

Group, Voluntary & Worksite Benefits

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

Statement of Responsibility

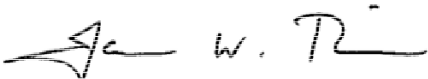
MetLife will be responsible to the group policyholder for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If MetLife uses a third party in connection with any of MetLife’s administrative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

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

To be completed by Policyholder:

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

To be completed by Metropolitan Life Insurance Company:

| | |
|--|-------------------|
|  James W. Reid Senior Vice President Group, Voluntary & Worksite Benefits | _____ |
| | Date (MM/DD/YYYY) |