SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Individual Disability Income - Revised National Premium Scale	SERFF Tr Num: META-127048159	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 48252
Sub-TOI: H11I.003 Long Term - Unrelated to marketing with employer or association groups	Co Tr Num: B11-17 GJ	State Status: Approved-Closed
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Author: Sandra Bennett	Disposition Date: 03/18/2011
	Date Submitted: 03/15/2011	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: IDI2000-P/NC-ML	Status of Filing in Domicile:
Project Number: B11-17 GJ	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/18/2011
	State Status Changed: 03/18/2011
Deemer Date:	Created By: Sandra Bennett
Submitted By: Sandra Bennett	Corresponding Filing Tracking Number: B11-16 GJ

Filing Description:
This is a Individual Disability Income - Revised National Premium Scale. Pleae view the Cover Letter for a more detailed description of the filing submission.

Company and Contact

Filing Contact Information

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

John ("Jack") David, Mgr.-Contract Compliance jdavid1@metlife.com
LTC
MetLife
1095 Avenue of the Americas
New York, NY 10036-6796
212-578-5954 [Phone]
212-578-3874 [FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	$50.00 per rate filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	$50.00	03/15/2011	45593731

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/18/2011	03/18/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	03/17/2011	03/17/2011	Sandra Bennett	03/18/2011	03/18/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdrawal of Forms	Reviewer Note	Rosalind Minor	03/18/2011	

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Disposition

Disposition Date: 03/18/2011
Implementation Date:
Status: Approved-Closed
Comment:

The rates are approved effective on this date.

As requested, I am withdrawing the forms since they were attached in error.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Metropolitan Life Insurance Company	%	%	$		$	%	%
	Percent Change Approved:						
	Minimum:	%	**Maximum:**	%	**Weighted Average:**		%

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	1. GSI Rate Filing Ltr - AR	Approved-Closed	Yes
Supporting Document	2. AR NAIC Transmittal Document	Approved-Closed	Yes
Supporting Document	3. ARCERTREG19	Approved-Closed	Yes
Supporting Document	NY Ins Law 4237	Approved-Closed	Yes
Supporting Document	Policy Trust Agreement	Approved-Closed	Yes
Form *(revised)*	Certificate Form	Withdrawn	No
Form	Certificate Form	Withdrawn	No
Form *(revised)*	Certificate Form	Withdrawn	No
Form	Certificate Form	Withdrawn	No
Form *(revised)*	Certificate Form	Withdrawn	No
Form	Certificate Form	Withdrawn	No
Form *(revised)*	Enrollment Foprm	Withdrawn	No
Form	Enrollment Foprm	Withdrawn	No
Rate	Premiums ERMulti 1 of 3	Approved-Closed	Yes
Rate	Premiums ERMulti 2 of 3	Approved-Closed	Yes
Rate	Premiums ERMulti 3 of 3	Approved-Closed	Yes

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/17/2011
Submitted Date	03/17/2011
Respond By Date	

Dear John ("Jack") David,

This will acknowledge receipt of the captioned filing.

Objection 1

- 1. GSI Rate Filing Ltr - AR (Supporting Document)

Comment:

Your letter indicates that this is a rate filing, but the Form Schedule has three certificates and an enrollment form attached.

What relation do the forms have to the rates?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/18/2011
Submitted Date	03/18/2011

Dear Rosalind Minor,

Comments:
I am withdrawing the forms, these items where attached in error.

Thank You

Sandra Bennett
(212) 578-7329

Response 1

Comments: the following items are withdrawn form this submission.

Related Objection 1

Applies To:

- 1. GSI Rate Filing Ltr - AR (Supporting Document)

Comment:

Your letter indicates that this is a rate filing, but the Form Schedule has three certificates and an enrollment form attached.

What relation do the forms have to the rates?

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form	Edition	Form Type	Action	Action	Readability	Attach

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

	Number	Date		Specific Data	Score	Document
Certificate Form	CIC2009-N		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	50.650	
Previous Version						
Certificate Form	*CIC2009-N*		*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*	*50.650*	CIC2009-N [9-14-10].pdf
Certificate Form	CIC2009-T		Policy/Contract/Fraternal Certificate	Initial	52.700	
Previous Version						
Certificate Form	*CIC2009-T*		*Policy/Contract/Fraternal Certificate*	*Initial*	*52.700*	CIC2009-T [9-14-10].pdf
Certificate Form	CIC2009-H		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	49.420	
Previous Version						
Certificate Form	*CIC2009-H*		*Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider*	*Initial*	*49.420*	CIC2009-H [9-14-10].pdf
Enrollment Foprm	CIC2009-T		Application/Enrollment Form	Initial	52.510	
Previous Version						
Enrollment Foprm	*CIC2009-T*		*Application/Enrollment Form*	*Initial*	*52.510*	CIC2009-T [9-14-10].pdf

No Rate/Rule Schedule items changed.

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Sincerely,

Sandra Bennett

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Reviewer Note

Created By:

Rosalind Minor on 03/18/2011 12:09 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/18/2011 12:37 PM

Subject:

Withdrawal of Forms

Comments:

I spoke with Ms. Bennett on this date and she verified that she just wanted to withdraw the forms and to keep the file open for the approval of the rates.

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Metropolitan Life Insurance Company	N/A	%	%				%	%

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 03/18/2011	Premiums ERMulti 1 of 3	IDI2000-P/NC-ML et al	Other	Previous State Filing Number: Percent Rate Change Request:	Premiums_ERMulti_National_1of3.pdf
Approved-Closed 03/18/2011	Premiums ERMulti 2 of 3	IDI2000-P/GR et al,	Other	Previous State Filing Number: Percent Rate Change Request:	Premiums_ERMulti_National_2of3.pdf
Approved-Closed 03/18/2011	Premiums ERMulti 3 of 3	IDI2000-P/NC-ML, IDI2000-P/GR	Other	Previous State Filing Number: Percent Rate Change Request:	Premiums_ERMulti_National_3of3.pdf

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:12

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.70	16.30	17.95	21.41	26.78	45.36	77.99
26	13.00	16.73	18.44	22.01	27.44	46.14	79.29
27	13.34	17.20	18.97	22.68	28.15	46.93	80.59
28	13.71	17.72	19.55	23.39	28.89	47.76	81.96
29	14.11	18.27	20.17	24.14	29.67	48.62	83.37
30	14.53	18.85	20.83	24.96	30.50	49.54	84.86
31	15.00	19.48	21.52	25.81	31.37	50.51	86.47
32	15.49	20.14	22.27	26.72	32.28	51.55	88.19
33	15.99	20.81	23.03	27.62	33.23	52.64	90.03
34	16.53	21.51	23.83	28.57	34.21	53.80	92.04
35	17.10	22.27	24.67	29.58	35.25	55.06	94.22
36	17.69	23.05	25.56	30.62	36.35	56.42	96.64
37	18.34	23.89	26.50	31.74	37.50	57.91	99.31
38	19.00	24.76	27.48	32.88	38.68	59.50	102.24
39	19.71	25.68	28.52	34.10	39.92	61.24	105.48
40	20.47	26.67	29.64	35.39	41.24	63.15	109.02
41	21.28	27.72	30.83	36.77	42.65	65.20	112.92
42	22.15	28.86	32.10	38.25	44.15	67.44	117.18
43	23.25	30.18	33.46	39.81	45.69	69.84	121.81
44	24.45	31.60	34.92	41.49	47.36	72.45	126.88
45	25.75	33.16	36.51	43.32	49.18	75.30	132.41
46	27.16	34.85	38.24	45.31	51.17	78.41	138.44
47	28.69	36.69	40.13	47.48	53.36	81.84	145.02
48	30.32	38.68	42.22	49.90	55.86	85.70	152.43
49	32.08	40.85	44.50	52.54	58.59	89.87	160.40
50	33.98	43.18	46.96	55.38	61.56	94.35	168.86
51	36.03	45.70	49.59	58.44	64.77	99.16	177.80
52	38.24	48.39	52.44	61.72	68.25	104.27	187.19
53	40.76	51.50	55.69	65.51	72.30	110.12	197.68
54	43.42	54.76	59.09	69.46	76.54	116.19	208.39
55	46.15	58.09	62.55	73.52	80.89	122.34	219.08
56	48.93	61.48	66.08	77.60	85.28	128.48	229.56
57	51.72	64.86	69.54	81.66	89.64	134.48	239.61
58	53.48	66.96	71.72	84.16	92.27	137.82	244.14
59	55.36	69.23	74.07	86.86	95.12	141.41	249.03
60	57.54	71.88	76.82	90.08	98.52	145.73	255.32
61	60.15	75.12	80.22	94.08	102.81	151.32	264.00
62	63.38	79.19	84.53	99.19	108.31	158.64	276.09
63	68.47	85.76	91.60	107.60	117.48	171.25	298.37
64	74.26	93.24	99.69	117.24	127.99	185.84	324.63
65	80.61	101.50	108.61	127.89	139.63	202.11	354.48
66	87.45	110.39	118.23	139.41	152.23	219.82	387.45
67	94.63	119.76	128.39	151.60	165.54	238.67	423.13
68	102.05	129.48	138.93	164.28	179.40	258.41	461.09
69	109.59	139.38	149.71	177.25	193.58	278.77	500.91

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.23	16.98	18.70	22.30	27.90	47.25	81.24
26	13.54	17.43	19.21	22.93	28.58	48.06	82.59
27	13.90	17.92	19.76	23.62	29.32	48.89	83.95
28	14.28	18.46	20.36	24.36	30.09	49.75	85.37
29	14.70	19.03	21.01	25.15	30.91	50.65	86.84
30	15.14	19.64	21.70	26.00	31.77	51.60	88.40
31	15.63	20.29	22.42	26.89	32.68	52.61	90.07
32	16.14	20.98	23.20	27.83	33.62	53.70	91.86
33	16.66	21.68	23.99	28.77	34.61	54.83	93.78
34	17.22	22.41	24.82	29.76	35.64	56.04	95.87
35	17.81	23.20	25.70	30.81	36.72	57.35	98.15
36	18.43	24.01	26.62	31.90	37.86	58.77	100.67
37	19.10	24.89	27.60	33.06	39.06	60.32	103.45
38	19.79	25.79	28.62	34.25	40.29	61.98	106.50
39	20.53	26.75	29.71	35.52	41.58	63.79	109.87
40	21.32	27.78	30.87	36.86	42.96	65.78	113.56
41	22.17	28.88	32.11	38.30	44.43	67.92	117.62
42	23.07	30.06	33.44	39.84	45.99	70.25	122.06
43	24.22	31.44	34.85	41.47	47.59	72.75	126.89
44	25.47	32.92	36.38	43.22	49.33	75.47	132.17
45	26.82	34.54	38.03	45.12	51.23	78.44	137.93
46	28.29	36.30	39.83	47.20	53.30	81.68	144.21
47	29.89	38.22	41.80	49.46	55.58	85.25	151.06
48	31.58	40.29	43.98	51.98	58.19	89.27	158.78
49	33.42	42.55	46.35	54.73	61.03	93.61	167.08
50	35.40	44.98	48.92	57.69	64.12	98.28	175.90
51	37.53	47.60	51.66	60.87	67.47	103.29	185.21
52	39.83	50.41	54.62	64.29	71.09	108.61	194.99
53	42.46	53.65	58.01	68.24	75.31	114.71	205.92
54	45.23	57.04	61.55	72.35	79.73	121.03	217.07
55	48.07	60.51	65.16	76.58	84.26	127.44	228.21
56	50.97	64.04	68.83	80.83	88.83	133.83	239.13
57	53.88	67.56	72.44	85.06	93.37	140.08	249.59
58	55.71	69.75	74.71	87.67	96.11	143.56	254.31
59	57.67	72.11	77.16	90.48	99.08	147.30	259.41
60	59.94	74.87	80.02	93.83	102.62	151.80	265.96
61	62.66	78.25	83.56	98.00	107.09	157.62	275.00
62	66.02	82.49	88.05	103.32	112.82	165.25	287.59
63	71.32	89.33	95.42	112.08	122.37	178.39	310.80
64	77.35	97.13	103.84	122.12	133.32	193.58	338.16
65	83.97	105.73	113.14	133.22	145.45	210.53	369.25
66	91.09	114.99	123.16	145.22	158.57	228.98	403.59
67	98.57	124.75	133.74	157.92	172.44	248.61	440.76
68	106.30	134.87	144.72	171.12	186.87	269.18	480.30
69	114.16	145.19	155.95	184.64	201.65	290.39	521.78

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.46	7.76	8.38	9.71	13.03	24.46	42.04
26	6.61	7.97	8.62	10.00	13.39	24.93	42.80
27	6.80	8.22	8.90	10.34	13.80	25.44	43.62
28	6.99	8.50	9.21	10.72	14.23	26.01	44.52
29	7.22	8.79	9.55	11.15	14.70	26.62	45.52
30	7.46	9.14	9.94	11.61	15.20	27.30	46.63
31	7.74	9.50	10.34	12.11	15.74	28.03	47.85
32	8.04	9.90	10.79	12.64	16.33	28.84	49.17
33	8.34	10.32	11.26	13.21	16.94	29.72	50.63
34	8.69	10.77	11.77	13.81	17.61	30.66	52.23
35	9.04	11.25	12.31	14.47	18.32	31.69	54.00
36	9.44	11.77	12.89	15.16	19.08	32.81	55.94
37	9.87	12.33	13.53	15.91	19.91	34.04	58.08
38	10.31	12.91	14.18	16.68	20.79	35.36	60.38
39	10.79	13.55	14.90	17.53	21.74	36.80	62.93
40	11.32	14.23	15.67	18.42	22.77	38.34	65.72
41	11.88	14.97	16.49	19.39	23.88	40.04	68.78
42	12.49	15.76	17.39	20.44	25.08	41.88	72.12
43	13.24	16.68	18.35	21.54	26.35	43.84	75.72
44	14.04	17.66	19.37	22.74	27.72	45.98	79.64
45	14.95	18.74	20.50	24.04	29.21	48.32	83.94
46	15.92	19.92	21.72	25.46	30.81	50.85	88.66
47	16.98	21.21	23.06	27.00	32.52	53.63	93.80
48	18.12	22.61	24.55	28.72	34.42	56.71	99.59
49	19.35	24.12	26.15	30.58	36.44	60.05	105.86
50	20.70	25.76	27.89	32.59	38.59	63.64	112.54
51	22.13	27.52	29.74	34.72	40.86	67.47	119.65
52	23.59	29.38	31.69	37.02	43.25	71.55	127.17
53	25.24	31.50	33.93	39.64	45.92	76.19	135.65
54	26.99	33.72	36.25	42.36	48.67	80.99	144.36
55	28.77	35.98	38.62	45.15	51.47	85.87	153.14
56	30.59	38.28	41.01	47.95	54.24	90.76	161.82
57	32.39	40.58	43.38	50.74	56.99	95.57	170.24
58	33.55	42.04	44.90	52.50	58.56	98.43	174.56
59	34.78	43.60	46.53	54.39	60.28	101.50	179.22
60	36.18	45.41	48.42	56.61	62.37	105.14	185.00
61	37.88	47.62	50.74	59.34	65.05	109.73	192.66
62	39.99	50.36	53.64	62.77	68.55	115.61	202.96
63	43.27	54.71	58.33	68.35	74.57	125.50	221.11
64	46.98	59.64	63.67	74.72	81.48	136.86	242.32
65	51.05	65.09	69.55	81.74	89.17	149.47	266.25
66	55.42	70.93	75.88	89.31	97.48	163.14	292.54
67	60.01	77.10	82.55	97.32	106.27	177.65	320.87
68	64.75	83.47	89.47	105.64	115.40	192.80	350.89
69	69.56	89.97	96.55	114.15	124.74	208.37	382.23

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.73	8.08	8.73	10.11	13.57	25.48	43.79
26	6.89	8.30	8.98	10.42	13.95	25.97	44.58
27	7.08	8.56	9.27	10.77	14.37	26.50	45.44
28	7.28	8.85	9.59	11.17	14.82	27.09	46.38
29	7.52	9.16	9.95	11.61	15.31	27.73	47.42
30	7.77	9.52	10.35	12.09	15.83	28.44	48.57
31	8.06	9.90	10.77	12.61	16.40	29.20	49.84
32	8.37	10.31	11.24	13.17	17.01	30.04	51.22
33	8.69	10.75	11.73	13.76	17.65	30.96	52.74
34	9.05	11.22	12.26	14.39	18.34	31.94	54.41
35	9.42	11.72	12.82	15.07	19.08	33.01	56.25
36	9.83	12.26	13.43	15.79	19.88	34.18	58.27
37	10.28	12.84	14.09	16.57	20.74	35.46	60.50
38	10.74	13.45	14.77	17.38	21.66	36.83	62.90
39	11.24	14.11	15.52	18.26	22.65	38.33	65.55
40	11.79	14.82	16.32	19.19	23.72	39.94	68.46
41	12.38	15.59	17.18	20.20	24.88	41.71	71.65
42	13.01	16.42	18.11	21.29	26.12	43.63	75.12
43	13.79	17.37	19.11	22.44	27.45	45.67	78.87
44	14.63	18.40	20.18	23.69	28.88	47.90	82.96
45	15.57	19.52	21.35	25.04	30.43	50.33	87.44
46	16.58	20.75	22.62	26.52	32.09	52.97	92.35
47	17.69	22.09	24.02	28.13	33.88	55.86	97.71
48	18.88	23.55	25.57	29.92	35.85	59.07	103.74
49	20.16	25.13	27.24	31.85	37.96	62.55	110.27
50	21.56	26.83	29.05	33.95	40.20	66.29	117.23
51	23.05	28.67	30.98	36.17	42.56	70.28	124.64
52	24.57	30.60	33.01	38.56	45.05	74.53	132.47
53	26.29	32.81	35.34	41.29	47.83	79.36	141.30
54	28.11	35.12	37.76	44.13	50.70	84.36	150.37
55	29.97	37.48	40.23	47.03	53.61	89.45	159.52
56	31.86	39.88	42.72	49.95	56.50	94.54	168.56
57	33.74	42.27	45.19	52.85	59.36	99.55	177.33
58	34.95	43.79	46.77	54.69	61.00	102.53	181.83
59	36.23	45.42	48.47	56.66	62.79	105.73	186.69
60	37.69	47.30	50.44	58.97	64.97	109.52	192.71
61	39.46	49.60	52.85	61.81	67.76	114.30	200.69
62	41.66	52.46	55.88	65.39	71.41	120.43	211.42
63	45.07	56.99	60.76	71.20	77.68	130.73	230.32
64	48.94	62.13	66.32	77.83	84.88	142.56	252.42
65	53.18	67.80	72.45	85.15	92.89	155.70	277.34
66	57.73	73.89	79.04	93.03	101.54	169.94	304.73
67	62.51	80.31	85.99	101.37	110.70	185.05	334.24
68	67.45	86.95	93.20	110.04	120.21	200.83	365.51
69	72.46	93.72	100.57	118.91	129.94	217.05	398.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.50	6.43	6.89	7.88	10.82	20.78	35.33
26	5.63	6.60	7.09	8.12	11.15	21.24	36.09
27	5.77	6.81	7.32	8.40	11.50	21.75	36.92
28	5.93	7.04	7.57	8.72	11.88	22.30	37.82
29	6.12	7.29	7.85	9.05	12.30	22.90	38.80
30	6.32	7.56	8.16	9.43	12.74	23.54	39.89
31	6.54	7.86	8.51	9.84	13.22	24.25	41.06
32	6.79	8.18	8.86	10.27	13.75	25.02	42.35
33	7.04	8.52	9.24	10.73	14.28	25.84	43.73
34	7.32	8.89	9.66	11.24	14.88	26.74	45.25
35	7.61	9.29	10.11	11.77	15.52	27.71	46.92
36	7.94	9.72	10.59	12.34	16.20	28.76	48.75
37	8.29	10.18	11.10	12.95	16.94	29.91	50.76
38	8.66	10.66	11.65	13.59	17.73	31.15	52.92
39	9.06	11.18	12.24	14.28	18.59	32.48	55.30
40	9.48	11.74	12.87	15.02	19.52	33.94	57.90
41	9.96	12.36	13.56	15.83	20.51	35.51	60.74
42	10.45	13.01	14.29	16.69	21.58	37.23	63.84
43	11.07	13.76	15.08	17.61	22.71	39.04	67.18
44	11.75	14.58	15.94	18.60	23.94	41.03	70.82
45	12.49	15.47	16.86	19.68	25.27	43.19	74.80
46	13.29	16.44	17.88	20.85	26.69	45.53	79.14
47	14.17	17.51	18.98	22.13	28.22	48.11	83.90
48	15.12	18.66	20.22	23.56	29.91	50.98	89.27
49	16.14	19.93	21.54	25.10	31.72	54.08	95.04
50	17.24	21.28	22.98	26.76	33.64	57.40	101.24
51	18.41	22.73	24.51	28.54	35.67	60.95	107.82
52	19.66	24.28	26.13	30.44	37.81	64.72	114.79
53	21.07	26.04	27.98	32.62	40.22	68.99	122.65
54	22.56	27.88	29.91	34.90	42.69	73.40	130.73
55	24.10	29.77	31.90	37.21	45.20	77.88	138.89
56	25.66	31.69	33.89	39.55	47.69	82.36	146.98
57	27.22	33.60	35.88	41.88	50.13	86.76	154.84
58	28.23	34.82	37.14	43.35	51.60	89.33	158.88
59	29.30	36.13	38.51	44.94	53.16	92.10	163.28
60	30.54	37.66	40.10	46.81	54.99	95.40	168.74
61	32.04	39.51	42.06	49.11	57.26	99.59	175.99
62	33.89	41.84	44.52	52.02	60.17	105.00	185.73
63	36.76	45.52	48.48	56.74	65.02	114.07	202.77
64	40.02	49.71	53.00	62.11	70.57	124.52	222.74
65	43.59	54.32	57.98	68.08	76.74	136.19	245.29
66	47.44	59.30	63.37	74.52	83.42	148.87	270.12
67	51.49	64.55	69.06	81.34	90.52	162.39	296.93
68	55.69	70.00	74.99	88.45	97.93	176.56	325.40
69	59.97	75.58	81.05	95.76	105.56	191.20	355.24

