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

9) PREMIUMS.

This is the end of the Outline of Coverage that applies to you.



METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188
POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

SPECIFIED DISEASE INSURANCE OUTLINE OF COVERAGE

Specified Disease Insurance coverage is provided under a Group Policy that has been issued the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides specified disease coverage **ONLY**. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) SPECIFIED DISEASE INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

SPECIFIED DISEASE BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;

- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for any covered conditions caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the covered person's physician.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation of
Independent Contractors Association**

Group Policy Form No: GPNP07-CI

(Referred to herein as the "Group Policy")

Certificate Form No: GCERT10-CI

(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer;
or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under this Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation of
Independent Contractors Association**

Group Policy Form No: GPNP07-CI

(Referred to herein as the "Group Policy")

Certificate Form No: GCERT10-CI

(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

9) PREMIUMS.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation of
Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cance.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- voluntarily taking or using any narcotic unless it is taken or used as prescribed by a physician;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States. If this happens, the covered condition will be deemed to have occurred on the date the diagnosis outside the United States was made.

We will not pay benefits for any covered condition that does not First Occur for a covered person while the covered person is insured under the Certificate.

Other Exclusions:**Preexisting Condition Exclusion**

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS**Reduction of Benefits On Account of Prior Claims Paid**

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS**DATE YOUR INSURANCE ENDS:**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. The certificate does not provide coverage for mental illness or chemical dependency. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

Mammogram Benefit

For women who are 35 years of age or older, a mammogram that is performed will be covered each year for \$70.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is voluntarily intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. **Premium Rates for you are also subject to change at other times as stated in each of the group policies.** The applicable premium for you is shown in the rate sheet.

Please complete the following estimated annual premium information once you have made your coverage selections using the premium rates supplied by us.
(to be completed by applicant)
Estimated annual premium \$_____

At this time there is no trend information regarding premium increases and decreases to disclose.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer;
or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer;
or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- committing a felony or attempting to commit a felony;
- participating in a riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any narcotic unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.

Notice for New Mexico Residents

The following notice is provided in accordance with New Mexico requirements.

The coverage provided under your benefits plan or policy underwritten by Metropolitan Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the testing, diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at 1-833-862-3935.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at 1-855-637-6574 or visit <https://www.yes.state.nm.us/yesnm/home/index>
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool ") at 1-844-728-7896 or <https://nmmip.org/>". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at <https://www.cdc.gov/> or <http://cv.nmhealth.org/>.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
 - the date you die;
 - the date insurance ends for your class;
 - the end of the period for which the last full premium has been paid for you;
 - the date you cease to be in an eligible class;
 - the premium due date coincident with or next following the date You attain age 70;
 - the date you cease to be a member.
- OH

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

Group Policy Form No: GPNP07-CI

**(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS**Health Screening Benefit**

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:**Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

Group Policy Form No: GPNP07-CI

(Referred to herein as the "Group

Policy") Certificate Form No: GCERT10-CI

(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE NATIONAL FEDERATION OF INDEPENDENT CONTRACTORS DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE NATIONAL FEDERATION OF INDEPENDENT CONTRACTORS ~ IS A NON-SUBSCRIBER, THE NATIONAL FEDERATION OF INDEPENDENT CONTRACTORS LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE NATIONAL FEDERATION OF INDEPENDENT CONTRACTORS MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer or a that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-
CI-UT
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is

insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;

- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered ConditionsWe will not pay

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:**Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

LIMITED BENEFIT INSURANCE OUTLINE OF COVERAGE

Limited Benefit Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides limited benefit coverage **ONLY**. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) LIMITED BENEFIT INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association**

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

SPECIFIED DISEASE INSURANCE OUTLINE OF COVERAGE

Specified Disease Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides specified disease coverage **ONLY**. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) SPECIFIED DISEASE INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

SPECIFIED DISEASE BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")
CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE**

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class.
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**IMPORTANT INFORMATION ABOUT THE
COVERAGE YOU ARE BEING OFFERED**

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Metropolitan Life Insurance Company ("MetLife").

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charge and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

The benefits under this policy are summarized below:

- **Type of Coverage: Critical Illness Insurance Coverage.** Policies of this category are designed to provide a fixed payment if the covered person is diagnosed with certain specified diseases or has certain surgeries performed for the first time after the coverage effective date. Heart Attack, Kidney Failure, Stroke, Full Benefit Cancer, and Partial Benefit Cancer (the "covered conditions") are the only diseases or surgeries for which a covered person may receive benefits under the certificate.

