

This definition of Total Disability is for use with policies that are issued with the specialty definition of Regular Occupation. The standard version used for all other occupations is shown on the previous page.

Insures against the inability to perform the material and substantial duties of your regular occupation, even if you are gainfully employed in another occupation.

**Definitions (Continued)**

**Total Disability or Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

1. Prevented from performing the material and substantial duties of Your Regular Occupation; and
2. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to us that continued care would be of no benefit to You.

**We, Us and Our** mean Metropolitan Life Insurance Company.

**Write, Written or Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

**You and Your** mean the insured named on the Policy Schedule Page.

**Benefits**

We will pay the Monthly Benefit for Total Disability shown on the Policy Schedule Page while You are Totally Disabled.

**Monthly Benefit for Total Disability**

This benefit will start to accrue after the Elimination Period. We will pay the benefit while You remain Totally Disabled, but not beyond the Maximum Benefit Period. For periods of less than a month, benefits will be prorated based on a 30-day month.

If You die during a continuous period of Disability after benefits were paid for 12 months or more, an additional benefit, equal to the amount of the benefit payable for the last month of Disability, will be paid to Your beneficiary for each of the first six months after Your death.

**Limited Benefit Period While Outside the United States**

While You are outside the United States, its possessions and Canada, benefits will be paid for a maximum of 24 months for all periods of Disability combined during Your lifetime. This limitation does not apply to any period of time for which You are considered Presumptively Totally Disabled, if the Presumptive Total Disability rider is included in Your policy.

After the earlier of the date:

1. You have been Disabled for a period of 90 consecutive days; or
2. You satisfy the Elimination Period,

**Waiver of Premiums**

We will waive any Premium that becomes due while You remain Disabled. Your policy and its benefits will continue as if the Premium had been paid.

We will also refund any Premium that You paid that became due during the first 90 consecutive days of Disability, or the period during which the Elimination Period was satisfied.

The Premium waived will be based on the frequency of payment in effect on the date Your Disability starts.

Certain eligibility requirements apply for rider issue. Contact your representative for details.

We will pay your total disability benefit if you are unable to perform the material and substantial duties of your regular occupation and are receiving appropriate care from a physician. If you are engaged in another occupation, your total disability benefit will not be affected by any income from your new occupation, regardless of the amount.

Subject to state variations.

**Metropolitan Life Insurance Company**

**Rider: Monthly Benefit for Total Disability in Your Occupation**

This rider is a part of the policy if it is referred to on the Policy Schedule Page.

**Effective Date** The Effective Date of this rider is shown on the Policy Schedule Page.

**Premium** The Premium for this rider is shown on the Policy Schedule Page.

**Definitions** The following is substituted for the definition of Total Disability in Your policy:

**“Total Disability or Totally Disabled** means that due solely to Impairment caused by Injury or Sickness, You are:

- a. Prevented from performing the material and substantial duties of Your Regular Occupation; and
- b. Receiving appropriate care from a Physician who is appropriate to treat the condition causing the Impairment.

We may waive the requirement of care from a Physician if Your Physician provides documentation acceptable to Us that continued care would be of no benefit to You.”

**Time Limit On Certain Defenses** After two years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Total Disability starting more than two years from the Effective Date of this rider.

No claim for Total Disability starting after two years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Total Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

**Termination** This rider will end on the earlier of:

- 1. The date the policy ends; or
- 2. The date We receive your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Christine M. De Biase  
Vice-President and Secretary