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.73	6.70	7.18	8.21	11.27	21.65	36.80
26	5.86	6.88	7.39	8.46	11.61	22.13	37.59
27	6.01	7.09	7.63	8.75	11.98	22.66	38.46
28	6.18	7.33	7.89	9.08	12.38	23.23	39.40
29	6.38	7.59	8.18	9.43	12.81	23.85	40.42
30	6.58	7.87	8.50	9.82	13.27	24.52	41.55
31	6.81	8.19	8.86	10.25	13.77	25.26	42.77
32	7.07	8.52	9.23	10.70	14.32	26.06	44.11
33	7.33	8.88	9.63	11.18	14.88	26.92	45.55
34	7.62	9.26	10.06	11.71	15.50	27.85	47.14
35	7.93	9.68	10.53	12.26	16.17	28.86	48.88
36	8.27	10.12	11.03	12.85	16.88	29.96	50.78
37	8.64	10.60	11.56	13.49	17.65	31.16	52.87
38	9.02	11.10	12.14	14.16	18.47	32.45	55.13
39	9.44	11.65	12.75	14.88	19.36	33.83	57.60
40	9.88	12.23	13.41	15.65	20.33	35.35	60.31
41	10.37	12.87	14.12	16.49	21.36	36.99	63.27
42	10.89	13.55	14.89	17.39	22.48	38.78	66.50
43	11.53	14.33	15.71	18.34	23.66	40.67	69.98
44	12.24	15.19	16.60	19.37	24.94	42.74	73.77
45	13.01	16.11	17.56	20.50	26.32	44.99	77.92
46	13.84	17.13	18.62	21.72	27.80	47.43	82.44
47	14.76	18.24	19.77	23.05	29.40	50.11	87.40
48	15.75	19.44	21.06	24.54	31.16	53.10	92.99
49	16.81	20.76	22.44	26.15	33.04	56.33	99.00
50	17.96	22.17	23.94	27.88	35.04	59.79	105.46
51	19.18	23.68	25.53	29.73	37.16	63.49	112.31
52	20.48	25.29	27.22	31.71	39.39	67.42	119.57
53	21.95	27.12	29.15	33.98	41.90	71.86	127.76
54	23.50	29.04	31.16	36.35	44.47	76.46	136.18
55	25.10	31.01	33.23	38.76	47.08	81.13	144.68
56	26.73	33.01	35.30	41.20	49.68	85.79	153.10
57	28.35	35.00	37.37	43.62	52.22	90.38	161.29
58	29.41	36.27	38.69	45.16	53.75	93.05	165.50
59	30.52	37.64	40.11	46.81	55.37	95.94	170.08
60	31.81	39.23	41.77	48.76	57.28	99.38	175.77
61	33.37	41.16	43.81	51.16	59.65	103.74	183.32
62	35.30	43.58	46.37	54.19	62.68	109.37	193.47
63	38.29	47.42	50.50	59.10	67.73	118.82	211.22
64	41.69	51.78	55.21	64.70	73.51	129.71	232.02
65	45.41	56.58	60.40	70.92	79.94	141.86	255.51
66	49.42	61.77	66.01	77.62	86.90	155.07	281.37
67	53.64	67.24	71.94	84.73	94.29	169.16	309.30
68	58.01	72.92	78.11	92.14	102.01	183.92	338.96
69	62.47	78.73	84.43	99.75	109.96	199.17	370.04

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	39.65	49.31	52.60	61.71	69.55	123.35	221.92
66	43.16	53.85	57.52	67.60	75.67	134.96	244.64
67	46.88	58.67	62.74	73.85	82.18	147.33	269.16
68	50.73	63.67	68.17	80.37	88.98	160.34	295.27
69	54.66	68.79	73.75	87.08	95.99	173.80	322.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	41.30	51.36	54.79	64.28	72.45	128.49	231.17
66	44.96	56.09	59.92	70.42	78.82	140.58	254.83
67	48.83	61.11	65.35	76.93	85.60	153.47	280.38
68	52.84	66.32	71.01	83.72	92.69	167.02	307.57
69	56.94	71.66	76.82	90.71	99.99	181.04	336.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	34.72	43.06	45.89	53.79	60.60	107.09	192.19
66	37.74	46.95	50.11	58.83	65.83	117.00	211.59
67	40.92	51.06	54.57	64.18	71.40	127.56	232.52
68	44.20	55.33	59.20	69.74	77.19	138.63	254.76
69	47.55	59.70	63.96	75.47	83.16	150.09	278.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	36.17	44.85	47.80	56.03	63.12	111.55	200.20
66	39.31	48.91	52.20	61.28	68.57	121.87	220.41
67	42.62	53.19	56.84	66.85	74.37	132.88	242.21
68	46.04	57.64	61.67	72.65	80.41	144.41	265.37
69	49.53	62.19	66.62	78.61	86.63	156.34	289.65

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.56	22.92	25.30	30.34	38.09	66.00	114.71
26	18.14	23.71	26.19	31.44	39.35	67.69	117.60
27	18.77	24.58	27.16	32.64	40.66	69.42	120.55
28	19.44	25.51	28.19	33.91	42.05	71.21	123.55
29	20.16	26.50	29.30	35.27	43.50	73.07	126.66
30	20.93	27.54	30.47	36.70	45.03	75.00	129.89
31	21.74	28.64	31.69	38.20	46.60	76.99	133.28
32	22.60	29.80	33.01	39.76	48.26	79.11	136.85
33	23.50	31.00	34.34	41.36	49.97	81.28	140.59
34	24.44	32.22	35.72	43.03	51.75	83.58	144.57
35	25.44	33.54	37.18	44.77	53.61	86.03	148.82
36	26.48	34.90	38.72	46.57	55.55	88.60	153.40
37	27.57	36.33	40.32	48.47	57.56	91.36	158.33
38	28.71	37.82	41.99	50.43	59.62	94.29	163.68
39	29.91	39.39	43.74	52.47	61.77	97.44	169.46
40	31.19	41.04	45.59	54.63	64.01	100.77	175.68
41	32.53	42.80	47.55	56.91	66.36	104.33	182.38
42	33.95	44.65	49.63	59.31	68.83	108.14	189.61
43	35.76	46.81	51.84	61.84	71.40	112.22	197.48
44	37.66	49.09	54.16	64.53	74.11	116.58	205.88
45	39.70	51.52	56.66	67.37	76.97	121.20	214.84
46	41.87	54.11	59.28	70.39	80.00	126.09	224.34
47	44.18	56.85	62.06	73.58	83.21	131.26	234.39
48	46.63	59.85	65.20	77.18	86.82	137.14	245.83
49	49.20	62.96	68.47	80.93	90.60	143.20	257.59
50	51.86	66.20	71.81	84.78	94.50	149.40	269.49
51	54.57	69.48	75.22	88.70	98.49	155.61	281.28
52	57.33	72.80	78.65	92.64	102.53	161.75	292.76
53	60.40	76.51	82.50	97.08	107.22	168.56	304.98
54	63.38	80.10	86.19	101.34	111.75	174.93	316.16
55	66.16	83.40	89.56	105.24	115.89	180.56	325.78
56	68.62	86.30	92.49	108.61	119.47	185.15	333.29
57	70.67	88.66	94.80	111.27	122.28	188.44	338.17
58	71.94	90.14	96.32	112.98	124.04	190.08	339.89
59	72.55	90.80	96.95	113.66	124.68	189.83	337.92
60	72.39	90.50	96.54	113.19	124.00	187.38	331.76
61	71.29	89.08	94.99	111.40	121.87	182.42	320.84
62	69.20	86.46	92.17	108.13	118.07	174.67	304.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.60	23.00	25.42	30.50	38.33	66.54	115.68
26	18.18	23.80	26.32	31.62	39.61	68.25	118.61
27	18.81	24.67	27.30	32.83	40.93	70.01	121.61
28	19.48	25.60	28.34	34.11	42.33	71.82	124.65
29	20.22	26.60	29.46	35.49	43.79	73.70	127.80
30	20.98	27.65	30.63	36.93	45.35	75.66	131.08
31	21.80	28.76	31.87	38.44	46.94	77.69	134.52
32	22.66	29.93	33.19	40.02	48.61	79.83	138.15
33	23.57	31.13	34.54	41.64	50.34	82.04	141.95
34	24.51	32.37	35.94	43.33	52.15	84.37	145.98
35	25.51	33.68	37.41	45.09	54.03	86.85	150.30
36	26.55	35.07	38.96	46.91	55.99	89.48	154.95
37	27.65	36.50	40.58	48.83	58.02	92.27	159.95
38	28.80	38.01	42.27	50.81	60.12	95.25	165.38
39	30.00	39.58	44.04	52.87	62.29	98.44	171.25
40	31.29	41.25	45.90	55.06	64.56	101.82	177.55
41	32.64	43.02	47.89	57.35	66.94	105.42	184.34
42	34.07	44.88	49.99	59.78	69.43	109.29	191.66
43	35.88	47.06	52.21	62.34	72.04	113.43	199.64
44	37.79	49.36	54.56	65.07	74.79	117.85	208.16
45	39.84	51.80	57.07	67.94	77.68	122.54	217.24
46	42.02	54.41	59.72	70.99	80.75	127.49	226.85
47	44.34	57.17	62.53	74.21	84.00	132.73	237.03
48	46.81	60.19	65.70	77.85	87.65	138.68	248.61
49	49.38	63.32	69.00	81.64	91.47	144.82	260.51
50	52.05	66.58	72.37	85.52	95.41	151.09	272.54
51	54.78	69.88	75.80	89.48	99.43	157.36	284.44
52	57.54	73.21	79.25	93.44	103.50	163.55	296.02
53	60.63	76.94	83.12	97.91	108.21	170.40	308.32
54	63.61	80.54	86.82	102.19	112.75	176.79	319.55
55	66.39	83.85	90.20	106.09	116.89	182.42	329.17
56	68.86	86.75	93.12	109.45	120.45	186.99	336.62
57	70.89	89.08	95.42	112.08	123.23	190.20	341.38
58	72.16	90.56	96.92	113.78	124.96	191.80	343.03
59	72.75	91.20	97.52	114.43	125.54	191.45	340.88
60	72.58	90.85	97.05	113.86	124.75	188.79	334.36
61	71.43	89.36	95.38	111.92	122.45	183.53	322.86
62	69.29	86.63	92.41	108.45	118.42	175.33	305.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.66	23.12	25.60	30.76	38.70	67.34	117.14
26	18.25	23.93	26.51	31.89	39.99	69.09	120.13
27	18.88	24.81	27.50	33.12	41.34	70.88	123.19
28	19.56	25.75	28.56	34.42	42.76	72.74	126.30
29	20.29	26.76	29.69	35.81	44.25	74.66	129.52
30	21.06	27.82	30.89	37.27	45.82	76.66	132.88
31	21.89	28.94	32.14	38.81	47.44	78.73	136.39
32	22.76	30.11	33.48	40.41	49.14	80.92	140.10
33	23.67	31.33	34.84	42.05	50.91	83.18	143.98
34	24.62	32.59	36.26	43.77	52.74	85.56	148.11
35	25.62	33.92	37.76	45.55	54.66	88.10	152.52
36	26.67	35.31	39.32	47.41	56.65	90.78	157.27
37	27.78	36.76	40.97	49.36	58.72	93.64	162.39
38	28.93	38.28	42.68	51.37	60.85	96.68	167.93
39	30.15	39.88	44.47	53.48	63.06	99.94	173.92
40	31.44	41.56	46.37	55.69	65.38	103.39	180.35
41	32.80	43.35	48.38	58.03	67.81	107.08	187.28
42	34.24	45.24	50.51	60.50	70.35	111.02	194.75
43	36.07	47.43	52.77	63.10	73.00	115.25	202.89
44	37.99	49.76	55.16	65.87	75.80	119.77	211.58
45	40.06	52.23	57.71	68.79	78.75	124.54	220.83
46	42.25	54.86	60.39	71.89	81.88	129.60	230.63
47	44.58	57.65	63.24	75.16	85.18	134.92	240.98
48	47.07	60.70	66.45	78.85	88.90	141.00	252.77
49	49.66	63.86	69.79	82.70	92.78	147.24	264.88
50	52.34	67.15	73.20	86.64	96.77	153.62	277.10
51	55.08	70.48	76.67	90.64	100.84	159.97	289.17
52	57.86	73.83	80.16	94.65	104.95	166.24	300.89
53	60.96	77.59	84.06	99.16	109.70	173.16	313.33
54	63.96	81.20	87.78	103.46	114.26	179.59	324.64
55	66.74	84.52	91.17	107.37	118.40	185.22	334.26
56	69.20	87.41	94.08	110.72	121.93	189.74	341.63
57	71.23	89.73	96.35	113.31	124.65	192.85	346.19
58	72.48	91.20	97.84	114.99	126.35	194.39	347.75
59	73.06	91.79	98.38	115.56	126.83	193.87	345.33
60	72.85	91.37	97.80	114.86	125.88	190.91	338.26
61	71.65	89.77	95.98	112.71	123.33	185.18	325.88
62	69.42	86.88	92.77	108.91	118.93	176.32	307.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.88	24.64	27.20	32.62	40.96	70.97	123.34
26	19.51	25.49	28.16	33.81	42.31	72.79	126.45
27	20.18	26.43	29.20	35.10	43.72	74.65	129.62
28	20.90	27.43	30.31	36.46	45.21	76.57	132.85
29	21.68	28.49	31.51	37.93	46.77	78.57	136.19
30	22.50	29.61	32.76	39.46	48.42	80.64	139.67
31	23.38	30.80	34.08	41.07	50.11	82.79	143.31
32	24.30	32.04	35.49	42.75	51.89	85.06	147.15
33	25.27	33.33	36.92	44.47	53.73	87.40	151.17
34	26.28	34.65	38.41	46.27	55.65	89.87	155.45
35	27.35	36.06	39.98	48.14	57.65	92.50	160.02
36	28.47	37.53	41.63	50.08	59.73	95.27	164.95
37	29.64	39.06	43.35	52.12	61.89	98.24	170.25
38	30.87	40.67	45.15	54.23	64.11	101.39	176.00
39	32.16	42.35	47.03	56.42	66.42	104.77	182.22
40	33.54	44.13	49.02	58.74	68.83	108.35	188.90
41	34.98	46.02	51.13	61.19	71.36	112.18	196.11
42	36.51	48.01	53.37	63.77	74.01	116.28	203.88
43	38.45	50.33	55.74	66.49	76.77	120.67	212.34
44	40.49	52.78	58.24	69.39	79.69	125.35	221.38
45	42.69	55.40	60.92	72.44	82.76	130.32	231.01
46	45.02	58.18	63.74	75.69	86.02	135.58	241.23
47	47.50	61.13	66.73	79.12	89.47	141.14	252.03
48	50.14	64.35	70.11	82.99	93.35	147.46	264.33
49	52.90	67.70	73.62	87.02	97.42	153.98	276.98
50	55.76	71.18	77.22	91.16	101.61	160.65	289.77
51	58.68	74.71	80.88	95.38	105.90	167.32	302.45
52	61.64	78.28	84.57	99.61	110.25	173.93	314.80
53	64.95	82.27	88.71	104.39	115.29	181.25	327.94
54	68.15	86.13	92.68	108.97	120.16	188.10	339.96
55	71.14	89.68	96.30	113.16	124.61	194.15	350.30
56	73.79	92.80	99.45	116.78	128.46	199.09	358.38
57	75.99	95.33	101.94	119.64	131.48	202.62	363.62
58	77.35	96.93	103.57	121.48	133.38	204.39	365.47
59	78.01	97.63	104.25	122.22	134.06	204.12	363.36
60	77.84	97.31	103.81	121.71	133.33	201.48	356.73
61	76.66	95.79	102.14	119.78	131.04	196.15	344.99
62	74.41	92.97	99.11	116.27	126.96	187.82	327.59