- **Benefit Amount:**

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

The Benefit Amount will be _____.
(amount chosen by you)

The Total Benefit Amount will be an amount equal to three times the Benefit Amount.

- **Benefit Triggers – Critical Illness Benefits:**

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Critical Illness Benefits For Partial Benefit Cancer: If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recurrence Benefit: We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Re-Occurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of that same Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- With respect to Stroke:
 - 1 an Occurrence of Stroke after we have already paid an initial benefit for the First Occurrence of a Stroke.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously diagnosed Full Benefit Cancer; and
- distinct from any previously diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Reduction of Benefits on Account of Prior Claims Paid: We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

- **Benefit Triggers – Supplemental Benefits:**

Health Screening Benefit: If a covered person takes one of the screening/prevention measures while such covered person is insured under the certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

- **Duration of Coverage**

Your insurance will end on the earliest of:

- the date the group policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

Policy provisions that exclude, eliminate, restrict, limit, delay, or in any other manner operate to qualify payment of the benefits described above include the following:

1) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

Evaluation Center means a facility that is:

- licensed or certified under the laws where it is located to provide diagnostic services for the Covered Condition for which evaluation is sought; and
- which has been recognized by the group policyholder in writing as an evaluation center for purposes of the Evaluation Benefit.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a covered person initially becomes insured under the group policy that such Covered Condition occurs.
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Partial Benefit Cancer; or
- all other Covered Conditions the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a medical practitioner, as defined in the certificate, has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the group policy.

Occurs or Occurrence means:

- with respect to Heart Attack or Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a medical practitioner, as defined in the certificate;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit.

Total Benefit Amount means the maximum aggregate amount, as specified in the certificate, that we will pay for any and all covered conditions combined, per covered person, per lifetime, as provided under the certificate. The Total Benefit Amount does not include Supplemental Benefits.

2) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused or contributed to by a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- engaging in an illegal occupation;
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition first occurs during the first 6 months that a covered person is insured under the certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following covered conditions: Heart Attack and Stroke.

3) DEPENDENT INSURANCE

When you apply for insurance for yourself, you may also apply for coverage for your Dependent(s). Dependent Insurance will take effect on the date we approve each Dependent for coverage except that our approval is not required for your newborn children. To enroll a Dependent Child, that child must be under age 26. Once you have Dependent Insurance for at least one Dependent Child, if another child becomes your dependent that child will automatically be covered.

4) BENEFIT INCREASES

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) PREMIUMS.

Premium rates change based on age. Premium rates for are also subject to change at other times as stated in the group policy.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association
Group Policy Form No: GPNP09-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CANCER AND SPECIFIED DISEASES INSURANCE OUTLINE OF COVERAGE

NO RECOVERY FOR PRE-EXISTING DIAGNOSED CANCER – READ CAREFULLY. No benefits will be provided under the Certificate for cancer that is diagnosed before the 30th day after the effective date of the coverage.

IMPORTANT CANCELLATION INFORMATION: Please read Section 9 of this Outline of Coverage titled "When Insurance Ends" found on page 11.

Cancer and Specified Diseases Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

THE CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from MetLife. The certificate provides cancer and specified diseases coverage only. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

1) READ YOUR CERTIFICATE CAREFULLY – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

2) CANCER AND SPECIFIED DISEASES INSURANCE COVERAGE – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified

diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.

- 3) **MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.

4) **BENEFITS OF YOUR CERTIFICATE**

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- actively participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

• WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or **Recurrence** means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 180 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One Certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The Certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the Certificate, including limitations, exclusions and submission of proof of a covered condition, the Certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a Certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and Certificate. This is not the insurance contract and only the actual provisions of the Group Policy and Certificate under which you have coverage will control. Each Certificate sets forth in detail the rights and obligations of both you and MetLife under the Certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer

100% of Benefit Amount

50% of Benefit Amount

Partial Benefit Cancer

25% of Benefit Amount

12.5% of Benefit Amount

Heart Attack

100% of Benefit Amount

50% of Benefit Amount

Kidney Failure

100% of Benefit Amount

NONE

Stroke

100% of Benefit Amount

50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a Certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a Certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer;
or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to atherosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:**Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit;

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN list).

