Plan Services Fee Updates / Changes to Existing Plans



Metropolitan Life Insurance Company

Things to Know Before You Begin

- This form is used to add, remove, or update the Plan Services Fee on an existing plan only.
- Return completed form to the MLR Pricing Team and Plan Doc Group.
- Fee Changes will not be made unless a fully executed services agreement amendment or restatement reflecting the new fee(s) is in place.
- Please allow 20 business days for processing.
- Prior approval by MLR Pricing is required.
- Fees are run on the 15th of the last month of the calendar quarter.

	To be completed by
T	RMC/SAE.

SECTION 1: Plan / Req	juestor Information			
Plan Name Plan Number				
Requestor Name Rec			Requestor Phone Number	
Requestor Email Specify Quarter / Year Request to be			Quarter / Year Request to be Effe	ctive
SECTION 2: Reason fo	or Request (Please select	t only one option for F	Plan Services Fee).	
ADD New Plan Se	ervices Fee – Complete Sect	ion 3		
REMOVE Existing	Plan Services Fee – Compl	ete Section 4		
CHANGE Plan Se	ervices Fee – Complete Secti	on 3 to add new fee 8	& Section 4 to remove existing for	ee
ADD Wrap Fee to	ADD Wrap Fee to specific funds – Complete Section 5 and Section 6 for comments, if applicable			
Pricing Model I: requirements to open	Offset – MetLife charges	plan and/or participa	Pricing Model to add new fee). ant accounts a set fee for revenured are credited back based upor	
A. Select type of fee: (Expressed as an ANNUAL Dollar or Basis Points Fee ("BPS") – assessed on a quarterly basis)				
\$ Dollar per participant				
BPS per plan – Express annual rate – example please note 0.30 instead of 30 bps or .003				
	DIO's for ANY fixed / Self Di 's for GTS Fixed, SVA, GAA		e excluded. Γ, or Self Directed Accounts)	
Fund Name	SDIO	Fund Name	SDIO	
		1		



SECTION 3: ADD New Plan Services Fee (continued)

В.	Select Offset Method:	(MetLife charges the plan and/or participant accounts a set fee for revenue
	requirements to operate	the plan and all mutual fund reimbursements are credited to the offset method
	selected).	

	Option 1 – Participant Account
	Option 2 – Group Account (Unallocated Plan Assets, "UPA") – if fee exceeds balance in UPA/Forfeiture, shortfall of fees to be charged to participant accounts (Forfeiture assets will only be taken from available sources).
	Option 3* – Group Account (UPA) with direct bill to Employer for the total amount of fees due to MetLife (Complete Section C).
* Drior apr	proval is required by MLP Pricing for Option 3

Billing Receiver Contact Information (Complete if Offse Contact Name	et Method Option 3 above was	s selected).
Address		
City	State	Zip Code
Contact Email	Cont	act Phone Number

D. Unallocated Plan Asset Account (UPA): (To be completed for Offset Method Option 2 and Option 3 selected above. Designate the following fund(s) for unallocated plan assets. Percentages must total 100%).

Fund Name	SDIO	Ticker	Percentage
			%
			%

Pricing Model II: No Offset – MetLife charges plan and/or participant accounts a fee and keeps the mutual fund reimbursements to meet revenue requirements to operate the plan

A. Select type of fee:	(Expressed as an ANNUAL Dollar or Basis Points Fee ("BPS") – assessed on a
quarterly basis)	

\$ _ Dollar per participant
 BPS per plan – Express annual rate – example please note 0.30 instead of 30 bps or .003

List below the SDIO's for ANY fixed / Self Directed that should be excluded.	

(Including SDIO's for GTS Fixed, SVA, GAA, SA Institutional, CIT, or Self Directed Accounts)

Fund Name	SDIO	Fund Name	SDIO



SECTION 3: ADD New Plan Services Fee (continued)

B. Select No Offset Method: (MetLife charges the plan and/or participant accounts a set fee for revenue requirements to operate the plan and all mutual fund reimbursements are credited to the offset method selected).

	Option 1 – Participant Deducted – MetLife retains		
	Option 2** – Employer to be billed via Quarterly Invoice (Complete S	ection C)	
** Prior ap	proval is required by MLR Pricing for Option 2		
C. Billing Contac Addres		ı 2 above wa	s selected).
City		State	Zip Code
Contac	Email	Contact	Phone Number

SECTION 4: REMOVE Existing Plan Services Fee (Please provide information on existing fee to be removed).

	Select fee to be removed: (Expressed as an ANNUAL Dollar or Basis Points Fee ("BPS") – assessed on a quarterly basis).
\$_	Dollar per participant
_	BPS per plan – Express annual rate – example please note 0.30 instead of 30 bps or .003

SECTION 5: Wrap Fees

Fund Name	SDIO	Wrap Required
		bps

SECTION 6: Additional Comments



SECTION 7: Required Authorization (Signatures are required)

Sign Here		
Sign	Requestor Signature	Date
Here		
	MLR Pricing Authorized Signature	Date
Sign Here		
	MLR Implementation Authorized Signature	Date

SECTION 8: How To Submit This Form

Please return completed form to:

Email: Click Submit Form:

mlr_pricing@metlife.com

Cc:

plandocgroup@metlife.com