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.92	24.73	27.33	32.80	41.22	71.55	124.39
26	19.55	25.59	28.30	34.00	42.59	73.39	127.54
27	20.23	26.53	29.35	35.30	44.01	75.28	130.76
28	20.95	27.53	30.47	36.68	45.52	77.23	134.03
29	21.74	28.60	31.68	38.16	47.09	79.25	137.42
30	22.56	29.73	32.94	39.71	48.76	81.36	140.95
31	23.44	30.93	34.27	41.33	50.47	83.54	144.65
32	24.37	32.18	35.69	43.03	52.27	85.84	148.55
33	25.34	33.47	37.14	44.77	54.13	88.22	152.63
34	26.36	34.81	38.64	46.59	56.07	90.72	156.97
35	27.43	36.22	40.23	48.48	58.10	93.39	161.61
36	28.55	37.71	41.89	50.44	60.20	96.21	166.61
37	29.73	39.25	43.63	52.50	62.39	99.22	171.99
38	30.97	40.87	45.45	54.63	64.64	102.42	177.83
39	32.26	42.56	47.35	56.85	66.98	105.85	184.14
40	33.65	44.35	49.36	59.20	69.42	109.48	190.91
41	35.10	46.26	51.49	61.67	71.98	113.36	198.22
42	36.63	48.26	53.75	64.28	74.66	117.52	206.09
43	38.58	50.60	56.14	67.03	77.46	121.97	214.67
44	40.63	53.07	58.67	69.97	80.42	126.72	223.83
45	42.84	55.70	61.37	73.05	83.53	131.76	233.59
46	45.18	58.50	64.22	76.33	86.83	137.09	243.93
47	47.68	61.47	67.24	79.80	90.32	142.72	254.87
48	50.33	64.72	70.65	83.71	94.25	149.12	267.32
49	53.10	68.09	74.19	87.78	98.36	155.72	280.12
50	55.97	71.59	77.82	91.96	102.59	162.46	293.05
51	58.90	75.14	81.50	96.21	106.91	169.20	305.85
52	61.87	78.72	85.22	100.47	111.29	175.86	318.30
53	65.19	82.73	89.38	105.28	116.36	183.23	331.53
54	68.40	86.60	93.36	109.88	121.24	190.10	343.60
55	71.39	90.16	96.99	114.08	125.69	196.15	353.95
56	74.04	93.28	100.13	117.69	129.52	201.06	361.96
57	76.23	95.79	102.60	120.52	132.50	204.52	367.07
58	77.59	97.38	104.22	122.34	134.37	206.24	368.85
59	78.23	98.06	104.86	123.04	134.99	205.86	366.54
60	78.04	97.69	104.35	122.43	134.14	203.00	359.53
61	76.81	96.09	102.56	120.34	131.67	197.34	347.16
62	74.50	93.15	99.37	116.61	127.33	188.53	328.85

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	18.99	24.86	27.53	33.08	41.61	72.41	125.96
26	19.62	25.73	28.51	34.29	43.00	74.29	129.17
27	20.30	26.68	29.57	35.61	44.45	76.22	132.46
28	21.03	27.69	30.71	37.01	45.98	78.21	135.81
29	21.82	28.77	31.93	38.51	47.58	80.28	139.27
30	22.65	29.91	33.21	40.08	49.27	82.43	142.88
31	23.54	31.12	34.56	41.73	51.01	84.66	146.66
32	24.47	32.38	36.00	43.45	52.84	87.01	150.65
33	25.45	33.69	37.46	45.22	54.74	89.44	154.82
34	26.47	35.04	38.99	47.06	56.71	92.00	159.26
35	27.55	36.47	40.60	48.98	58.77	94.73	164.00
36	28.68	37.97	42.28	50.98	60.91	97.61	169.11
37	29.87	39.53	44.05	53.07	63.14	100.69	174.61
38	31.11	41.16	45.89	55.24	65.43	103.96	180.57
39	32.42	42.88	47.82	57.50	67.81	107.46	187.01
40	33.81	44.69	49.86	59.88	70.30	111.17	193.92
41	35.27	46.61	52.02	62.40	72.91	115.14	201.38
42	36.82	48.64	54.31	65.05	75.64	119.38	209.41
43	38.78	51.00	56.74	67.85	78.49	123.93	218.16
44	40.85	53.50	59.31	70.83	81.51	128.78	227.50
45	43.07	56.16	62.05	73.97	84.68	133.91	237.45
46	45.43	58.99	64.94	77.30	88.04	139.35	247.99
47	47.94	61.99	68.00	80.82	91.59	145.08	259.12
48	50.61	65.27	71.45	84.79	95.59	151.61	271.80
49	53.40	68.67	75.04	88.93	99.76	158.32	284.82
50	56.28	72.20	78.71	93.16	104.05	165.18	297.96
51	59.23	75.78	82.44	97.46	108.43	172.01	310.94
52	62.22	79.39	86.19	101.77	112.85	178.75	323.54
53	65.55	83.43	90.39	106.62	117.96	186.19	336.91
54	68.77	87.31	94.39	111.25	122.86	193.11	349.07
55	71.76	90.88	98.03	115.45	127.31	199.16	359.42
56	74.41	93.99	101.16	119.05	131.11	204.02	367.34
57	76.59	96.48	103.60	121.84	134.03	207.37	372.25
58	77.94	98.06	105.20	123.64	135.86	209.02	373.93
59	78.56	98.70	105.78	124.26	136.38	208.46	371.32
60	78.33	98.25	105.16	123.50	135.36	205.28	363.72
61	77.04	96.53	103.20	121.19	132.61	199.12	350.41
62	74.64	93.42	99.75	117.11	127.88	189.59	330.74

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.66	10.75	11.66	13.69	18.77	37.07	65.04
26	8.96	11.14	12.10	14.24	19.45	38.10	66.78
27	9.27	11.59	12.60	14.85	20.19	39.22	68.65
28	9.63	12.09	13.15	15.51	20.99	40.41	70.63
29	10.03	12.63	13.75	16.26	21.85	41.68	72.75
30	10.48	13.22	14.42	17.06	22.77	43.05	75.04
31	10.96	13.86	15.13	17.91	23.74	44.51	77.50
32	11.47	14.55	15.90	18.84	24.78	46.09	80.15
33	12.02	15.28	16.71	19.81	25.87	47.76	82.97
34	12.60	16.05	17.57	20.85	27.05	49.55	86.03
35	13.24	16.89	18.50	21.96	28.30	51.47	89.33
36	13.92	17.77	19.49	23.13	29.63	53.53	92.92
37	14.64	18.72	20.54	24.38	31.04	55.74	96.79
38	15.41	19.73	21.66	25.70	32.54	58.12	100.95
39	16.22	20.79	22.85	27.09	34.14	60.66	105.48
40	17.10	21.92	24.12	28.58	35.85	63.39	110.35
41	18.03	23.16	25.48	30.17	37.68	66.31	115.63
42	19.04	24.45	26.94	31.87	39.64	69.44	121.31
43	20.27	25.96	28.51	33.67	41.75	72.81	127.48
44	21.59	27.56	30.17	35.61	43.99	76.41	134.10
45	23.03	29.29	31.95	37.66	46.36	80.23	141.18
46	24.55	31.13	33.84	39.85	48.85	84.30	148.73
47	26.18	33.09	35.87	42.18	51.48	88.62	156.76
48	27.96	35.25	38.16	44.80	54.36	93.50	165.94
49	29.82	37.53	40.53	47.53	57.35	98.57	175.44
50	31.76	39.87	42.99	50.36	60.38	103.74	185.14
51	33.74	42.27	45.50	53.23	63.39	108.94	194.87
52	35.75	44.70	48.03	56.13	66.36	114.11	204.46
53	37.91	47.36	50.80	59.35	69.56	119.76	214.86
54	39.92	49.93	53.46	62.45	72.57	125.06	224.56
55	41.79	52.30	55.89	65.31	75.25	129.81	233.12
56	43.46	54.40	58.02	67.81	77.49	133.76	240.13
57	44.83	56.13	59.75	69.83	79.16	136.71	245.17
58	45.67	57.25	60.91	71.18	80.07	138.41	247.81
59	46.08	57.81	61.47	71.83	80.22	138.66	247.62
60	45.96	57.73	61.36	71.72	79.50	137.22	244.19
61	45.27	56.91	60.49	70.72	77.81	133.88	237.08
62	43.91	55.27	58.77	68.75	75.08	128.41	225.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.70	10.83	11.78	13.86	19.01	37.61	66.02
26	8.99	11.23	12.23	14.42	19.71	38.66	67.80
27	9.32	11.68	12.74	15.04	20.46	39.80	69.71
28	9.68	12.18	13.30	15.72	21.28	41.02	71.73
29	10.09	12.73	13.91	16.47	22.14	42.32	73.90
30	10.54	13.33	14.58	17.29	23.08	43.72	76.23
31	11.01	13.98	15.31	18.15	24.08	45.21	78.74
32	11.53	14.68	16.09	19.10	25.14	46.82	81.45
33	12.08	15.41	16.92	20.09	26.24	48.52	84.33
34	12.68	16.20	17.78	21.15	27.44	50.34	87.45
35	13.32	17.04	18.73	22.27	28.72	52.29	90.81
36	14.00	17.94	19.73	23.46	30.07	54.41	94.46
37	14.72	18.90	20.80	24.74	31.51	56.66	98.40
38	15.50	19.91	21.94	26.07	33.03	59.07	102.65
39	16.31	20.98	23.15	27.49	34.66	61.67	107.27
40	17.21	22.12	24.44	29.01	36.40	64.44	112.22
41	18.14	23.38	25.82	30.62	38.26	67.41	117.59
42	19.15	24.68	27.30	32.35	40.24	70.60	123.36
43	20.39	26.21	28.89	34.17	42.39	74.02	129.64
44	21.72	27.83	30.57	36.15	44.67	77.68	136.38
45	23.17	29.56	32.37	38.22	47.08	81.57	143.58
46	24.70	31.42	34.29	40.45	49.61	85.70	151.24
47	26.35	33.41	36.34	42.81	52.27	90.09	159.40
48	28.13	35.59	38.66	45.47	55.20	95.05	168.72
49	30.00	37.89	41.06	48.24	58.23	100.19	178.36
50	31.95	40.25	43.55	51.10	61.29	105.42	188.19
51	33.95	42.67	46.07	54.01	64.33	110.69	198.03
52	35.96	45.11	48.63	56.93	67.33	115.91	207.72
53	38.13	47.79	51.42	60.18	70.56	121.60	218.20
54	40.15	50.37	54.09	63.30	73.57	126.92	227.94
55	42.03	52.75	56.53	66.17	76.25	131.67	236.52
56	43.69	54.84	58.66	68.65	78.47	135.59	243.46
57	45.05	56.55	60.37	70.65	80.11	138.48	248.38
58	45.90	57.67	61.51	71.98	80.99	140.13	250.95
59	46.29	58.21	62.04	72.60	81.09	140.28	250.58
60	46.15	58.08	61.86	72.39	80.25	138.64	246.79
61	45.41	57.19	60.88	71.24	78.40	134.99	239.09
62	43.99	55.44	59.01	69.06	75.42	129.07	227.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.76	10.96	11.97	14.12	19.37	38.41	67.48
26	9.06	11.36	12.42	14.68	20.09	39.50	69.31
27	9.38	11.82	12.95	15.33	20.87	40.68	71.29
28	9.76	12.33	13.52	16.02	21.71	41.93	73.39
29	10.16	12.89	14.15	16.80	22.60	43.27	75.62
30	10.62	13.49	14.83	17.63	23.56	44.71	78.03
31	11.10	14.15	15.58	18.53	24.58	46.25	80.61
32	11.63	14.87	16.38	19.49	25.67	47.90	83.40
33	12.18	15.61	17.21	20.51	26.81	49.65	86.37
34	12.78	16.41	18.11	21.59	28.04	51.53	89.58
35	13.43	17.27	19.07	22.74	29.34	53.54	93.03
36	14.12	18.18	20.10	23.97	30.73	55.71	96.79
37	14.85	19.16	21.19	25.27	32.21	58.02	100.84
38	15.63	20.18	22.35	26.64	33.77	60.51	105.20
39	16.46	21.28	23.58	28.10	35.43	63.17	109.94
40	17.35	22.44	24.91	29.64	37.22	66.01	115.02
41	18.30	23.71	26.31	31.29	39.13	69.06	120.53
42	19.33	25.04	27.82	33.06	41.15	72.33	126.45
43	20.58	26.58	29.44	34.93	43.35	75.84	132.89
44	21.93	28.23	31.16	36.95	45.68	79.60	139.79
45	23.38	29.99	33.01	39.08	48.15	83.57	147.17
46	24.93	31.88	34.96	41.35	50.73	87.80	155.01
47	26.59	33.89	37.05	43.76	53.45	92.28	163.35
48	28.39	36.10	39.40	46.47	56.44	97.36	172.89
49	30.28	38.43	41.85	49.31	59.53	102.61	182.74
50	32.24	40.82	44.38	52.22	62.64	107.95	192.76
51	34.25	43.26	46.95	55.17	65.74	113.30	202.77
52	36.29	45.73	49.53	58.13	68.78	118.59	212.59
53	38.46	48.44	52.36	61.43	72.05	124.35	223.20
54	40.49	51.03	55.05	64.57	75.08	129.72	233.03
55	42.37	53.42	57.50	67.44	77.76	134.47	241.60
56	44.04	55.50	59.61	69.92	79.95	138.35	248.46
57	45.38	57.20	61.30	71.88	81.53	141.13	253.19
58	46.22	58.30	62.42	73.19	82.38	142.72	255.68
59	46.59	58.80	62.90	73.73	82.38	142.70	255.02
60	46.42	58.60	62.62	73.39	81.38	140.76	250.69
61	45.63	57.59	61.47	72.03	79.27	136.64	242.12
62	44.12	55.69	59.36	69.53	75.93	130.06	228.81

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	9.31	11.56	12.54	14.72	20.18	39.86	69.94
26	9.63	11.98	13.01	15.31	20.91	40.97	71.81
27	9.97	12.46	13.55	15.97	21.71	42.17	73.82
28	10.36	13.00	14.14	16.68	22.57	43.45	75.95
29	10.79	13.58	14.79	17.48	23.49	44.82	78.23
30	11.27	14.21	15.50	18.34	24.48	46.29	80.69
31	11.78	14.90	16.27	19.26	25.53	47.86	83.33
32	12.33	15.65	17.10	20.26	26.65	49.56	86.18
33	12.92	16.43	17.97	21.30	27.82	51.35	89.22
34	13.55	17.26	18.89	22.42	29.09	53.28	92.51
35	14.24	18.16	19.89	23.61	30.43	55.34	96.05
36	14.97	19.11	20.96	24.87	31.86	57.56	99.91
37	15.74	20.13	22.09	26.22	33.38	59.94	104.07
38	16.57	21.21	23.29	27.63	34.99	62.49	108.55
39	17.44	22.35	24.57	29.13	36.71	65.23	113.42
40	18.39	23.57	25.94	30.73	38.55	68.16	118.66
41	19.39	24.90	27.40	32.44	40.52	71.30	124.33
42	20.47	26.29	28.97	34.27	42.62	74.67	130.44
43	21.80	27.91	30.66	36.20	44.89	78.29	137.07
44	23.22	29.63	32.44	38.29	47.30	82.16	144.19
45	24.76	31.49	34.36	40.49	49.85	86.27	151.81
46	26.40	33.47	36.39	42.85	52.53	90.64	159.92
47	28.15	35.58	38.57	45.35	55.35	95.29	168.56
48	30.06	37.90	41.03	48.17	58.45	100.54	178.43
49	32.06	40.35	43.58	51.11	61.67	105.99	188.65
50	34.15	42.87	46.23	54.15	64.92	111.55	199.08
51	36.28	45.45	48.92	57.24	68.16	117.14	209.54
52	38.44	48.06	51.64	60.35	71.36	122.70	219.85
53	40.76	50.93	54.62	63.82	74.80	128.77	231.03
54	42.92	53.69	57.48	67.15	78.03	134.47	241.46
55	44.94	56.24	60.10	70.23	80.91	139.58	250.67
56	46.73	58.49	62.39	72.91	83.32	143.83	258.20
57	48.20	60.35	64.25	75.09	85.12	147.00	263.62
58	49.11	61.56	65.49	76.54	86.10	148.83	266.46
59	49.55	62.16	66.10	77.24	86.26	149.10	266.26
60	49.42	62.07	65.98	77.12	85.48	147.55	262.57
61	48.68	61.19	65.04	76.04	83.67	143.96	254.92
62	47.21	59.43	63.19	73.92	80.73	138.08	242.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.35	11.65	12.67	14.90	20.44	40.44	70.99
26	9.67	12.08	13.15	15.50	21.19	41.57	72.90
27	10.02	12.56	13.70	16.17	22.00	42.80	74.96
28	10.41	13.10	14.30	16.90	22.88	44.11	77.13
29	10.85	13.69	14.96	17.71	23.81	45.50	79.46
30	11.33	14.33	15.68	18.59	24.82	47.01	81.97
31	11.84	15.03	16.46	19.52	25.89	48.61	84.67
32	12.40	15.79	17.30	20.54	27.03	50.34	87.58
33	12.99	16.57	18.19	21.60	28.22	52.17	90.68
34	13.63	17.42	19.12	22.74	29.51	54.13	94.03
35	14.32	18.32	20.14	23.95	30.88	56.23	97.64
36	15.05	19.29	21.22	25.23	32.33	58.50	101.57
37	15.83	20.32	22.37	26.60	33.88	60.92	105.81
38	16.67	21.41	23.59	28.03	35.52	63.52	110.38
39	17.54	22.56	24.89	29.56	37.27	66.31	115.34
40	18.50	23.79	26.28	31.19	39.14	69.29	120.67
41	19.51	25.14	27.76	32.92	41.14	72.48	126.44
42	20.59	26.54	29.35	34.78	43.27	75.91	132.65
43	21.93	28.18	31.06	36.74	45.58	79.59	139.40
44	23.36	29.92	32.87	38.87	48.03	83.53	146.64
45	24.91	31.79	34.81	41.10	50.62	87.71	154.39
46	26.56	33.79	36.87	43.49	53.34	92.15	162.62
47	28.33	35.92	39.08	46.03	56.20	96.87	171.40
48	30.25	38.27	41.57	48.89	59.35	102.20	181.42
49	32.26	40.74	44.15	51.87	62.61	107.73	191.79
50	34.36	43.28	46.83	54.95	65.90	113.36	202.36
51	36.50	45.88	49.54	58.07	69.17	119.02	212.94
52	38.67	48.50	52.29	61.21	72.40	124.63	223.35
53	41.00	51.39	55.29	64.71	75.87	130.75	234.62
54	43.17	54.16	58.16	68.06	79.11	136.47	245.10
55	45.19	56.72	60.79	71.15	81.99	141.58	254.32
56	46.98	58.97	63.07	73.82	84.38	145.80	261.78
57	48.44	60.81	64.91	75.97	86.14	148.90	267.07
58	49.35	62.01	66.14	77.40	87.09	150.68	269.84
59	49.77	62.59	66.71	78.06	87.19	150.84	269.44
60	49.62	62.45	66.52	77.84	86.29	149.07	265.37
61	48.83	61.49	65.46	76.60	84.30	145.15	257.09
62	47.30	59.61	63.45	74.26	81.10	138.79	244.14