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any narcotic, hallucinogen, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an “over the counter” narcotic, hallucinogen, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:**Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person’s involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person’s alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs

during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

Benefit for Covered Conditions**Initial Benefit****Recurrence Benefit**

Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts. A Preexisting Condition does not include a condition revealed on the Enrollment Form.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the grace period following the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

8) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

POLICYHOLDER: National Federation of Independent Contractors Association

**Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

is Board Certified in hematology or oncology in order to treat irreversible failure of such covered person's bone marrow.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

Transplant List means the Organ Procurement and Transportation Network (OPTN) list.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:**Exclusion for Intoxication**

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person, medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

**POLICYHOLDER: National Federation of Independent
Contractors Association**

**Group Policy Form No: GPNP09-CI
(Referred to herein as the "Group Policy")
Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

**CRITICAL ILLNESS INSURANCE OUTLINE OF
COVERAGE**

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

If you are under age 65, please read the following:

The certificate is a group certificate. The certificate provides specified disease coverage **ONLY**. The certificate does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Department of Financial Services.

If you are age 65 or older, please read the following:

The certificate is a group certificate. The certificate provides specified disease coverage **ONLY**. The certificate does NOT provide Medicare supplement insurance, long term care insurance, nursing home insurance only, home care insurance only or nursing home and home care insurance as defined by the New York State Department of Financial Services. You may also contact your local social security office or MetLife and obtain a copy of the Guide to Health Insurance for People with Medicare.

It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This disclosure document provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is diagnosed with certain specified diseases the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You must have medical insurance in place when you apply for coverage under the Group Policy.

4) BENEFITS OF YOUR CERTIFICATE

Please be aware that the certificate contains specific definitions, conditions, maximums, limitations, exclusions and proof requirements for the benefits described below.

The Benefit Amount that determines the benefits for Covered Conditions is shown on your enrollment form. The Total Benefit Amount, which is the maximum aggregate amount that we will pay for any and all Covered Conditions, combined, per covered person, per lifetime is equal to 3 times the Benefit Amount that you select. The Total Benefit Amount does not include the Health Screening Benefit.

<u>Covered Condition</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Cancer		
Full Benefit Cancer	100% of Benefit Amount	100% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	25% of Benefit Amount
Skin Cancer	5% of Benefit Amount (but not less than \$250)	NONE
Heart Attack	100% of Benefit Amount	100% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	100% of Benefit Amount

Recurrence Benefit:

We will pay the Recurrence Benefit shown above for a Recurrence. "Recurrence" means:

- with respect to Cancer, a second occurrence of Cancer that occurs after an initial Benefit was paid for a first occurrence of that same Cancer;
- with respect to any other Covered Condition, a second occurrence of that Covered Condition after we have already paid an initial benefit for the first occurrence of that Covered Condition.

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

5) DEFINITIONS

Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue or the presence of one or more malignant tumors where there is metastasis.

Partial Benefit Cancer means one of the following conditions that meets the TNM Staging classification and other qualifications specified below:

- a carcinoma in situ wherein the malignant tumor cells still lie within the tissue of the site of origin without having invaded neighboring tissue; and
- tumors of the prostate classified as T1N0M0, including but not limited to T1aN0M0, T1bN0M0, or T1cN0M0 under TNM Staging.

Skin Cancer means any malignant growth that arises on the surface of the skin that is a:

- basal cell carcinoma;
- squamous cell carcinoma;
- melanoma classified as Clarks Level I (melanoma in situ); or
- melanoma classified as Clarks Level II.

Full Benefit Cancer means any form of Cancer that is not Partial Benefit Cancer or Skin Cancer.

Stroke means a cerebrovascular incident producing measurable, functional and permanent neurological impairment caused by any of the following which result in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extra-cranial source.

Stroke does not include:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

6) EXCLUSIONS

General Exclusions:

We will not pay benefits for any loss for a covered person caused or contributed to by the covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide;
- being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, Canada or Mexico, unless the diagnosis is confirmed in the United States, Canada or Mexico, in which case the covered condition will be deemed to occur on the date of the diagnosis made outside the United States, Canada or Mexico.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the certificate.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS**Reduction of Benefits On Account of Prior Claims Paid**

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for the Health Screening Benefit. Prior claims paid for the Health Screening Benefit are disregarded when determining whether benefits for other Covered Conditions will be reduced under this provision.

