



Randi Seaberg  
Everett Schools Employee Benefit Trust  
P.O. Box 2098  
Everett, WA 98203

Re: Metropolitan Life Insurance Company - Policy Number: 74323-G  
Certificate Effective: November 1, 2009

Dear Randi:

Due to revisions that have been made to your MetLife group insurance policy 74323-G, a new certificate must be issued.

To fulfill your needs and MetLife's responsibilities, we are sending under separate cover a supply of certificates for you to distribute to all covered employees.

In addition to the certificates, you may also want us to send your company an electronic version of the group insurance certificate information. In this case, the terms and conditions contained in the attached form will apply to your company's use of the electronic version of the certificate information. Please check the box if your company is requesting an electronic version of the certificate information.

If you have any questions, please call me at (800) 708-5519.

Sincerely,

Tinisha Dorsey  
Account Manager  
Benefit Services Organization  
Metropolitan Life Insurance Company  
177 S. Commons Drive, Aurora, IL 60504  
Tel (800) 708-5519 Fax (908) 552-2252

March 18, 2010

cc. Lisa Lampron, Account Executive

## Customer Letter G

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### **Request for Electronic Version of Certificate Information (Check below if applicable and sign and return a copy to MetLife)**

Everett Schools Employee Benefit Trust shall not modify in any manner, and shall maintain the integrity of, the electronic version of the certificate information and the notice to insureds, which is included with the electronic version. This notice advises all who view the electronic version that:

(i) Everett Schools Employee Benefit Trust maintains the group policy (which includes the certificate of insurance), (ii) the group policy can be reviewed and copied, and (iii) the group policy controls, in all respects, as to the terms and conditions of insurance.

Everett Schools Employee Benefit Trust will indemnify MetLife from any and all claims, damages, and liability that occurs as a result of any failure to comply with the terms of this paragraph.

\_\_\_ It is requested that an electronic version of the group insurance certificate information be sent by MetLife for Everett Schools Employee Benefit Trust to use in accordance with the terms and conditions outlined above.

By: \_\_\_\_\_

Signature\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Quantity and Delivery Instructions

Certificate Title (i.e. Life Class I) \_\_\_\_\_

Quantity \_\_\_\_\_

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 (Cannot be a PO Box) \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Certificate Title (i.e. Life Class I) \_\_\_\_\_

Quantity \_\_\_\_\_

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 (Cannot be a PO Box) \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Certificate Title (i.e. Life Class I) \_\_\_\_\_

Quantity \_\_\_\_\_

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address 1 (Cannot be a PO Box) \_\_\_\_\_

Address 2 \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

For more than three locations or certificates, please attach additional copies of this form or an excel spreadsheet with the information shown above.