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	9.42	11.78	12.87	15.18	20.83	41.30	72.56
26	9.74	12.22	13.36	15.79	21.60	42.47	74.53
27	10.09	12.71	13.92	16.48	22.44	43.74	76.66
28	10.49	13.26	14.54	17.23	23.34	45.09	78.91
29	10.93	13.86	15.21	18.06	24.30	46.53	81.31
30	11.42	14.51	15.95	18.96	25.33	48.08	83.90
31	11.94	15.22	16.75	19.92	26.43	49.73	86.68
32	12.50	15.99	17.61	20.96	27.60	51.51	89.68
33	13.10	16.79	18.51	22.05	28.83	53.39	92.87
34	13.74	17.65	19.47	23.21	30.15	55.41	96.32
35	14.44	18.57	20.51	24.45	31.55	57.57	100.03
36	15.18	19.55	21.61	25.77	33.04	59.90	104.07
37	15.97	20.60	22.79	27.17	34.63	62.39	108.43
38	16.81	21.70	24.03	28.64	36.31	65.06	113.12
39	17.70	22.88	25.36	30.21	38.10	67.92	118.21
40	18.66	24.13	26.78	31.87	40.02	70.98	123.68
41	19.68	25.49	28.29	33.65	42.07	74.26	129.60
42	20.78	26.92	29.91	35.55	44.25	77.77	135.97
43	22.13	28.58	31.66	37.56	46.61	81.55	142.89
44	23.58	30.35	33.51	39.73	49.12	85.59	150.31
45	25.14	32.25	35.49	42.02	51.77	89.86	158.25
46	26.81	34.28	37.59	44.46	54.55	94.41	166.68
47	28.59	36.44	39.84	47.05	57.47	99.23	175.65
48	30.53	38.82	42.37	49.97	60.69	104.69	185.90
49	32.56	41.32	45.00	53.02	64.01	110.33	196.49
50	34.67	43.89	47.72	56.15	67.36	116.08	207.27
51	36.83	46.52	50.48	59.32	70.69	121.83	218.03
52	39.02	49.17	53.26	62.51	73.96	127.52	228.59
53	41.36	52.09	56.30	66.05	77.47	133.71	240.00
54	43.54	54.87	59.19	69.43	80.73	139.48	250.57
55	45.56	57.44	61.83	72.52	83.61	144.59	259.79
56	47.35	59.68	64.10	75.18	85.97	148.76	267.16
57	48.80	61.50	65.91	77.29	87.67	151.75	272.25
58	49.70	62.69	67.12	78.70	88.58	153.46	274.92
59	50.10	63.23	67.63	79.28	88.58	153.44	274.22
60	49.91	63.01	67.33	78.91	87.51	151.35	269.56
61	49.06	61.93	66.10	77.45	85.24	146.93	260.34
62	47.44	59.88	63.83	74.76	81.65	139.85	246.03

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.39	9.00	9.71	11.29	16.08	32.98	57.55
26	7.64	9.34	10.09	11.76	16.69	34.00	59.31
27	7.92	9.72	10.50	12.28	17.37	35.10	61.15
28	8.23	10.15	10.96	12.82	18.09	36.25	63.12
29	8.57	10.60	11.48	13.45	18.87	37.51	65.20
30	8.94	11.09	12.02	14.13	19.71	38.84	67.44
31	9.34	11.63	12.63	14.84	20.58	40.26	69.85
32	9.77	12.21	13.27	15.62	21.54	41.77	72.41
33	10.23	12.82	13.96	16.43	22.52	43.38	75.16
34	10.73	13.47	14.68	17.31	23.59	45.11	78.10
35	11.26	14.17	15.46	18.24	24.73	46.95	81.29
36	11.84	14.93	16.29	19.21	25.96	48.93	84.71
37	12.44	15.72	17.18	20.27	27.24	51.04	88.42
38	13.09	16.56	18.12	21.38	28.61	53.30	92.40
39	13.77	17.47	19.12	22.55	30.09	55.73	96.71
40	14.52	18.42	20.18	23.81	31.64	58.31	101.35
41	15.31	19.46	21.33	25.15	33.31	61.10	106.36
42	16.14	20.55	22.56	26.57	35.09	64.07	111.74
43	17.20	21.83	23.88	28.10	37.02	67.27	117.60
44	18.31	23.18	25.28	29.72	39.06	70.67	123.87
45	19.52	24.64	26.78	31.45	41.21	74.30	130.54
46	20.81	26.18	28.37	33.29	43.48	78.14	137.68
47	22.19	27.83	30.08	35.26	45.85	82.20	145.25
48	23.68	29.66	32.00	37.46	48.48	86.82	153.91
49	25.25	31.56	34.00	39.75	51.20	91.61	162.86
50	26.89	33.55	36.07	42.13	53.94	96.49	171.98
51	28.55	35.55	38.17	44.55	56.67	101.36	181.11
52	30.23	37.56	40.29	46.97	59.36	106.20	190.10
53	32.04	39.79	42.59	49.67	62.26	111.46	199.83
54	33.80	41.92	44.82	52.27	64.97	116.38	208.87
55	35.42	43.91	46.85	54.65	67.38	120.74	216.83
56	36.87	45.66	48.63	56.72	69.37	124.32	223.28
57	38.06	47.07	50.04	58.39	70.84	126.93	227.86
58	38.81	47.98	50.98	59.47	71.58	128.31	230.14
59	39.17	48.41	51.41	59.98	71.59	128.28	229.73
60	39.09	48.29	51.26	59.83	70.79	126.61	226.20
61	38.50	47.55	50.48	58.92	69.10	123.09	219.19
62	37.36	46.12	48.98	57.22	66.41	117.51	208.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.43	9.09	9.83	11.46	16.32	33.52	58.52
26	7.68	9.43	10.22	11.93	16.95	34.56	60.32
27	7.97	9.81	10.64	12.46	17.64	35.68	62.21
28	8.28	10.24	11.11	13.03	18.38	36.87	64.22
29	8.62	10.70	11.63	13.66	19.17	38.14	66.35
30	8.99	11.21	12.19	14.36	20.02	39.51	68.63
31	9.39	11.76	12.81	15.08	20.92	40.96	71.10
32	9.83	12.34	13.46	15.88	21.89	42.49	73.71
33	10.30	12.95	14.16	16.71	22.90	44.15	76.52
34	10.81	13.62	14.89	17.60	23.98	45.90	79.52
35	11.34	14.32	15.69	18.55	25.15	47.77	82.77
36	11.91	15.09	16.54	19.55	26.39	49.80	86.26
37	12.53	15.89	17.44	20.63	27.70	51.95	90.03
38	13.19	16.75	18.40	21.75	29.10	54.26	94.11
39	13.87	17.66	19.42	22.95	30.61	56.73	98.50
40	14.62	18.63	20.50	24.24	32.19	59.36	103.22
41	15.42	19.68	21.67	25.59	33.89	62.20	108.33
42	16.26	20.79	22.92	27.04	35.69	65.22	113.79
43	17.32	22.08	24.25	28.60	37.67	68.48	119.77
44	18.44	23.45	25.68	30.26	39.74	71.94	126.15
45	19.66	24.91	27.20	32.02	41.92	75.64	132.94
46	20.96	26.48	28.82	33.89	44.23	79.54	140.19
47	22.36	28.15	30.55	35.89	46.64	83.67	147.89
48	23.85	30.00	32.50	38.13	49.32	88.37	156.69
49	25.44	31.93	34.53	40.46	52.07	93.23	165.78
50	27.08	33.93	36.63	42.87	54.85	98.17	175.04
51	28.76	35.95	38.74	45.32	57.61	103.11	184.27
52	30.46	37.99	40.89	47.76	60.33	107.99	193.36
53	32.28	40.23	43.22	50.50	63.26	113.30	203.17
54	34.04	42.38	45.45	53.11	65.97	118.24	212.25
55	35.67	44.38	47.50	55.50	68.38	122.60	220.22
56	37.12	46.12	49.26	57.57	70.35	126.15	226.61
57	38.30	47.51	50.66	59.21	71.79	128.69	231.07
58	39.05	48.42	51.59	60.27	72.50	130.03	233.28
59	39.39	48.82	51.98	60.74	72.46	129.90	232.69
60	39.28	48.65	51.76	60.50	71.54	128.02	228.81
61	38.66	47.84	50.87	59.45	69.68	124.19	221.21
62	37.45	46.30	49.22	57.54	66.76	118.17	209.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.50	9.21	10.02	11.72	16.68	34.32	59.99
26	7.75	9.56	10.42	12.20	17.34	35.40	61.84
27	8.04	9.95	10.84	12.75	18.05	36.56	63.79
28	8.35	10.39	11.34	13.34	18.80	37.78	65.87
29	8.70	10.86	11.87	13.99	19.62	39.10	68.07
30	9.08	11.37	12.44	14.70	20.50	40.50	70.43
31	9.49	11.93	13.08	15.46	21.42	42.00	72.97
32	9.92	12.53	13.75	16.28	22.42	43.58	75.66
33	10.40	13.16	14.46	17.13	23.46	45.28	78.56
34	10.91	13.83	15.21	18.04	24.58	47.09	81.64
35	11.45	14.55	16.03	19.02	25.77	49.02	84.99
36	12.03	15.34	16.90	20.05	27.05	51.10	88.58
37	12.66	16.15	17.83	21.16	28.40	53.32	92.47
38	13.32	17.02	18.80	22.32	29.83	55.69	96.65
39	14.02	17.96	19.86	23.56	31.38	58.23	101.17
40	14.77	18.94	20.96	24.87	33.01	60.93	106.02
41	15.58	20.00	22.16	26.27	34.75	63.85	111.27
42	16.43	21.14	23.44	27.76	36.60	66.95	116.88
43	17.50	22.45	24.81	29.36	38.62	70.30	123.01
44	18.65	23.85	26.27	31.06	40.75	73.86	129.56
45	19.87	25.34	27.83	32.88	42.99	77.64	136.53
46	21.19	26.93	29.49	34.79	45.36	81.64	143.96
47	22.60	28.63	31.26	36.84	47.82	85.87	151.84
48	24.11	30.51	33.25	39.13	50.56	90.68	160.85
49	25.71	32.47	35.32	41.52	53.37	95.65	170.15
50	27.37	34.49	37.46	43.99	56.21	100.70	179.60
51	29.06	36.55	39.62	46.48	59.03	105.72	189.00
52	30.78	38.62	41.79	48.97	61.78	110.68	198.23
53	32.63	40.90	44.16	51.75	64.75	116.05	208.17
54	34.41	43.07	46.41	54.39	67.48	121.04	217.34
55	36.05	45.07	48.46	56.78	69.89	125.40	225.31
56	37.49	46.81	50.22	58.83	71.83	128.91	231.62
57	38.66	48.18	51.59	60.44	73.21	131.34	235.89
58	39.40	49.08	52.50	61.48	73.89	132.62	238.01
59	39.73	49.44	52.83	61.87	73.75	132.32	237.13
60	39.58	49.20	52.52	61.49	72.68	130.14	232.70
61	38.89	48.27	51.47	60.24	70.56	125.85	224.23
62	37.59	46.56	49.58	58.00	67.27	119.15	211.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.95	9.68	10.44	12.14	17.29	35.46	61.88
26	8.22	10.04	10.85	12.64	17.95	36.56	63.77
27	8.52	10.45	11.29	13.20	18.68	37.74	65.75
28	8.85	10.91	11.79	13.79	19.45	38.98	67.87
29	9.21	11.40	12.34	14.46	20.29	40.33	70.11
30	9.61	11.93	12.93	15.19	21.19	41.76	72.52
31	10.04	12.51	13.58	15.96	22.13	43.29	75.11
32	10.50	13.13	14.27	16.80	23.16	44.91	77.86
33	11.00	13.79	15.01	17.67	24.22	46.65	80.82
34	11.54	14.48	15.78	18.61	25.37	48.50	83.98
35	12.11	15.24	16.62	19.61	26.59	50.48	87.41
36	12.73	16.05	17.52	20.66	27.91	52.61	91.09
37	13.38	16.90	18.47	21.80	29.29	54.88	95.07
38	14.08	17.81	19.48	22.99	30.76	57.31	99.36
39	14.81	18.78	20.56	24.25	32.35	59.92	103.99
40	15.61	19.81	21.70	25.60	34.02	62.70	108.98
41	16.46	20.92	22.94	27.04	35.82	65.70	114.37
42	17.36	22.10	24.26	28.57	37.73	68.89	120.15
43	18.49	23.47	25.68	30.21	39.81	72.33	126.45
44	19.69	24.92	27.18	31.96	42.00	75.99	133.19
45	20.99	26.49	28.80	33.82	44.31	79.89	140.37
46	22.38	28.15	30.51	35.80	46.75	84.02	148.04
47	23.86	29.93	32.34	37.91	49.30	88.39	156.18
48	25.46	31.89	34.41	40.28	52.13	93.36	165.49
49	27.15	33.94	36.56	42.74	55.05	98.51	175.12
50	28.91	36.07	38.79	45.30	58.00	103.75	184.93
51	30.70	38.23	41.04	47.90	60.94	108.99	194.74
52	32.50	40.39	43.32	50.50	63.83	114.19	204.41
53	34.45	42.78	45.80	53.41	66.95	119.85	214.87
54	36.34	45.08	48.19	56.20	69.86	125.14	224.59
55	38.09	47.22	50.38	58.76	72.45	129.83	233.15
56	39.64	49.10	52.29	60.99	74.59	133.68	240.09
57	40.92	50.61	53.81	62.79	76.17	136.48	245.01
58	41.73	51.59	54.82	63.95	76.97	137.97	247.46
59	42.12	52.05	55.28	64.49	76.98	137.94	247.02
60	42.03	51.92	55.12	64.33	76.12	136.14	243.23
61	41.40	51.13	54.28	63.36	74.30	132.35	235.69
62	40.17	49.59	52.67	61.53	71.41	126.35	223.95

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.99	9.77	10.57	12.32	17.55	36.04	62.93
26	8.26	10.14	10.99	12.83	18.23	37.16	64.86
27	8.57	10.55	11.44	13.40	18.97	38.37	66.89
28	8.90	11.01	11.95	14.01	19.76	39.64	69.05
29	9.27	11.51	12.51	14.69	20.61	41.01	71.34
30	9.67	12.05	13.11	15.44	21.53	42.48	73.80
31	10.10	12.64	13.77	16.22	22.49	44.04	76.45
32	10.57	13.27	14.47	17.08	23.54	45.69	79.26
33	11.07	13.93	15.23	17.97	24.62	47.47	82.28
34	11.62	14.64	16.01	18.93	25.79	49.35	85.50
35	12.19	15.40	16.87	19.95	27.04	51.37	89.00
36	12.81	16.23	17.78	21.02	28.38	53.55	92.75
37	13.47	17.09	18.75	22.18	29.79	55.86	96.81
38	14.18	18.01	19.78	23.39	31.29	58.34	101.19
39	14.91	18.99	20.88	24.68	32.91	61.00	105.91
40	15.72	20.03	22.04	26.06	34.61	63.83	110.99
41	16.58	21.16	23.30	27.52	36.44	66.88	116.48
42	17.48	22.35	24.64	29.08	38.38	70.13	122.36
43	18.62	23.74	26.08	30.75	40.50	73.63	128.78
44	19.83	25.21	27.61	32.54	42.73	77.36	135.64
45	21.14	26.79	29.25	34.43	45.08	81.33	142.95
46	22.54	28.47	30.99	36.44	47.56	85.53	150.74
47	24.04	30.27	32.85	38.59	50.15	89.97	159.02
48	25.65	32.26	34.95	41.00	53.03	95.02	168.48
49	27.35	34.33	37.13	43.50	55.99	100.25	178.26
50	29.12	36.48	39.39	46.10	58.98	105.56	188.21
51	30.92	38.66	41.66	48.73	61.95	110.87	198.14
52	32.75	40.85	43.97	51.36	64.87	116.12	207.91
53	34.71	43.26	46.47	54.30	68.02	121.83	218.46
54	36.60	45.57	48.87	57.11	70.94	127.14	228.23
55	38.36	47.72	51.07	59.68	73.53	131.83	236.80
56	39.91	49.59	52.97	61.90	75.65	135.65	243.67
57	41.18	51.09	54.47	63.67	77.19	138.38	248.46
58	41.99	52.06	55.47	64.81	77.96	139.82	250.84
59	42.36	52.49	55.89	65.31	77.91	139.68	250.20
60	42.24	52.31	55.66	65.05	76.93	137.66	246.03
61	41.57	51.44	54.70	63.92	74.93	133.54	237.86
62	40.27	49.78	52.93	61.87	71.78	127.06	225.21

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.06	9.90	10.77	12.60	17.94	36.90	64.50
26	8.33	10.28	11.20	13.12	18.64	38.06	66.49
27	8.64	10.70	11.66	13.71	19.41	39.31	68.59
28	8.98	11.17	12.19	14.34	20.22	40.62	70.83
29	9.35	11.68	12.76	15.04	21.10	42.04	73.19
30	9.76	12.23	13.38	15.81	22.04	43.55	75.73
31	10.20	12.83	14.06	16.62	23.03	45.16	78.46
32	10.67	13.47	14.78	17.50	24.11	46.86	81.36
33	11.18	14.15	15.55	18.42	25.23	48.69	84.47
34	11.73	14.87	16.36	19.40	26.43	50.63	87.79
35	12.31	15.65	17.24	20.45	27.71	52.71	91.39
36	12.94	16.49	18.17	21.56	29.09	54.95	95.25
37	13.61	17.37	19.17	22.75	30.54	57.33	99.43
38	14.32	18.30	20.22	24.00	32.08	59.88	103.93
39	15.07	19.31	21.35	25.33	33.74	62.61	108.78
40	15.88	20.37	22.54	26.74	35.49	65.52	114.00
41	16.75	21.51	23.83	28.25	37.37	68.66	119.64
42	17.67	22.73	25.20	29.85	39.36	71.99	125.68
43	18.82	24.14	26.68	31.57	41.53	75.59	132.27
44	20.05	25.64	28.25	33.40	43.82	79.42	139.31
45	21.37	27.25	29.93	35.35	46.23	83.48	146.81
46	22.79	28.96	31.71	37.41	48.77	87.79	154.80
47	24.30	30.79	33.61	39.61	51.42	92.33	163.27
48	25.93	32.81	35.75	42.08	54.37	97.51	172.96
49	27.65	34.91	37.98	44.65	57.39	102.85	182.96
50	29.43	37.09	40.28	47.30	60.44	108.28	193.12
51	31.25	39.30	42.60	49.98	63.47	113.68	203.23
52	33.10	41.53	44.94	52.66	66.43	119.01	213.15
53	35.09	43.98	47.48	55.64	69.62	124.79	223.84
54	37.00	46.31	49.90	58.48	72.56	130.15	233.70
55	38.76	48.46	52.11	61.05	75.15	134.84	242.27
56	40.31	50.33	54.00	63.26	77.24	138.61	249.05
57	41.57	51.81	55.47	64.99	78.72	141.23	253.64
58	42.37	52.77	56.45	66.11	79.45	142.60	255.92
59	42.72	53.16	56.81	66.53	79.30	142.28	254.98
60	42.56	52.90	56.47	66.12	78.15	139.94	250.22
61	41.82	51.90	55.34	64.77	75.87	135.32	241.11
62	40.42	50.06	53.31	62.37	72.33	128.12	227.10