8) WHEN INSURANCE ENDS**DATE YOUR INSURANCE ENDS:**

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the date the Total Benefit Amount has been paid for you;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class; or
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS

PREMIUM RATES CHANGE BASED ON AGE. Premium rates for you are also subject to change at other times as stated in the group policy.

10) DISCLOSURE

This disclosure statement is a very brief summary of the certificate.

The certificate itself sets forth the rights and obligations of both you and MetLife. It is therefore imperative that you READ YOUR CERTIFICATE carefully.

The expected benefit ratio for this certificate is 70%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all the people with this policy or certificate.

This is the end of the Outline of Coverage that applies to you.



**METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE, NEW YORK, NEW YORK 10166-0188**

**POLICYHOLDER: National Federation
of Independent Contractors Association
Group Policy Form No: GPNP07-CI
(Referred to herein as the "Group
Policy") Certificate Form No: GCERT10-CI
(Referred to herein as the "Certificate")**

CRITICAL ILLNESS INSURANCE OUTLINE OF COVERAGE

Critical Illness Insurance coverage is provided under a Group Policy that has been issued to the Policyholder. One certificate is issued to each member who is covered under the Group Policy. The Group Policy is a **LIMITED POLICY**. A member applying for coverage under the Group Policy is referred to herein as "you" or "your".

The certificate provides critical illness coverage ONLY. It does not provide Medicare Supplement Coverage. Subject to the provisions of the certificate, including limitations, exclusions and submission of proof of a covered condition, the certificate provides limited benefits in the event that a covered person is Diagnosed with certain specified diseases, or has certain surgical procedures performed. It is also important to note that the receipt of benefits under a certificate may affect eligibility for Medicaid or other governmental benefits and entitlements. Accordingly, persons who wish to maintain eligibility for such benefits should not purchase the coverage made available under the Group Policy without consulting a legal advisor.

- 1) READ YOUR CERTIFICATE CAREFULLY** – This outline of coverage provides a very brief description of the important features of the group insurance coverage provided by the Group Policy and certificate. This is not the insurance contract and only the actual provisions of the Group Policy and certificate under which you have coverage will control. Each certificate sets forth in detail the rights and obligations of both you and MetLife under the certificate. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**
- 2) CRITICAL ILLNESS INSURANCE COVERAGE** – Policies of this category are designed to provide a lump sum payment if the covered person is Diagnosed with certain specified diseases for the first time after insurance takes effect under the Group Policy, or if you have certain specified surgeries for the first time after insurance takes effect under the Group Policy.
- 3) MEDICAL COVERAGE** – The Policy does NOT provide any type of medical coverage and is not a substitute for medical coverage or disability insurance. You should have medical insurance in place when you apply for coverage under the Group Policy.
- 4) BENEFITS OF YOUR CERTIFICATE**

<u>Benefit for Covered Conditions</u>	<u>Initial Benefit</u>	<u>Recurrence Benefit</u>
Full Benefit Cancer	100% of Benefit Amount	50% of Benefit Amount
Partial Benefit Cancer	25% of Benefit Amount	12.5% of Benefit Amount
Heart Attack	100% of Benefit Amount	50% of Benefit Amount
Kidney Failure	100% of Benefit Amount	NONE
Stroke	100% of Benefit Amount	50% of Benefit Amount

CRITICAL ILLNESS BENEFITS FOR FULL BENEFIT CANCER, HEART ATTACK, STROKE AND KIDNEY FAILURE

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

100% of the Benefit Amount is payable for the following Covered Conditions that First Occurs for a covered person while such covered person is insured under the Certificate:

1. Full Benefit Cancer;
2. Heart Attack;
3. Stroke; or
4. Kidney Failure.

Payment of this benefit reduces the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

CRITICAL ILLNESS BENEFITS FOR PARTIAL BENEFIT CANCER

If any of the following Covered Conditions First Occurs for a covered person, while such covered person is insured under the Certificate, proof of the Covered Condition must be sent to us. When we receive such proof, we will review the claim and if we approve it, will pay the benefit described below for such Covered Condition, provided, however, that we will never pay more with respect to any covered person than the Total Benefit Amount.

25% of the Benefit Amount is payable for the following Covered Conditions that First Occur for a covered person while such covered person is insured under the Certificate:

1. Partial Benefit Cancer.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision

RECURRENCE BENEFIT

We will pay the Recurrence Benefit for a Recurrence subject to the following limitations:

- We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period; and
- We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the covered person has not, for a period of 180 days, had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit.