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.72	8.09	8.69	10.03	14.10	28.65	49.59
26	6.97	8.41	9.04	10.48	14.69	29.68	51.35
27	7.23	8.76	9.43	10.96	15.34	30.76	53.20
28	7.51	9.16	9.87	11.48	16.01	31.90	55.16
29	7.83	9.58	10.34	12.06	16.75	33.11	57.21
30	8.17	10.04	10.85	12.68	17.53	34.40	59.41
31	8.55	10.54	11.40	13.35	18.37	35.78	61.74
32	8.95	11.08	12.01	14.06	19.25	37.24	64.24
33	9.37	11.64	12.63	14.81	20.18	38.78	66.88
34	9.83	12.25	13.30	15.62	21.19	40.42	69.71
35	10.32	12.90	14.02	16.48	22.24	42.18	72.74
36	10.85	13.59	14.80	17.39	23.37	44.05	76.01
37	11.42	14.32	15.61	18.37	24.58	46.05	79.52
38	12.02	15.11	16.48	19.39	25.86	48.19	83.29
39	12.66	15.94	17.41	20.47	27.23	50.47	87.35
40	13.34	16.83	18.40	21.64	28.68	52.92	91.71
41	14.08	17.78	19.46	22.88	30.23	55.51	96.39
42	14.85	18.80	20.60	24.20	31.90	58.29	101.43
43	15.82	19.98	21.82	25.61	33.68	61.29	106.88
44	16.85	21.22	23.10	27.11	35.57	64.46	112.73
45	17.97	22.57	24.49	28.71	37.56	67.83	118.96
46	19.16	24.00	25.97	30.41	39.66	71.41	125.57
47	20.42	25.52	27.53	32.22	41.85	75.19	132.59
48	21.80	27.20	29.30	34.25	44.28	79.47	140.60
49	23.25	28.96	31.15	36.36	46.78	83.90	148.88
50	24.75	30.78	33.05	38.55	49.31	88.39	157.30
51	26.28	32.63	34.97	40.76	51.82	92.89	165.72
52	27.82	34.47	36.90	42.98	54.29	97.33	173.98
53	29.48	36.50	39.02	45.44	56.94	102.16	182.89
54	31.07	38.45	41.05	47.80	59.42	106.65	191.15
55	32.56	40.25	42.89	49.97	61.60	110.60	198.37
56	33.86	41.83	44.50	51.85	63.40	113.84	204.21
57	34.93	43.10	45.77	53.34	64.70	116.14	208.25
58	35.59	43.89	46.58	54.28	65.33	117.32	210.17
59	35.88	44.24	46.93	54.68	65.27	117.15	209.57
60	35.76	44.06	46.74	54.49	64.47	115.47	206.06
61	35.17	43.33	45.95	53.60	62.84	112.06	199.32
62	34.07	41.95	44.52	51.96	60.29	106.72	188.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.76	8.17	8.81	10.20	14.34	29.19	50.56
26	7.00	8.50	9.17	10.66	14.95	30.23	52.37
27	7.27	8.85	9.57	11.14	15.61	31.34	54.26
28	7.56	9.25	10.02	11.68	16.30	32.51	56.26
29	7.89	9.68	10.50	12.28	17.05	33.74	58.36
30	8.23	10.16	11.02	12.91	17.85	35.07	60.60
31	8.60	10.66	11.58	13.59	18.70	36.47	62.99
32	9.01	11.21	12.19	14.32	19.60	37.96	65.55
33	9.44	11.77	12.83	15.08	20.55	39.54	68.23
34	9.90	12.40	13.51	15.92	21.58	41.21	71.13
35	10.40	13.05	14.25	16.80	22.65	43.01	74.22
36	10.93	13.75	15.04	17.73	23.81	44.93	77.55
37	11.50	14.50	15.88	18.72	25.04	46.97	81.13
38	12.11	15.30	16.76	19.76	26.36	49.15	84.99
39	12.75	16.14	17.71	20.87	27.75	51.48	89.13
40	13.44	17.04	18.71	22.07	29.23	53.97	93.58
41	14.19	18.00	19.80	23.32	30.81	56.61	98.36
42	14.96	19.04	20.95	24.67	32.50	59.45	103.48
43	15.94	20.23	22.19	26.11	34.33	62.50	109.05
44	16.98	21.49	23.50	27.65	36.25	65.73	115.01
45	18.11	22.85	24.91	29.28	38.28	69.17	121.36
46	19.31	24.30	26.41	31.01	40.41	72.81	128.08
47	20.59	25.84	28.00	32.85	42.64	76.66	135.23
48	21.98	27.55	29.81	34.92	45.11	81.01	143.38
49	23.44	29.32	31.68	37.07	47.65	85.51	151.80
50	24.94	31.16	33.61	39.29	50.22	90.07	160.35
51	26.49	33.03	35.54	41.53	52.76	94.64	168.88
52	28.04	34.89	37.51	43.78	55.26	99.13	177.23
53	29.72	36.95	39.65	46.27	57.94	104.00	186.23
54	31.31	38.90	41.68	48.65	60.42	108.51	194.54
55	32.81	40.72	43.53	50.82	62.61	112.46	201.76
56	34.11	42.29	45.13	52.69	64.38	115.67	207.54
57	35.17	43.54	46.39	54.16	65.65	117.91	211.46
58	35.83	44.32	47.19	55.08	66.25	119.04	213.31
59	36.10	44.65	47.50	55.45	66.13	118.77	212.52
60	35.95	44.43	47.24	55.16	65.22	116.88	208.66
61	35.33	43.62	46.34	54.12	63.43	113.16	201.34
62	34.16	42.13	44.76	52.28	60.64	107.38	190.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.83	8.30	8.99	10.46	14.70	29.99	52.02
26	7.07	8.63	9.37	10.93	15.34	31.07	53.88
27	7.34	8.99	9.77	11.43	16.01	32.22	55.84
28	7.64	9.40	10.24	11.99	16.73	33.42	57.91
29	7.96	9.84	10.73	12.60	17.50	34.70	60.08
30	8.31	10.32	11.27	13.25	18.32	36.07	62.39
31	8.70	10.83	11.85	13.96	19.20	37.52	64.86
32	9.10	11.39	12.48	14.71	20.13	39.05	67.50
33	9.54	11.98	13.13	15.50	21.12	40.68	70.27
34	10.01	12.61	13.84	16.36	22.17	42.40	73.26
35	10.51	13.28	14.59	17.26	23.28	44.26	76.45
36	11.05	14.00	15.40	18.23	24.47	46.23	79.88
37	11.63	14.76	16.27	19.25	25.74	48.33	83.57
38	12.24	15.57	17.17	20.33	27.09	50.58	87.54
39	12.90	16.43	18.14	21.47	28.52	52.97	91.80
40	13.59	17.35	19.18	22.70	30.05	55.54	96.38
41	14.35	18.33	20.29	24.00	31.68	58.26	101.30
42	15.14	19.39	21.47	25.39	33.41	61.18	106.57
43	16.13	20.60	22.75	26.88	35.28	64.32	112.30
44	17.19	21.89	24.10	28.45	37.27	67.65	118.43
45	18.32	23.28	25.54	30.13	39.35	71.17	124.95
46	19.54	24.76	27.08	31.91	41.53	74.91	131.86
47	20.83	26.32	28.71	33.80	43.82	78.85	139.18
48	22.24	28.06	30.55	35.93	46.36	83.33	147.54
49	23.72	29.86	32.47	38.14	48.96	87.93	156.17
50	25.23	31.73	34.44	40.41	51.58	92.60	164.92
51	26.79	33.63	36.42	42.70	54.17	97.25	173.61
52	28.37	35.53	38.41	44.98	56.71	101.82	182.10
53	30.08	37.62	40.59	47.51	59.43	106.75	191.24
54	31.69	39.59	42.64	49.92	61.93	111.31	199.62
55	33.18	41.40	44.50	52.10	64.11	115.26	206.85
56	34.48	42.98	46.09	53.96	65.86	118.43	212.54
57	35.54	44.21	47.32	55.39	67.07	120.56	216.28
58	36.19	44.98	48.10	56.29	67.64	121.63	218.04
59	36.44	45.27	48.35	56.58	67.43	121.19	216.97
60	36.25	44.97	48.00	56.15	66.36	119.00	212.56
61	35.56	44.04	46.94	54.91	64.30	114.82	204.36
62	34.30	42.39	45.11	52.74	61.15	108.36	191.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.23	8.70	9.34	10.79	15.16	30.81	53.32
26	7.49	9.04	9.72	11.27	15.80	31.91	55.22
27	7.77	9.42	10.14	11.78	16.49	33.07	57.20
28	8.08	9.85	10.61	12.34	17.22	34.30	59.31
29	8.42	10.30	11.12	12.97	18.01	35.60	61.52
30	8.79	10.80	11.67	13.63	18.85	36.99	63.88
31	9.19	11.33	12.26	14.35	19.75	38.47	66.39
32	9.62	11.91	12.91	15.12	20.70	40.04	69.08
33	10.08	12.52	13.58	15.92	21.70	41.70	71.91
34	10.57	13.17	14.30	16.80	22.78	43.46	74.96
35	11.10	13.87	15.07	17.72	23.91	45.36	78.22
36	11.67	14.61	15.91	18.70	25.13	47.37	81.73
37	12.28	15.40	16.79	19.75	26.43	49.52	85.50
38	12.92	16.25	17.72	20.85	27.81	51.82	89.56
39	13.61	17.14	18.72	22.01	29.28	54.27	93.92
40	14.34	18.10	19.78	23.27	30.84	56.90	98.61
41	15.14	19.12	20.93	24.60	32.51	59.69	103.65
42	15.97	20.22	22.15	26.02	34.30	62.68	109.06
43	17.01	21.48	23.46	27.54	36.22	65.90	114.93
44	18.12	22.82	24.84	29.15	38.25	69.31	121.22
45	19.32	24.27	26.33	30.87	40.39	72.94	127.91
46	20.60	25.81	27.92	32.70	42.64	76.78	135.02
47	21.96	27.44	29.60	34.64	45.00	80.85	142.57
48	23.44	29.25	31.51	36.83	47.61	85.45	151.18
49	25.00	31.14	33.49	39.10	50.30	90.21	160.09
50	26.61	33.10	35.54	41.45	53.02	95.04	169.14
51	28.26	35.09	37.60	43.83	55.72	99.88	178.19
52	29.91	37.06	39.68	46.21	58.38	104.66	187.07
53	31.70	39.25	41.96	48.86	61.23	109.85	196.66
54	33.41	41.34	44.14	51.40	63.89	114.68	205.54
55	35.01	43.28	46.12	53.73	66.24	118.93	213.30
56	36.41	44.98	47.85	55.75	68.17	122.41	219.58
57	37.56	46.34	49.22	57.36	69.57	124.88	223.93
58	38.27	47.19	50.09	58.37	70.25	126.15	225.99
59	38.58	47.57	50.46	58.80	70.18	125.97	225.34
60	38.45	47.38	50.26	58.59	69.32	124.16	221.57
61	37.82	46.59	49.41	57.63	67.57	120.49	214.32
62	36.63	45.11	47.87	55.87	64.83	114.75	203.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	7.27	8.79	9.47	10.97	15.42	31.39	54.37
26	7.53	9.14	9.86	11.46	16.08	32.51	56.31
27	7.82	9.52	10.29	11.98	16.78	33.70	58.34
28	8.13	9.95	10.77	12.56	17.53	34.96	60.49
29	8.48	10.41	11.29	13.20	18.33	36.28	62.75
30	8.85	10.92	11.85	13.88	19.19	37.71	65.16
31	9.25	11.46	12.45	14.61	20.11	39.22	67.73
32	9.69	12.05	13.11	15.40	21.08	40.82	70.48
33	10.15	12.66	13.80	16.22	22.10	42.52	73.37
34	10.65	13.33	14.53	17.12	23.20	44.31	76.48
35	11.18	14.03	15.32	18.06	24.36	46.25	79.81
36	11.75	14.79	16.17	19.06	25.60	48.31	83.39
37	12.37	15.59	17.07	20.13	26.93	50.50	87.24
38	13.02	16.45	18.02	21.25	28.34	52.85	91.39
39	13.71	17.35	19.04	22.44	29.84	55.35	95.84
40	14.45	18.32	20.12	23.73	31.43	58.03	100.62
41	15.26	19.36	21.29	25.08	33.13	60.87	105.76
42	16.09	20.47	22.53	26.53	34.95	63.92	111.27
43	17.14	21.75	23.86	28.08	36.91	67.20	117.26
44	18.26	23.11	25.27	29.73	38.98	70.68	123.67
45	19.47	24.57	26.78	31.48	41.16	74.38	130.49
46	20.76	26.13	28.40	33.34	43.45	78.29	137.72
47	22.14	27.78	30.11	35.32	45.85	82.43	145.41
48	23.63	29.62	32.05	37.55	48.51	87.11	154.17
49	25.20	31.53	34.06	39.86	51.24	91.95	163.23
50	26.82	33.51	36.14	42.25	54.00	96.85	172.42
51	28.48	35.52	38.22	44.66	56.73	101.76	181.59
52	30.15	37.52	40.33	47.07	59.42	106.59	190.57
53	31.96	39.73	42.63	49.75	62.30	111.83	200.25
54	33.67	41.83	44.82	52.31	64.97	116.68	209.18
55	35.28	43.78	46.81	54.65	67.32	120.93	216.95
56	36.68	45.47	48.53	56.66	69.23	124.38	223.16
57	37.82	46.82	49.88	58.24	70.59	126.78	227.38
58	38.53	47.66	50.74	59.23	71.24	128.00	229.37
59	38.82	48.01	51.07	59.62	71.11	127.71	228.52
60	38.66	47.77	50.80	59.31	70.13	125.68	224.37
61	37.99	46.90	49.83	58.19	68.20	121.68	216.49
62	36.73	45.30	48.13	56.21	65.20	115.46	204.40

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	7.34	8.92	9.67	11.25	15.81	32.25	55.94
26	7.60	9.28	10.07	11.75	16.49	33.41	57.94
27	7.89	9.67	10.51	12.29	17.22	34.64	60.04
28	8.21	10.11	11.01	12.89	17.99	35.94	62.27
29	8.56	10.58	11.54	13.55	18.82	37.31	64.60
30	8.94	11.10	12.12	14.25	19.70	38.78	67.09
31	9.35	11.65	12.74	15.01	20.65	40.34	69.74
32	9.79	12.25	13.42	15.82	21.65	41.99	72.58
33	10.26	12.88	14.12	16.67	22.71	43.74	75.56
34	10.76	13.56	14.88	17.59	23.84	45.59	78.77
35	11.30	14.28	15.69	18.56	25.03	47.59	82.20
36	11.88	15.05	16.56	19.60	26.31	49.71	85.89
37	12.51	15.87	17.49	20.70	27.68	51.97	89.86
38	13.16	16.74	18.46	21.86	29.13	54.39	94.13
39	13.87	17.67	19.51	23.09	30.67	56.96	98.71
40	14.61	18.66	20.62	24.41	32.31	59.72	103.63
41	15.43	19.71	21.82	25.81	34.06	62.65	108.92
42	16.28	20.85	23.09	27.30	35.93	65.78	114.59
43	17.34	22.15	24.46	28.90	37.94	69.16	120.75
44	18.48	23.54	25.91	30.59	40.07	72.74	127.34
45	19.70	25.03	27.46	32.40	42.31	76.53	134.35
46	21.01	26.62	29.12	34.31	44.66	80.55	141.78
47	22.40	28.30	30.87	36.34	47.12	84.79	149.66
48	23.91	30.17	32.85	38.63	49.85	89.60	158.65
49	25.50	32.11	34.91	41.01	52.64	94.55	167.93
50	27.13	34.12	37.03	43.45	55.46	99.57	177.33
51	28.81	36.16	39.16	45.91	58.25	104.57	186.68
52	30.50	38.20	41.30	48.37	60.98	109.48	195.81
53	32.34	40.45	43.64	51.09	63.90	114.79	205.63
54	34.07	42.57	45.85	53.68	66.59	119.69	214.65
55	35.68	44.52	47.85	56.02	68.94	123.94	222.42
56	37.08	46.21	49.56	58.02	70.82	127.34	228.54
57	38.21	47.54	50.88	59.56	72.12	129.63	232.56
58	38.91	48.37	51.72	60.53	72.73	130.78	234.45
59	39.18	48.68	51.99	60.84	72.50	130.31	233.30
60	38.98	48.36	51.61	60.38	71.35	127.96	228.56
61	38.24	47.36	50.47	59.04	69.14	123.46	219.74
62	36.88	45.58	48.51	56.71	65.75	116.52	206.29