Payment of this benefit will reduce the Total Benefit Amount. See the Reduction on Account of Prior Claims Paid provision.

Recur or Recurrence means:

- with respect to Full Benefit Cancer, an Occurrence of Full Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Full Benefit Cancer.
- with respect to Partial Benefit Cancer, an Occurrence of Partial Benefit Cancer that:
 1. Occurs after an Initial Benefit was paid for a First Occurrence of Partial Benefit Cancer.
- with respect to Heart Attack:
 1. an Occurrence of Heart Attack after we have already paid an Initial Benefit for the First Occurrence of Heart Attack.
- with respect to Stroke:
 1. an Occurrence of Stroke after we have already paid an Initial Benefit for the First Occurrence of Stroke.

SUPPLEMENTAL BENEFITS

Health Screening Benefit

If a covered person takes one of the screening/prevention measures while such covered person is insured under the Certificate, we will pay a health screening benefit upon submission of proof that such measure was taken. When we receive such proof, we will review it, and if we approve the claim, we will pay a health screening benefit depending on the plan you select.

We will only pay one health screening benefit per covered person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.

BENEFIT INCREASES

Benefit Increase means a simultaneous increase in both the Benefit Amount and Total Benefit Amount.

If you are insured under a certificate at the time a Benefit Increase is offered for your eligible class, you will be eligible for the Benefit Increase if you have not already attained the Maximum Benefit Amount. Your Benefit Increase will not take effect unless you complete an enrollment form and we approve you for the Benefit Increase. You must also give written permission to deduct contributions from your pay for such Benefit Increase.

The Benefit Increase will take effect for you on the date we approve you for such Benefit Increase, if on that date you are actively at work in a class that is eligible for the Benefit Increase. If you are not actively at work in a class that is eligible for the Benefit Increase on that date, your Benefit Increase will take effect on the date you return to active work in a class that is eligible for the Benefit Increase.

5) DEFINITIONS

Benefit Amount the amount we use to determine the benefit payable for a Covered Condition.

Benefit Suspension Period means the 365 day period following the date a Covered Condition, for which the Certificate pays a benefit, Occurs with respect to a covered person.

Diagnosis means the establishment of a Covered Condition by a physician through the use of clinical and/or laboratory findings.

Diagnose means the act of making a Diagnosis.

First Occurs or First Occurrence means, with respect to:

- Full Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Full Benefit Cancer, after an Occurrence of Full Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate & Unrelated Full Benefit Cancer;
- Partial Benefit Cancer, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs;
- Partial Benefit Cancer, after an Occurrence of Partial Benefit Cancer while the Covered Person is insured under the Group Policy, an Occurrence of a Separate and Unrelated Partial Benefit Cancer; or
- all other Covered Conditions, the first time after a Covered Person initially becomes insured under the Group Policy that such Covered Condition Occurs.

Full Benefit Cancer means the presence of one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue provided that a physician who is board certified in the medical specialty that is appropriate for the type of cancer involved has determined that:

- surgery, radiotherapy, or chemotherapy is medically necessary;
- there is metastasis; or
- the patient has terminal cancer, is expected to die within 24 months or less from the date of Diagnosis and will not benefit from, or has exhausted, curative therapy.

Heart Attack (myocardial infarction) means the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.

Initial Benefit means the benefit that we will pay for a Covered Condition that First Occurs while coverage is in effect under the Certificate.

Kidney Failure means the total, end stage, irreversible failure of both kidneys to function, provided that a physician who is a board certified nephrologist has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

Maximum Benefit Amount means the maximum amount of benefits for which an individual in an eligible class can apply under the Group Policy.

Occurs or Occurrence means:

- with respect to Heart Attack, Stroke, Kidney Failure, Full Benefit Cancer, or Partial Benefit Cancer that the covered person:
 1. experiences such Covered Condition; and
 2. is Diagnosed with such Covered Condition.

Partial Benefit Cancer means one of the following conditions that meets the TNM staging classification and other qualifications specified below:

- carcinoma in situ classified as TisN0M0, provided that surgery, radiotherapy or chemotherapy has been determined to be medically necessary by a physician who is board certified in the medical specialty that is appropriate for the type of carcinoma in situ involved;
- malignant tumors classified as T1N0M0 or greater which are treated by endoscopic procedures alone;
- malignant melanomas classified as T1N0M0, for which a pathology report shows maximum thickness less than or equal to 0.75 millimeters using the Breslow method of determining tumor thickness; and
- tumors of the prostate classified as T1bN0M0, or T1cN0M0, provided that they are treated with a radical prostatectomy or external beam radiotherapy.

Separate & Unrelated means a Full Benefit Cancer or a Partial Benefit Cancer that is:

- not a metastasis of a previously Diagnosed Full Benefit Cancer; and
- distinct from any previously Diagnosed Full Benefit Cancer or Partial Benefit Cancer.

Stroke means a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA), or prolonged reversible ischemic attacks) caused by any of the following which results in an infarction of brain tissue:

- hemorrhage;
- thrombus; or
- embolus from an extracranial source.

Supplemental Benefit(s) are the following:

- Health Screening Benefit

Total Benefit Amount means the maximum aggregate amount that we will pay for any and all Covered Conditions combined, per covered person, per lifetime, as provided under the Certificate or any Certificate it replaces. The Total Benefit Amount does not include Supplemental Benefits.

6) EXCLUSIONS

Exclusions Related to Covered Conditions:

We will not pay benefits for a Diagnosis of Full Benefit Cancer for:

- any condition that is Partial Benefit Cancer;
- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1N0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter unless there is metastasis;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer unless there is metastasis; or
- any malignant tumor classified as less than T1N0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Partial Benefit Cancer for:

- any benign tumor, dysplasia, intraepithelial neoplasia or pre-malignant growth;
- any papillary tumor of the bladder classified as Ta under TNM Staging;
- any tumor of the prostate classified as T1aN0M0 under TNM Staging;
- any papillary tumor of the thyroid that is classified as T1N0M0 or less under TNM Staging and is one centimeter or less in diameter;
- any cancer in the presence of human immuno-deficiency virus (HIV) for which there is a known increased risk due to the presence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of HIV;
- any non-melanoma skin cancer; or
- any melanoma in situ classified as TisN0M0 under TNM Staging.

We will not pay benefits for a Diagnosis of Stroke for:

- cerebral symptoms due to migraine;
- cerebral injury resulting from trauma or hypoxia; or
- vascular disease affecting the eye or optic nerve or vestibular functions.

General Exclusions:

We will not pay benefits for covered conditions caused by, contributed to by, or resulting from a covered person:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a physician;
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in an illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for covered conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any covered condition for which diagnosis is made outside the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States.

Other Exclusions:

Exclusion for Intoxication

We will not pay benefits for any covered condition that is caused by, contributed to by, or results from a covered person's involvement in an incident, where such covered person is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

Preexisting Condition Exclusion

A preexisting condition is a sickness or injury for which, in the 3 months before a covered person becomes insured under a certificate, or before any Benefit Increase with respect to such covered person:

- medical advice, treatment or care was sought by such covered person, or recommended by, prescribed by or received from a physician or other practitioner of the healing arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months that a covered person is insured under the Certificate.

With respect to a Benefit Increase, we will not pay benefits for such Benefit Increase for a covered condition that is caused by or results from a preexisting condition if the covered condition occurs during the first 6 months after such increase in the Total Benefit Amount.

This provision does not apply to benefits for the following Covered Conditions: Heart Attack and Stroke.

7) LIMITATIONS

Reduction of Benefits On Account of Prior Claims Paid

We will reduce what we pay for a claim so that the amount we pay, when combined with amounts for all claims we have previously paid for the same covered person, does not exceed the Total Benefit Amount that was in effect for that covered person on the date of the most recent Covered Condition. This provision does not apply to claim payments for Supplemental Benefits.

8) WHEN INSURANCE ENDS

DATE YOUR INSURANCE ENDS:

Your insurance will end on the earliest of:

- the date the Group Policy ends;
- the date you die;
- the date insurance ends for your class;
- the end of the period for which the last full premium has been paid for you;
- the date you cease to be in an eligible class;
- the premium due date coincident with or next following the date You attain age 70;
- the date you cease to be a member.

9) PREMIUMS.

PREMIUM RATES CHANGE BASED ON AGE. Premium Rates for you are also subject to change at other times as stated in each of the group policies.

This is the end of the Outline of Coverage that applies to you.