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.05	7.16	7.65	8.78	12.15	24.32	41.54
26	6.28	7.46	7.98	9.19	12.69	25.30	43.25
27	6.51	7.78	8.34	9.63	13.28	26.34	45.03
28	6.77	8.15	8.72	10.10	13.90	27.43	46.92
29	7.05	8.53	9.16	10.62	14.57	28.57	48.88
30	7.37	8.95	9.62	11.18	15.29	29.79	50.95
31	7.70	9.39	10.12	11.77	16.04	31.06	53.15
32	8.06	9.87	10.65	12.42	16.85	32.42	55.48
33	8.44	10.38	11.22	13.09	17.69	33.85	57.94
34	8.86	10.92	11.81	13.81	18.59	35.37	60.56
35	9.30	11.50	12.45	14.58	19.55	36.97	63.34
36	9.77	12.12	13.15	15.39	20.56	38.68	66.34
37	10.27	12.78	13.88	16.27	21.65	40.51	69.54
38	10.81	13.49	14.65	17.18	22.79	42.45	72.95
39	11.37	14.22	15.48	18.14	24.02	44.51	76.63
40	11.99	15.01	16.36	19.19	25.32	46.70	80.56
41	12.64	15.87	17.30	20.28	26.71	49.05	84.77
42	13.33	16.77	18.31	21.46	28.18	51.54	89.29
43	14.19	17.81	19.39	22.71	29.78	54.22	94.17
44	15.10	18.92	20.53	24.04	31.44	57.06	99.38
45	16.09	20.11	21.76	25.45	33.21	60.06	104.92
46	17.14	21.37	23.05	26.95	35.07	63.23	110.80
47	18.27	22.72	24.43	28.55	37.00	66.58	117.01
48	19.48	24.20	26.00	30.35	39.14	70.37	124.09
49	20.76	25.76	27.62	32.20	41.35	74.28	131.40
50	22.09	27.34	29.30	34.11	43.57	78.23	138.81
51	23.43	28.97	30.97	36.06	45.77	82.18	146.18
52	24.78	30.59	32.66	37.98	47.92	86.06	153.39
53	26.25	32.35	34.52	40.13	50.23	90.25	161.13
54	27.64	34.06	36.28	42.18	52.37	94.13	168.27
55	28.92	35.62	37.87	44.04	54.25	97.54	174.47
56	30.05	36.97	39.25	45.65	55.78	100.28	179.42
57	30.96	38.05	40.32	46.92	56.88	102.20	182.78
58	31.50	38.70	40.99	47.70	57.36	103.10	184.23
59	31.72	38.95	41.25	47.99	57.25	102.81	183.46
60	31.58	38.76	41.04	47.76	56.48	101.18	180.13
61	31.02	38.06	40.31	46.94	55.00	98.01	173.91
62	30.00	36.81	39.00	45.47	52.72	93.15	164.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.09	7.24	7.77	8.95	12.39	24.86	42.52
26	6.31	7.55	8.11	9.37	12.95	25.85	44.27
27	6.56	7.88	8.48	9.81	13.55	26.92	46.09
28	6.82	8.24	8.87	10.30	14.19	28.04	48.02
29	7.11	8.63	9.32	10.83	14.87	29.20	50.02
30	7.42	9.06	9.78	11.41	15.61	30.46	52.15
31	7.76	9.51	10.30	12.02	16.38	31.76	54.40
32	8.13	10.00	10.83	12.68	17.21	33.15	56.79
33	8.51	10.51	11.42	13.37	18.06	34.61	59.30
34	8.94	11.07	12.02	14.11	18.98	36.16	61.98
35	9.37	11.65	12.69	14.90	19.97	37.80	64.82
36	9.85	12.29	13.39	15.73	21.00	39.55	67.88
37	10.35	12.95	14.14	16.62	22.12	41.42	71.15
38	10.90	13.67	14.93	17.55	23.29	43.40	74.65
39	11.47	14.42	15.77	18.54	24.54	45.51	78.42
40	12.09	15.21	16.67	19.61	25.87	47.76	82.43
41	12.75	16.09	17.63	20.73	27.29	50.15	86.73
42	13.44	17.00	18.67	21.93	28.78	52.69	91.34
43	14.31	18.06	19.76	23.21	30.42	55.43	96.34
44	15.23	19.19	20.93	24.58	32.12	58.33	101.66
45	16.23	20.39	22.18	26.02	33.93	61.40	107.32
46	17.29	21.67	23.50	27.55	35.82	64.64	113.31
47	18.43	23.04	24.91	29.18	37.80	68.05	119.65
48	19.66	24.54	26.51	31.02	39.98	71.92	126.87
49	20.94	26.12	28.15	32.90	42.22	75.90	134.32
50	22.28	27.72	29.85	34.86	44.48	79.91	141.86
51	23.63	29.37	31.55	36.83	46.71	83.93	149.34
52	25.00	31.01	33.27	38.78	48.89	87.86	156.65
53	26.50	32.80	35.14	40.96	51.22	92.09	164.47
54	27.88	34.51	36.91	43.02	53.37	95.99	171.66
55	29.17	36.08	38.51	44.90	55.25	99.40	177.86
56	30.30	37.42	39.88	46.50	56.77	102.11	182.75
57	31.20	38.49	40.94	47.74	57.83	103.96	185.99
58	31.74	39.13	41.60	48.50	58.28	104.82	187.38
59	31.95	39.36	41.81	48.75	58.12	104.43	186.42
60	31.78	39.13	41.54	48.43	57.23	102.60	182.74
61	31.17	38.35	40.70	47.46	55.59	99.12	175.93
62	30.09	36.99	39.25	45.78	53.07	93.81	165.64

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.16	7.37	7.96	9.21	12.75	25.66	43.98
26	6.38	7.68	8.30	9.63	13.34	26.69	45.78
27	6.62	8.02	8.69	10.10	13.96	27.80	47.67
28	6.89	8.39	9.10	10.61	14.62	28.95	49.67
29	7.18	8.79	9.55	11.16	15.33	30.16	51.75
30	7.51	9.23	10.03	11.76	16.08	31.45	53.94
31	7.85	9.69	10.56	12.39	16.88	32.80	56.27
32	8.22	10.18	11.12	13.07	17.74	34.23	58.74
33	8.61	10.71	11.72	13.79	18.63	35.75	61.33
34	9.04	11.28	12.35	14.55	19.58	37.35	64.10
35	9.49	11.89	13.03	15.36	20.59	39.04	67.04
36	9.97	12.53	13.75	16.23	21.66	40.85	70.21
37	10.48	13.22	14.53	17.15	22.81	42.79	73.59
38	11.03	13.94	15.34	18.12	24.02	44.84	77.20
39	11.62	14.71	16.21	19.15	25.31	47.01	81.09
40	12.24	15.53	17.14	20.25	26.69	49.33	85.23
41	12.91	16.41	18.13	21.41	28.15	51.80	89.67
42	13.62	17.35	19.19	22.65	29.69	54.42	94.43
43	14.50	18.43	20.32	23.98	31.38	57.25	99.58
44	15.44	19.59	21.53	25.38	33.14	60.25	105.07
45	16.44	20.81	22.81	26.88	35.00	63.40	110.91
46	17.52	22.12	24.17	28.45	36.95	66.74	117.09
47	18.67	23.52	25.61	30.13	38.98	70.24	123.61
48	19.92	25.05	27.25	32.02	41.23	74.23	131.04
49	21.22	26.66	28.94	33.97	43.52	78.32	138.69
50	22.57	28.29	30.68	35.97	45.84	82.44	146.43
51	23.94	29.96	32.42	37.99	48.13	86.55	154.07
52	25.32	31.63	34.17	39.99	50.34	90.54	161.52
53	26.85	33.47	36.08	42.20	52.71	94.84	169.47
54	28.25	35.20	37.87	44.30	54.88	98.79	176.75
55	29.55	36.77	39.48	46.17	56.76	102.20	182.95
56	30.67	38.11	40.84	47.76	58.25	104.87	187.75
57	31.56	39.16	41.87	48.96	59.25	106.62	190.81
58	32.09	39.79	42.51	49.71	59.67	107.41	192.10
59	32.28	39.98	42.67	49.89	59.41	106.85	190.86
60	32.08	39.67	42.30	49.43	58.37	104.72	186.63
61	31.41	38.78	41.29	48.25	56.46	100.77	178.95
62	30.23	37.25	39.60	46.25	53.58	94.79	167.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.51	7.70	8.23	9.44	13.06	26.15	44.67
26	6.75	8.02	8.58	9.88	13.65	27.20	46.51
27	7.00	8.37	8.97	10.35	14.28	28.32	48.42
28	7.28	8.76	9.38	10.86	14.95	29.49	50.45
29	7.58	9.17	9.85	11.42	15.67	30.72	52.56
30	7.92	9.62	10.34	12.02	16.44	32.03	54.79
31	8.28	10.10	10.88	12.66	17.25	33.40	57.15
32	8.67	10.61	11.45	13.35	18.12	34.86	59.66
33	9.08	11.16	12.06	14.08	19.02	36.40	62.30
34	9.53	11.74	12.70	14.85	19.99	38.03	65.12
35	10.00	12.37	13.39	15.68	21.02	39.75	68.11
36	10.51	13.03	14.14	16.55	22.11	41.59	71.33
37	11.04	13.74	14.92	17.49	23.28	43.56	74.77
38	11.62	14.50	15.75	18.47	24.51	45.64	78.44
39	12.23	15.29	16.64	19.51	25.83	47.86	82.40
40	12.89	16.14	17.59	20.63	27.23	50.22	86.62
41	13.59	17.06	18.60	21.81	28.72	52.74	91.15
42	14.33	18.03	19.69	23.07	30.30	55.42	96.01
43	15.26	19.15	20.85	24.42	32.02	58.30	101.26
44	16.24	20.34	22.08	25.85	33.81	61.35	106.86
45	17.30	21.62	23.40	27.37	35.71	64.58	112.82
46	18.43	22.98	24.79	28.98	37.71	67.99	119.14
47	19.64	24.43	26.27	30.70	39.79	71.59	125.82
48	20.95	26.02	27.96	32.63	42.09	75.67	133.43
49	22.32	27.70	29.70	34.62	44.46	79.87	141.29
50	23.75	29.40	31.50	36.68	46.85	84.12	149.26
51	25.19	31.15	33.30	38.77	49.22	88.37	157.18
52	26.65	32.89	35.12	40.84	51.53	92.54	164.94
53	28.23	34.79	37.12	43.15	54.01	97.04	173.26
54	29.72	36.62	39.01	45.35	56.31	101.22	180.94
55	31.10	38.30	40.72	47.36	58.33	104.88	187.60
56	32.31	39.75	42.20	49.09	59.98	107.83	192.92
57	33.29	40.91	43.36	50.45	61.16	109.89	196.54
58	33.87	41.61	44.08	51.29	61.68	110.86	198.10
59	34.11	41.88	44.35	51.60	61.56	110.55	197.27
60	33.96	41.68	44.13	51.36	60.73	108.80	193.69
61	33.35	40.93	43.34	50.47	59.14	105.39	187.00
62	32.26	39.58	41.94	48.89	56.69	100.16	176.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.55	7.79	8.36	9.62	13.32	26.73	45.72
26	6.79	8.12	8.72	10.07	13.93	27.80	47.60
27	7.05	8.47	9.12	10.55	14.57	28.95	49.56
28	7.33	8.86	9.54	11.08	15.26	30.15	51.63
29	7.64	9.28	10.02	11.65	15.99	31.40	53.79
30	7.98	9.74	10.52	12.27	16.78	32.75	56.07
31	8.34	10.23	11.07	12.92	17.61	34.15	58.49
32	8.74	10.75	11.65	13.63	18.50	35.64	61.06
33	9.15	11.30	12.28	14.38	19.42	37.22	63.76
34	9.61	11.90	12.93	15.17	20.41	38.88	66.64
35	10.08	12.53	13.64	16.02	21.47	40.64	69.70
36	10.59	13.21	14.40	16.91	22.58	42.53	72.99
37	11.13	13.93	15.20	17.87	23.78	44.54	76.51
38	11.72	14.70	16.05	18.87	25.04	46.67	80.27
39	12.33	15.50	16.96	19.94	26.39	48.94	84.32
40	13.00	16.36	17.93	21.09	27.82	51.35	88.63
41	13.71	17.30	18.96	22.29	29.34	53.92	93.26
42	14.45	18.28	20.07	23.58	30.95	56.66	98.22
43	15.39	19.42	21.25	24.96	32.71	59.60	103.59
44	16.38	20.63	22.51	26.43	34.54	62.72	109.31
45	17.45	21.92	23.85	27.98	36.48	66.02	115.40
46	18.59	23.30	25.27	29.62	38.52	69.50	121.84
47	19.82	24.77	26.78	31.38	40.64	73.17	128.66
48	21.14	26.39	28.50	33.35	42.99	77.33	136.42
49	22.52	28.09	30.27	35.38	45.40	81.61	144.43
50	23.96	29.81	32.10	37.48	47.83	85.93	152.54
51	25.41	31.58	33.92	39.60	50.23	90.25	160.58
52	26.88	33.34	35.77	41.70	52.57	94.47	168.44
53	28.49	35.27	37.79	44.04	55.08	99.02	176.85
54	29.98	37.11	39.69	46.26	57.39	103.22	184.58
55	31.37	38.80	41.41	48.28	59.41	106.88	191.25
56	32.58	40.24	42.88	50.00	61.04	109.80	196.50
57	33.55	41.39	44.02	51.33	62.18	111.79	199.99
58	34.13	42.08	44.73	52.15	62.67	112.71	201.48
59	34.35	42.32	44.96	52.42	62.49	112.29	200.45
60	34.17	42.07	44.67	52.08	61.54	110.32	196.49
61	33.52	41.24	43.76	51.03	59.77	106.58	189.17
62	32.36	39.77	42.20	49.23	57.06	100.87	178.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	6.62	7.92	8.56	9.90	13.71	27.59	47.29
26	6.86	8.26	8.93	10.36	14.34	28.70	49.23
27	7.12	8.62	9.34	10.86	15.01	29.89	51.26
28	7.41	9.02	9.78	11.41	15.72	31.13	53.41
29	7.72	9.45	10.27	12.00	16.48	32.43	55.64
30	8.07	9.92	10.79	12.64	17.29	33.82	58.00
31	8.44	10.42	11.36	13.32	18.15	35.27	60.50
32	8.84	10.95	11.96	14.05	19.07	36.81	63.16
33	9.26	11.52	12.60	14.83	20.03	38.44	65.95
34	9.72	12.13	13.28	15.64	21.05	40.16	68.93
35	10.20	12.78	14.01	16.52	22.14	41.98	72.09
36	10.72	13.47	14.79	17.45	23.29	43.93	75.49
37	11.27	14.21	15.62	18.44	24.53	46.01	79.13
38	11.86	14.99	16.49	19.48	25.83	48.21	83.01
39	12.49	15.82	17.43	20.59	27.22	50.55	87.19
40	13.16	16.70	18.43	21.77	28.70	53.04	91.64
41	13.88	17.65	19.49	23.02	30.27	55.70	96.42
42	14.64	18.66	20.63	24.35	31.93	58.52	101.54
43	15.59	19.82	21.85	25.78	33.74	61.56	107.08
44	16.60	21.06	23.15	27.29	35.63	64.78	112.98
45	17.68	22.38	24.53	28.90	37.63	68.17	119.26
46	18.84	23.79	25.99	30.59	39.73	71.76	125.90
47	20.08	25.29	27.54	32.40	41.91	75.53	132.91
48	21.42	26.94	29.30	34.43	44.33	79.82	140.90
49	22.82	28.67	31.12	36.53	46.80	84.21	149.13
50	24.27	30.42	32.99	38.68	49.29	88.65	157.45
51	25.74	32.22	34.86	40.85	51.75	93.06	165.67
52	27.23	34.01	36.74	43.00	54.13	97.36	173.68
53	28.87	35.99	38.80	45.38	56.68	101.98	182.23
54	30.38	37.85	40.72	47.63	59.01	106.23	190.05
55	31.77	39.54	42.45	49.65	61.03	109.89	196.72
56	32.98	40.98	43.91	51.36	62.63	112.76	201.88
57	33.94	42.11	45.02	52.65	63.71	114.64	205.17
58	34.51	42.79	45.71	53.45	64.16	115.49	206.56
59	34.71	42.99	45.88	53.64	63.88	114.89	205.23
60	34.49	42.66	45.48	53.15	62.76	112.60	200.68
61	33.77	41.70	44.40	51.88	60.71	108.36	192.42
62	32.51	40.05	42.58	49.73	57.61	101.93	180.00

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.59	39.50	43.72	54.00	68.87	118.47	207.02
26	30.65	40.98	45.36	56.08	71.26	121.76	212.65
27	31.75	42.52	47.08	58.26	73.70	124.97	218.12
28	32.90	44.12	48.88	60.52	76.18	128.14	223.43
29	34.10	45.77	50.72	62.85	78.69	131.27	228.63
30	35.34	47.47	52.62	65.22	81.22	134.33	233.72
31	36.62	49.21	54.55	67.64	83.75	137.37	238.74
32	37.91	50.97	56.52	70.07	86.30	140.36	243.73
33	39.22	52.70	58.46	72.47	88.86	143.29	248.65
34	40.54	54.46	60.42	74.87	91.40	146.21	253.58
35	41.88	56.22	62.39	77.27	93.93	149.10	258.57
36	43.23	57.99	64.37	79.64	96.43	152.00	263.66
37	44.60	59.75	66.34	82.00	98.86	154.91	268.85
38	45.95	61.51	68.30	84.30	101.20	157.90	274.37
39	47.32	63.25	70.25	86.59	103.47	160.89	280.03
40	48.68	65.00	72.22	88.85	105.68	163.91	285.84
41	50.07	66.74	74.17	91.07	107.82	166.91	291.82
42	51.44	68.49	76.13	93.29	109.89	169.96	297.94
43	53.26	70.55	78.11	95.50	111.93	173.12	304.53
44	55.11	72.60	80.09	97.69	113.88	176.27	311.18
45	56.96	74.66	82.05	99.81	115.72	179.35	317.82
46	58.81	76.69	83.98	101.89	117.45	182.32	324.32
47	60.66	78.69	85.85	103.88	119.05	185.16	330.61
48	62.37	80.62	87.76	105.89	120.48	188.00	337.10
49	64.04	82.47	89.59	107.77	121.77	190.60	343.07
50	65.63	84.20	91.29	109.49	122.90	192.85	348.31
51	67.10	85.80	92.83	111.02	123.83	194.72	352.60
52	68.43	87.20	94.15	112.30	124.59	196.07	355.73
53	69.58	88.39	95.26	113.27	125.29	196.76	356.87
54	70.54	89.34	96.08	113.93	125.76	196.80	356.55
55	71.29	90.02	96.62	114.26	125.91	196.19	354.74
56	71.80	90.39	96.82	114.22	125.70	194.87	351.37
57	72.03	90.42	96.67	113.79	125.11	192.77	346.37
58	70.53	88.38	94.42	110.81	121.64	186.50	333.17
59	69.02	86.35	92.19	107.91	118.28	180.19	319.86
60	67.75	84.64	90.29	105.58	115.55	174.65	307.99
61	66.95	83.63	89.16	104.32	114.04	170.67	299.13
62	66.97	83.67	89.20	104.64	114.26	169.04	294.83
63						174.90	304.98
64						183.61	320.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.63	39.58	43.84	54.16	69.10	118.99	207.96
26	30.68	41.06	45.49	56.25	71.51	122.30	213.63
27	31.80	42.61	47.21	58.44	73.96	125.54	219.14
28	32.94	44.22	49.02	60.71	76.46	128.74	224.50
29	34.16	45.87	50.87	63.05	78.98	131.89	229.73
30	35.40	47.57	52.79	65.45	81.52	134.98	234.87
31	36.68	49.33	54.72	67.87	84.08	138.04	239.95
32	37.97	51.09	56.70	70.33	86.64	141.06	244.99
33	39.29	52.83	58.65	72.74	89.22	144.03	249.97
34	40.61	54.60	60.62	75.16	91.78	146.97	254.95
35	41.95	56.37	62.61	77.57	94.34	149.90	260.00
36	43.31	58.15	64.60	79.97	96.85	152.85	265.15
37	44.68	59.92	66.59	82.34	99.31	155.79	270.41
38	46.04	61.69	68.57	84.66	101.67	158.82	276.01
39	47.41	63.44	70.53	86.98	103.98	161.87	281.75
40	48.78	65.20	72.52	89.26	106.21	164.93	287.65
41	50.18	66.96	74.49	91.50	108.38	167.98	293.72
42	51.54	68.72	76.47	93.74	110.48	171.07	299.93
43	53.38	70.79	78.47	95.99	112.55	174.29	306.63
44	55.23	72.86	80.48	98.21	114.53	177.51	313.39
45	57.10	74.93	82.46	100.36	116.42	180.65	320.14
46	58.95	76.98	84.41	102.47	118.18	183.68	326.75
47	60.82	78.99	86.31	104.49	119.82	186.58	333.16
48	62.54	80.95	88.25	106.53	121.29	189.50	339.79
49	64.22	82.82	90.10	108.45	122.62	192.17	345.90
50	65.82	84.56	91.83	110.21	123.78	194.48	351.26
51	67.30	86.18	93.38	111.77	124.74	196.41	355.66
52	68.63	87.60	94.73	113.08	125.52	197.81	358.88
53	69.80	88.80	95.86	114.08	126.25	198.54	360.10
54	70.77	89.77	96.70	114.75	126.73	198.60	359.83
55	71.51	90.45	97.24	115.09	126.88	197.99	358.03
56	72.03	90.81	97.43	115.04	126.66	196.64	354.59
57	72.24	90.84	97.26	114.58	126.03	194.48	349.47
58	70.75	88.79	95.00	111.58	122.54	188.16	336.21
59	69.22	86.73	92.74	108.65	119.12	181.76	322.72
60	67.92	84.98	90.77	106.23	116.28	176.02	310.51
61	67.09	83.90	89.54	104.82	114.61	171.74	301.09
62	67.05	83.84	89.43	104.95	114.60	169.68	295.97

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.69	39.71	44.02	54.41	69.45	119.76	209.38
26	30.74	41.18	45.68	56.51	71.88	123.11	215.10
27	31.86	42.74	47.41	58.72	74.36	126.39	220.67
28	33.01	44.36	49.23	61.01	76.87	129.62	226.10
29	34.23	46.03	51.09	63.37	79.42	132.81	231.40
30	35.47	47.74	53.02	65.78	81.98	135.95	236.61
31	36.76	49.50	54.97	68.23	84.56	139.05	241.76
32	38.06	51.27	56.98	70.70	87.16	142.11	246.88
33	39.38	53.03	58.94	73.14	89.77	145.13	251.94
34	40.71	54.81	60.94	75.58	92.36	148.12	257.01
35	42.06	56.59	62.95	78.02	94.94	151.11	262.15
36	43.43	58.38	64.95	80.45	97.49	154.11	267.40
37	44.80	60.17	66.97	82.85	99.98	157.11	272.77
38	46.18	61.95	68.97	85.21	102.38	160.21	278.48
39	47.55	63.72	70.96	87.56	104.72	163.31	284.34
40	48.93	65.50	72.97	89.87	107.00	166.45	290.36
41	50.33	67.28	74.97	92.16	109.22	169.58	296.56
42	51.71	69.06	76.98	94.44	111.36	172.75	302.91
43	53.56	71.15	79.02	96.72	113.48	176.06	309.77
44	55.43	73.25	81.05	98.98	115.52	179.36	316.69
45	57.30	75.34	83.07	101.19	117.45	182.58	323.61
46	59.18	77.42	85.05	103.34	119.27	185.72	330.40
47	61.06	79.46	86.99	105.41	120.96	188.70	336.99
48	62.79	81.44	88.97	107.51	122.50	191.74	343.82
49	64.48	83.34	90.86	109.49	123.88	194.51	350.13
50	66.10	85.11	92.63	111.29	125.09	196.93	355.68
51	67.60	86.76	94.23	112.90	126.11	198.94	360.24
52	68.95	88.20	95.61	114.25	126.93	200.41	363.60
53	70.13	89.43	96.76	115.28	127.69	201.20	364.94
54	71.10	90.41	97.62	115.98	128.19	201.31	364.75
55	71.86	91.10	98.17	116.33	128.34	200.70	362.95
56	72.36	91.45	98.36	116.26	128.09	199.31	359.43
57	72.58	91.46	98.16	115.77	127.40	197.05	354.13
58	71.06	89.40	95.89	112.75	123.88	190.67	340.79
59	69.52	87.31	93.56	109.75	120.37	184.10	327.02
60	68.18	85.49	91.50	107.19	117.38	178.07	314.28
61	67.29	84.29	90.12	105.59	115.45	173.34	304.01
62	67.18	84.08	89.78	105.40	115.09	170.63	297.67
63				109.72	119.76		
64				115.73	126.32		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.92	40.18	44.73	55.40	70.92	123.01	215.27
26	30.98	41.68	46.41	57.54	73.40	126.46	221.16
27	32.10	43.25	48.18	59.79	75.93	129.82	226.87
28	33.26	44.89	50.03	62.13	78.51	133.14	232.43
29	34.49	46.58	51.93	64.54	81.11	136.41	237.88
30	35.75	48.32	53.89	67.00	83.73	139.62	243.22
31	37.04	50.10	55.88	69.50	86.36	142.80	248.47
32	38.36	51.90	57.92	72.02	89.01	145.94	253.70
33	39.69	53.69	59.92	74.51	91.67	149.01	258.87
34	41.03	55.49	61.95	77.00	94.32	152.07	264.03
35	42.39	57.29	63.99	79.49	96.95	155.12	269.26
36	43.77	59.10	66.03	81.95	99.54	158.16	274.58
37	45.15	60.91	68.08	84.40	102.07	161.21	280.01
38	46.54	62.71	70.11	86.80	104.51	164.34	285.78
39	47.93	64.50	72.13	89.18	106.88	167.47	291.68
40	49.31	66.29	74.16	91.53	109.18	170.62	297.74
41	50.72	68.09	76.18	93.83	111.41	173.75	303.95
42	52.11	69.88	78.20	96.13	113.56	176.92	310.29
43	53.96	71.98	80.25	98.42	115.70	180.22	317.13
44	55.84	74.09	82.30	100.69	117.73	183.47	324.01
45	57.72	76.18	84.31	102.89	119.65	186.65	330.83
46	59.59	78.26	86.28	105.02	121.44	189.69	337.48
47	61.46	80.28	88.20	107.06	123.08	192.57	343.88
48	63.19	82.24	90.14	109.10	124.53	195.44	350.45
49	64.86	84.11	91.99	111.01	125.81	198.04	356.44
50	66.47	85.84	93.69	112.73	126.91	200.22	361.59
51	67.94	87.44	95.22	114.23	127.78	201.97	365.71
52	69.26	88.82	96.51	115.45	128.43	203.14	368.53
53	70.40	89.96	97.53	116.32	128.97	203.53	369.14
54	71.33	90.85	98.26	116.83	129.23	203.20	368.17
55	72.04	91.44	98.67	116.98	129.14	202.16	365.60
56	72.50	91.70	98.72	116.74	128.66	200.35	361.34
57	72.66	91.62	98.40	116.07	127.77	197.71	355.36
58	71.08	89.42	95.92	112.80	123.94	190.77	340.94
59	69.48	87.23	93.45	109.59	120.20	183.77	326.35
60	68.12	85.36	91.31	106.94	117.09	177.53	313.20
61	67.24	84.18	89.96	105.37	115.21	172.88	303.11
62	67.18	84.08	89.78	105.40	115.09	170.63	297.67
63	69.71	87.41	93.38				
64	73.25	92.03	98.41				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	32.88	43.89	48.58	60.00	76.52	131.63	230.02
26	34.05	45.53	50.40	62.31	79.18	135.29	236.28
27	35.28	47.24	52.31	64.73	81.89	138.86	242.35
28	36.55	49.02	54.31	67.24	84.64	142.38	248.26
29	37.89	50.86	56.35	69.83	87.43	145.86	254.03
30	39.27	52.74	58.47	72.47	90.24	149.26	259.69
31	40.69	54.68	60.61	75.15	93.06	152.63	265.27
32	42.12	56.63	62.80	77.86	95.89	155.95	270.81
33	43.58	58.56	64.95	80.52	98.73	159.21	276.28
34	45.04	60.51	67.13	83.19	101.56	162.45	281.76
35	46.53	62.47	69.32	85.85	104.37	165.67	287.30
36	48.03	64.43	71.52	88.49	107.14	168.89	292.95
37	49.55	66.39	73.71	91.11	109.84	172.12	298.72
38	51.06	68.34	75.89	93.67	112.44	175.44	304.85
39	52.58	70.28	78.06	96.21	114.97	178.77	311.14
40	54.09	72.22	80.24	98.72	117.42	182.12	317.60
41	55.63	74.16	82.41	101.19	119.80	185.46	324.24
42	57.15	76.10	84.59	103.65	122.10	188.84	331.04
43	59.18	78.39	86.79	106.11	124.37	192.36	338.37
44	61.23	80.67	88.99	108.54	126.53	195.86	345.76
45	63.29	82.95	91.17	110.90	128.58	199.28	353.13
46	65.34	85.21	93.31	113.21	130.50	202.58	360.35
47	67.40	87.43	95.39	115.42	132.28	205.73	367.34
48	69.30	89.58	97.51	117.65	133.87	208.89	374.55
49	71.15	91.63	99.54	119.74	135.30	211.78	381.19
50	72.92	93.55	101.43	121.66	136.55	214.28	387.01
51	74.56	95.33	103.14	123.36	137.59	216.35	391.78
52	76.03	96.89	104.61	124.78	138.43	217.86	395.26
53	77.31	98.21	105.84	125.86	139.21	218.62	396.52
54	78.38	99.27	106.76	126.59	139.73	218.67	396.17
55	79.21	100.02	107.35	126.96	139.90	217.99	394.16
56	79.78	100.43	107.58	126.91	139.67	216.52	390.41
57	80.03	100.47	107.41	126.43	139.01	214.19	384.85
58	78.37	98.20	104.91	123.12	135.16	207.22	370.19
59	76.69	95.94	102.43	119.90	131.42	200.21	355.40
60	75.28	94.04	100.32	117.31	128.39	194.06	342.21
61	74.39	92.92	99.07	115.91	126.71	189.63	332.37
62	74.41	92.97	99.11	116.27	126.96	187.82	327.59
63						194.33	338.87
64						204.01	356.40

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	32.92	43.98	48.71	60.18	76.78	132.21	231.07
26	34.09	45.62	50.54	62.50	79.46	135.89	237.37
27	35.33	47.34	52.46	64.93	82.18	139.49	243.49
28	36.60	49.13	54.47	67.46	84.95	143.04	249.44
29	37.95	50.97	56.52	70.06	87.75	146.54	255.26
30	39.33	52.86	58.65	72.72	90.58	149.98	260.97
31	40.75	54.81	60.80	75.41	93.42	153.38	266.61
32	42.19	56.77	63.00	78.14	96.27	156.73	272.21
33	43.65	58.70	65.17	80.82	99.13	160.03	277.74
34	45.12	60.67	67.36	83.51	101.98	163.30	283.28
35	46.61	62.63	69.57	86.19	104.82	166.56	288.89
36	48.12	64.61	71.78	88.85	107.61	169.83	294.61
37	49.64	66.58	73.99	91.49	110.34	173.10	300.46
38	51.16	68.54	76.19	94.07	112.97	176.47	306.68
39	52.68	70.49	78.37	96.64	115.53	179.85	313.06
40	54.20	72.44	80.58	99.18	118.01	183.25	319.61
41	55.75	74.40	82.77	101.67	120.42	186.64	326.35
42	57.27	76.35	84.97	104.16	122.75	190.08	333.25
43	59.31	78.66	87.19	106.65	125.06	193.66	340.70
44	61.37	80.96	89.42	109.12	127.26	197.23	348.21
45	63.44	83.25	91.62	111.51	129.35	200.72	355.71
46	65.50	85.53	93.79	113.85	131.31	204.09	363.05
47	67.58	87.77	95.90	116.10	133.13	207.31	370.18
48	69.49	89.94	98.05	118.37	134.77	210.55	377.54
49	71.35	92.02	100.11	120.50	136.24	213.52	384.33
50	73.13	93.96	102.03	122.46	137.53	216.09	390.29
51	74.78	95.76	103.76	124.19	138.60	218.23	395.18
52	76.26	97.33	105.26	125.64	139.47	219.79	398.76
53	77.55	98.67	106.51	126.75	140.28	220.60	400.11
54	78.63	99.74	107.44	127.50	140.81	220.67	399.81
55	79.46	100.50	108.04	127.88	140.98	219.99	397.81
56	80.03	100.90	108.26	127.82	140.73	218.49	393.99
57	80.27	100.93	108.07	127.31	140.03	216.09	388.30
58	78.61	98.65	105.56	123.98	136.15	209.07	373.57
59	76.91	96.37	103.04	120.72	132.35	201.95	358.58
60	75.47	94.42	100.86	118.03	129.20	195.58	345.01
61	74.54	93.22	99.49	116.47	127.34	190.82	334.54
62	74.50	93.15	99.37	116.61	127.33	188.53	328.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	32.99	44.12	48.91	60.46	77.17	133.07	232.64
26	34.16	45.76	50.75	62.79	79.87	136.79	239.00
27	35.40	47.49	52.68	65.24	82.62	140.43	245.19
28	36.68	49.29	54.70	67.79	85.41	144.02	251.22
29	38.03	51.14	56.77	70.41	88.24	147.57	257.11
30	39.41	53.04	58.91	73.09	91.09	151.05	262.90
31	40.84	55.00	61.08	75.81	93.96	154.50	268.62
32	42.29	56.97	63.31	78.56	96.84	157.90	274.31
33	43.75	58.92	65.49	81.27	99.74	161.25	279.93
34	45.23	60.90	67.71	83.98	102.62	164.58	285.57
35	46.73	62.88	69.94	86.69	105.49	167.90	291.28
36	48.25	64.87	72.17	89.39	108.32	171.23	297.11
37	49.78	66.86	74.41	92.06	111.09	174.57	303.08
38	51.31	68.83	76.63	94.68	113.76	178.01	309.42
39	52.83	70.80	78.84	97.29	116.36	181.46	315.93
40	54.37	72.78	81.08	99.86	118.89	184.94	322.62
41	55.92	74.75	83.30	102.40	121.35	188.42	329.51
42	57.46	76.73	85.53	104.93	123.73	191.94	336.57
43	59.51	79.06	87.80	107.47	126.09	195.62	344.19
44	61.59	81.39	90.06	109.98	128.35	199.29	351.88
45	63.67	83.71	92.30	112.43	130.50	202.87	359.57
46	65.75	86.02	94.50	114.82	132.52	206.35	367.11
47	67.84	88.29	96.66	117.12	134.40	209.67	374.43
48	69.77	90.49	98.86	119.45	136.11	213.04	382.02
49	71.64	92.60	100.96	121.65	137.64	216.12	389.03
50	73.44	94.57	102.92	123.66	138.99	218.81	395.20
51	75.11	96.40	104.70	125.44	140.12	221.04	400.27
52	76.61	98.00	106.23	126.94	141.03	222.68	404.00
53	77.92	99.37	107.51	128.09	141.88	223.56	405.49
54	79.00	100.45	108.47	128.87	142.43	223.68	405.28
55	79.84	101.22	109.08	129.25	142.60	223.00	403.28
56	80.40	101.61	109.29	129.18	142.32	221.45	399.37
57	80.64	101.62	109.07	128.63	141.56	218.94	393.48
58	78.96	99.33	106.54	125.28	137.64	211.85	378.65
59	77.24	97.01	103.96	121.94	133.74	204.55	363.36
60	75.76	94.99	101.67	119.10	130.42	197.86	349.20
61	74.77	93.66	100.13	117.32	128.28	192.60	337.79
62	74.64	93.42	99.75	117.11	127.88	189.59	330.74
63				121.91	133.07		
64				128.59	140.35		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	33.24	44.64	49.70	61.56	78.80	136.68	239.19
26	34.42	46.31	51.57	63.93	81.56	140.51	245.73
27	35.67	48.06	53.53	66.43	84.37	144.24	252.08
28	36.96	49.88	55.59	69.03	87.23	147.93	258.26
29	38.32	51.76	57.70	71.71	90.12	151.57	264.31
30	39.72	53.69	59.88	74.44	93.03	155.13	270.24
31	41.16	55.67	62.09	77.22	95.96	158.67	276.08
32	42.62	57.67	64.35	80.02	98.90	162.15	281.89
33	44.10	59.65	66.58	82.79	101.86	165.57	287.63
34	45.59	61.65	68.83	85.55	104.80	168.97	293.37
35	47.10	63.66	71.10	88.32	107.72	172.35	299.18
36	48.63	65.67	73.37	91.06	110.60	175.73	305.09
37	50.17	67.68	75.64	93.78	113.41	179.12	311.12
38	51.71	69.68	77.90	96.44	116.12	182.60	317.53
39	53.25	71.67	80.14	99.09	118.76	186.08	324.09
40	54.79	73.66	82.40	101.70	121.31	189.58	330.82
41	56.35	75.65	84.64	104.26	123.79	193.06	337.72
42	57.90	77.64	86.89	106.81	126.18	196.58	344.77
43	59.96	79.98	89.17	109.36	128.55	200.24	352.37
44	62.04	82.32	91.44	111.88	130.81	203.86	360.01
45	64.13	84.64	93.68	114.32	132.94	207.39	367.59
46	66.21	86.95	95.87	116.69	134.93	210.77	374.98
47	68.29	89.20	98.00	118.95	136.75	213.97	382.09
48	70.21	91.38	100.16	121.22	138.37	217.16	389.39
49	72.07	93.45	102.21	123.34	139.79	220.04	396.04
50	73.85	95.38	104.10	125.26	141.01	222.47	401.77
51	75.49	97.15	105.80	126.92	141.98	224.41	406.34
52	76.96	98.69	107.23	128.28	142.70	225.71	409.48
53	78.22	99.96	108.37	129.24	143.30	226.14	410.16
54	79.26	100.94	109.18	129.81	143.59	225.78	409.08
55	80.04	101.60	109.63	129.98	143.49	224.62	406.22
56	80.55	101.89	109.69	129.71	142.96	222.61	401.49
57	80.73	101.80	109.33	128.97	141.97	219.68	394.84
58	78.98	99.36	106.58	125.33	137.71	211.97	378.82
59	77.20	96.92	103.83	121.77	133.55	204.19	362.61
60	75.69	94.84	101.46	118.82	130.10	197.26	348.00
61	74.71	93.53	99.95	117.08	128.01	192.09	336.79
62	74.64	93.42	99.75	117.11	127.88	189.59	330.74
63	77.45	97.12	103.75				
64	81.39	102.26	109.34				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.79	17.80	19.41	24.22	34.44	68.39	121.91
26	14.29	18.50	20.17	25.21	35.73	70.32	125.15
27	14.83	19.26	21.02	26.29	37.07	72.28	128.43
28	15.44	20.08	21.93	27.45	38.48	74.29	131.76
29	16.08	20.96	22.91	28.71	39.93	76.34	135.15
30	16.77	21.91	23.95	30.03	41.45	78.45	138.63
31	17.51	22.91	25.06	31.43	43.00	80.61	142.16
32	18.28	23.95	26.21	32.88	44.60	82.84	145.83
33	19.09	25.02	27.41	34.37	46.25	85.11	149.58
34	19.93	26.15	28.65	35.92	47.95	87.45	153.47
35	20.81	27.31	29.93	37.50	49.69	89.86	157.51
36	21.72	28.50	31.28	39.13	51.47	92.33	161.70
37	22.68	29.75	32.66	40.82	53.29	94.88	166.09
38	23.65	31.01	34.07	42.51	55.13	97.54	170.73
39	24.67	32.33	35.53	44.24	57.02	100.29	175.55
40	25.70	33.67	37.03	46.01	58.93	103.10	180.58
41	26.78	35.05	38.57	47.80	60.89	105.97	185.78
42	27.87	36.46	40.15	49.63	62.87	108.91	191.16
43	29.26	38.10	41.81	51.53	65.02	112.01	196.96
44	30.69	39.77	43.49	53.44	67.15	115.15	202.87
45	32.15	41.47	45.19	55.35	69.27	118.29	208.84
46	33.64	43.18	46.91	57.26	71.33	121.39	214.80
47	35.15	44.91	48.62	59.14	73.32	124.44	220.71
48	36.64	46.65	50.40	61.07	75.24	127.59	226.93
49	38.10	48.34	52.15	62.93	77.00	130.59	232.87
50	39.53	49.98	53.82	64.69	78.58	133.33	238.33
51	40.89	51.52	55.38	66.31	79.91	135.75	243.17
52	42.14	52.92	56.79	67.74	80.97	137.76	247.21
53	43.26	54.15	58.02	68.90	81.54	139.10	249.89
54	44.23	55.21	59.03	69.82	81.81	139.92	251.53
55	44.80	55.98	59.77	70.50	81.75	140.20	252.06
56	45.21	56.54	60.26	70.89	81.38	139.91	251.41
57	45.42	56.85	60.50	71.00	80.70	139.01	249.49
58	44.54	55.78	59.35	69.39	78.17	134.99	241.27
59	43.63	54.69	58.16	67.79	75.69	130.93	232.92
60	42.88	53.78	57.18	66.56	73.69	127.40	225.57
61	42.43	53.31	56.66	66.02	72.56	124.98	220.40
62	42.49	53.49	56.87	66.53	72.66	124.27	218.59
63						129.01	227.43
64						135.81	240.44

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.82	17.88	19.53	24.38	34.68	68.91	122.85
26	14.33	18.58	20.30	25.38	35.98	70.86	126.14
27	14.88	19.35	21.15	26.47	37.33	72.85	129.46
28	15.48	20.18	22.08	27.65	38.75	74.88	132.82
29	16.14	21.06	23.06	28.92	40.22	76.95	136.26
30	16.82	22.01	24.11	30.26	41.75	79.10	139.78
31	17.56	23.02	25.23	31.66	43.33	81.29	143.37
32	18.34	24.08	26.39	33.13	44.95	83.54	147.09
33	19.15	25.15	27.60	34.64	46.61	85.85	150.89
34	20.00	26.29	28.85	36.21	48.33	88.22	154.84
35	20.88	27.45	30.16	37.81	50.09	90.66	158.94
36	21.80	28.67	31.52	39.46	51.89	93.18	163.20
37	22.76	29.92	32.91	41.16	53.74	95.76	167.65
38	23.74	31.19	34.34	42.87	55.61	98.47	172.38
39	24.76	32.52	35.81	44.62	57.53	101.26	177.28
40	25.80	33.87	37.33	46.42	59.46	104.11	182.39
41	26.88	35.26	38.90	48.23	61.44	107.03	187.68
42	27.98	36.68	40.49	50.09	63.46	110.03	193.15
43	29.38	38.34	42.17	52.01	65.64	113.18	199.05
44	30.82	40.03	43.88	53.96	67.81	116.38	205.07
45	32.28	41.74	45.59	55.90	69.97	119.58	211.16
46	33.79	43.47	47.34	57.83	72.06	122.75	217.23
47	35.32	45.22	49.08	59.75	74.09	125.87	223.26
48	36.81	46.97	50.89	61.72	76.05	129.09	229.62
49	38.28	48.69	52.66	63.61	77.85	132.16	235.69
50	39.72	50.35	54.36	65.41	79.46	134.96	241.28
51	41.09	51.90	55.94	67.06	80.82	137.44	246.23
52	42.35	53.32	57.38	68.52	81.91	139.50	250.36
53	43.48	54.57	58.63	69.70	82.50	140.88	253.13
54	44.45	55.63	59.64	70.64	82.78	141.72	254.81
55	45.03	56.41	60.39	71.33	82.72	142.00	255.35
56	45.43	56.96	60.88	71.71	82.33	141.68	254.63
57	45.64	57.27	61.09	71.79	81.62	140.72	252.59
58	44.76	56.19	59.93	70.16	79.06	136.66	244.31
59	43.83	55.08	58.71	68.53	76.53	132.50	235.78
60	43.05	54.13	57.66	67.21	74.42	128.77	228.09
61	42.56	53.58	57.04	66.53	73.13	126.05	222.35
62	42.57	53.65	57.11	66.83	72.99	124.91	219.73

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.89	18.01	19.71	24.63	35.03	69.69	124.26
26	14.39	18.70	20.48	25.64	36.35	71.67	127.60
27	14.94	19.49	21.35	26.75	37.73	73.69	130.99
28	15.55	20.32	22.28	27.95	39.17	75.76	134.42
29	16.21	21.21	23.28	29.23	40.66	77.88	137.93
30	16.89	22.18	24.35	30.59	42.21	80.06	141.52
31	17.64	23.19	25.48	32.02	43.81	82.30	145.18
32	18.43	24.26	26.67	33.51	45.46	84.59	148.98
33	19.24	25.34	27.89	35.05	47.16	86.95	152.87
34	20.10	26.50	29.17	36.63	48.91	89.37	156.90
35	20.99	27.68	30.49	38.26	50.70	91.86	161.09
36	21.92	28.90	31.87	39.94	52.53	94.44	165.45
37	22.89	30.17	33.29	41.67	54.41	97.08	170.01
38	23.88	31.46	34.74	43.42	56.32	99.86	174.84
39	24.89	32.80	36.23	45.21	58.28	102.71	179.87
40	25.96	34.17	37.78	47.03	60.26	105.63	185.09
41	27.04	35.58	39.38	48.89	62.28	108.63	190.52
42	28.15	37.03	41.00	50.78	64.34	111.70	196.14
43	29.56	38.70	42.71	52.75	66.56	114.95	202.19
44	31.01	40.42	44.45	54.74	68.79	118.23	208.38
45	32.49	42.16	46.21	56.73	71.00	121.52	214.63
46	34.01	43.91	47.98	58.71	73.15	124.79	220.89
47	35.55	45.68	49.76	60.67	75.23	127.99	227.09
48	37.06	47.47	51.62	62.69	77.26	131.33	233.65
49	38.54	49.21	53.42	64.65	79.11	134.50	239.92
50	40.00	50.90	55.16	66.49	80.78	137.40	245.70
51	41.38	52.48	56.78	68.18	82.19	139.97	250.81
52	42.66	53.92	58.25	69.69	83.31	142.10	255.08
53	43.81	55.20	59.53	70.90	83.94	143.54	257.97
54	44.78	56.27	60.57	71.87	84.24	144.43	259.73
55	45.37	57.06	61.33	72.56	84.18	144.71	260.27
56	45.77	57.60	61.80	72.94	83.76	144.34	259.47
57	45.97	57.89	61.99	72.98	83.00	143.28	257.26
58	45.07	56.80	60.81	71.33	80.40	139.16	248.89
59	44.13	55.66	59.54	69.62	77.78	134.84	240.08
60	43.31	54.64	58.39	68.18	75.52	130.82	231.86
61	42.77	53.97	57.62	67.29	73.97	127.66	225.28
62	42.70	53.89	57.45	67.28	73.49	125.87	221.43
63				70.15	76.45		
64				74.09	80.69		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.11	18.48	20.42	25.62	36.50	72.94	130.16
26	14.63	19.20	21.22	26.67	37.87	75.02	133.66
27	15.18	20.00	22.11	27.82	39.30	77.12	137.19
28	15.80	20.85	23.09	29.06	40.81	79.28	140.76
29	16.47	21.77	24.12	30.40	42.35	81.48	144.41
30	17.17	22.76	25.22	31.81	43.96	83.74	148.12
31	17.93	23.80	26.39	33.29	45.61	86.05	151.89
32	18.73	24.89	27.60	34.82	47.31	88.42	155.80
33	19.56	26.00	28.87	36.41	49.07	90.84	159.80
34	20.42	27.17	30.18	38.04	50.87	93.32	163.92
35	21.32	28.38	31.54	39.73	52.70	95.87	168.20
36	22.26	29.62	32.95	41.45	54.59	98.49	172.63
37	23.24	30.91	34.40	43.22	56.50	101.18	177.25
38	24.24	32.22	35.88	45.00	58.45	103.99	182.14
39	25.27	33.58	37.40	46.83	60.44	106.87	187.21
40	26.33	34.97	38.97	48.69	62.43	109.81	192.47
41	27.42	36.39	40.58	50.56	64.48	112.81	197.91
42	28.55	37.85	42.22	52.47	66.55	115.88	203.52
43	29.96	39.53	43.95	54.45	68.78	119.11	209.56
44	31.42	41.26	45.69	56.45	71.00	122.35	215.69
45	32.90	42.99	47.45	58.43	73.20	125.59	221.85
46	34.43	44.75	49.21	60.39	75.32	128.76	227.97
47	35.96	46.50	50.97	62.32	77.35	131.86	233.98
48	37.46	48.27	52.79	64.29	79.29	135.04	240.28
49	38.93	49.98	54.55	66.17	81.05	138.02	246.23
50	40.37	51.62	56.22	67.93	82.59	140.70	251.61
51	41.72	53.15	57.77	69.52	83.86	143.00	256.28
52	42.98	54.54	59.15	70.89	84.82	144.83	260.01
53	44.08	55.73	60.30	71.94	85.22	145.86	262.17
54	45.02	56.71	61.21	72.72	85.28	146.32	263.15
55	45.55	57.40	61.82	73.22	84.98	146.17	262.92
56	45.90	57.85	62.16	73.41	84.34	145.39	261.38
57	46.05	58.05	62.23	73.29	83.37	143.95	258.48
58	45.09	56.83	60.85	71.38	80.46	139.27	249.04
59	44.09	55.58	59.42	69.47	77.61	134.51	239.41
60	43.25	54.50	58.20	67.92	75.23	130.28	230.78
61	42.71	53.86	57.46	67.08	73.73	127.20	224.38
62	42.70	53.89	57.45	67.28	73.49	125.87	221.43
63	44.30	56.10	59.83				
64	46.52	59.12	63.12				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.32	19.78	21.57	26.91	38.27	75.99	135.45
26	15.88	20.55	22.41	28.01	39.70	78.13	139.06
27	16.48	21.40	23.35	29.21	41.19	80.31	142.70
28	17.15	22.31	24.37	30.50	42.75	82.54	146.40
29	17.87	23.29	25.45	31.90	44.37	84.82	150.17
30	18.63	24.34	26.61	33.37	46.05	87.17	154.03
31	19.45	25.45	27.84	34.92	47.78	89.57	157.96
32	20.31	26.61	29.12	36.53	49.56	92.04	162.03
33	21.21	27.80	30.45	38.19	51.39	94.57	166.20
34	22.14	29.05	31.83	39.91	53.28	97.17	170.52
35	23.12	30.34	33.26	41.67	55.21	99.84	175.01
36	24.13	31.67	34.76	43.48	57.19	102.59	179.67
37	25.20	33.05	36.29	45.35	59.21	105.42	184.54
38	26.28	34.46	37.86	47.23	61.26	108.38	189.70
39	27.41	35.92	39.48	49.15	63.36	111.43	195.06
40	28.56	37.41	41.14	51.12	65.48	114.55	200.64
41	29.75	38.94	42.86	53.11	67.65	117.74	206.42
42	30.97	40.51	44.61	55.14	69.86	121.01	212.40
43	32.51	42.33	46.45	57.25	72.24	124.46	218.84
44	34.10	44.19	48.32	59.38	74.61	127.94	225.41
45	35.72	46.08	50.21	61.50	76.97	131.43	232.04
46	37.38	47.98	52.12	63.62	79.26	134.88	238.67
47	39.06	49.90	54.02	65.71	81.47	138.27	245.23
48	40.71	51.83	56.00	67.86	83.60	141.77	252.14
49	42.33	53.71	57.94	69.92	85.56	145.10	258.74
50	43.92	55.53	59.80	71.88	87.31	148.14	264.81
51	45.43	57.24	61.53	73.68	88.79	150.83	270.19
52	46.82	58.80	63.10	75.27	89.97	153.07	274.68
53	48.07	60.17	64.47	76.55	90.60	154.55	277.66
54	49.14	61.34	65.59	77.58	90.90	155.47	279.48
55	49.78	62.20	66.41	78.33	90.83	155.78	280.07
56	50.23	62.82	66.96	78.77	90.42	155.45	279.34
57	50.47	63.17	67.22	78.89	89.67	154.45	277.21
58	49.49	61.98	65.94	77.10	86.85	149.99	268.08
59	48.48	60.77	64.62	75.32	84.10	145.48	258.80
60	47.64	59.76	63.53	73.96	81.88	141.56	250.63
61	47.14	59.23	62.96	73.36	80.62	138.87	244.89
62	47.21	59.43	63.19	73.92	80.73	138.08	242.88
63						143.34	252.70
64						150.90	267.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.36	19.87	21.70	27.09	38.53	76.57	136.50
26	15.92	20.64	22.55	28.20	39.98	78.73	140.15
27	16.53	21.50	23.50	29.41	41.48	80.94	143.84
28	17.20	22.42	24.53	30.72	43.06	83.20	147.58
29	17.93	23.40	25.62	32.13	44.69	85.50	151.40
30	18.69	24.46	26.79	33.62	46.39	87.89	155.31
31	19.51	25.58	28.03	35.18	48.14	90.32	159.30
32	20.38	26.75	29.32	36.81	49.94	92.82	163.43
33	21.28	27.94	30.67	38.49	51.79	95.39	167.66
34	22.22	29.21	32.06	40.23	53.70	98.02	172.04
35	23.20	30.50	33.51	42.01	55.66	100.73	176.60
36	24.22	31.85	35.02	43.84	57.66	103.53	181.33
37	25.29	33.24	36.57	45.73	59.71	106.40	186.28
38	26.38	34.66	38.16	47.63	61.79	109.41	191.53
39	27.51	36.13	39.79	49.58	63.92	112.51	196.98
40	28.67	37.63	41.48	51.58	66.07	115.68	202.65
41	29.87	39.18	43.22	53.59	68.27	118.92	208.53
42	31.09	40.76	44.99	55.65	70.51	122.25	214.61
43	32.64	42.60	46.85	57.79	72.93	125.76	221.17
44	34.24	44.48	48.75	59.96	75.34	129.31	227.86
45	35.87	46.38	50.66	62.11	77.74	132.87	234.62
46	37.54	48.30	52.60	64.26	80.07	136.39	241.37
47	39.24	50.24	54.53	66.39	82.32	139.85	248.07
48	40.90	52.19	56.54	68.58	84.50	143.43	255.13
49	42.53	54.10	58.51	70.68	86.50	146.84	261.88
50	44.13	55.94	60.40	72.68	88.29	149.95	268.09
51	45.65	57.67	62.15	74.51	89.80	152.71	273.59
52	47.05	59.24	63.75	76.13	91.01	155.00	278.18
53	48.31	60.63	65.14	77.44	91.67	156.53	281.25
54	49.39	61.81	66.27	78.49	91.98	157.47	283.12
55	50.03	62.68	67.10	79.25	91.91	157.78	283.72
56	50.48	63.29	67.64	79.68	91.48	157.42	282.92
57	50.71	63.63	67.88	79.77	90.69	156.35	280.66
58	49.73	62.43	66.59	77.96	87.84	151.84	271.46
59	48.70	61.20	65.23	76.14	85.03	147.22	261.98
60	47.83	60.14	64.07	74.68	82.69	143.08	253.43
61	47.29	59.53	63.38	73.92	81.25	140.06	247.06
62	47.30	59.61	63.45	74.26	81.10	138.79	244.14

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.43	20.01	21.90	27.37	38.92	77.43	138.07
26	15.99	20.78	22.76	28.49	40.39	79.63	141.78
27	16.60	21.65	23.72	29.72	41.92	81.88	145.54
28	17.28	22.58	24.76	31.05	43.52	84.18	149.36
29	18.01	23.57	25.87	32.48	45.18	86.53	153.25
30	18.77	24.64	27.05	33.99	46.90	88.96	157.24
31	19.60	25.77	28.31	35.58	48.68	91.44	161.31
32	20.48	26.95	29.63	37.23	50.51	93.99	165.53
33	21.38	28.16	30.99	38.94	52.40	96.61	169.85
34	22.33	29.44	32.41	40.70	54.34	99.30	174.33
35	23.32	30.75	33.88	42.51	56.33	102.07	178.99
36	24.35	32.11	35.41	44.38	58.37	104.93	183.83
37	25.43	33.52	36.99	46.30	60.46	107.87	188.90
38	26.53	34.95	38.60	48.24	62.58	110.95	194.27
39	27.66	36.44	40.26	50.23	64.75	114.12	199.85
40	28.84	37.97	41.98	52.26	66.95	117.37	205.66
41	30.04	39.53	43.75	54.32	69.20	120.70	211.69
42	31.28	41.14	45.55	56.42	71.49	124.11	217.93
43	32.84	43.00	47.46	58.61	73.96	127.72	224.66
44	34.46	44.91	49.39	60.82	76.43	131.37	231.53
45	36.10	46.84	51.34	63.03	78.89	135.02	238.48
46	37.79	48.79	53.31	65.23	81.28	138.65	245.43
47	39.50	50.76	55.29	67.41	83.59	142.21	252.32
48	41.18	52.74	57.35	69.66	85.84	145.92	259.61
49	42.82	54.68	59.36	71.83	87.90	149.44	266.58
50	44.44	56.55	61.29	73.88	89.75	152.67	273.00
51	45.98	58.31	63.09	75.76	91.32	155.52	278.68
52	47.40	59.91	64.72	77.43	92.57	157.89	283.42
53	48.68	61.33	66.14	78.78	93.27	159.49	286.63
54	49.76	62.52	67.30	79.86	93.60	160.48	288.59
55	50.41	63.40	68.14	80.62	93.53	160.79	289.19
56	50.85	64.00	68.67	81.04	93.07	160.38	288.30
57	51.08	64.32	68.88	81.09	92.22	159.20	285.84
58	50.08	63.11	67.57	79.26	89.33	154.62	276.54
59	49.03	61.84	66.15	77.36	86.42	149.82	266.76
60	48.12	60.71	64.88	75.75	83.91	145.36	257.62
61	47.52	59.97	64.02	74.77	82.19	141.84	250.31
62	47.44	59.88	63.83	74.76	81.65	139.85	246.03
63				77.94	84.94		
64				82.32	89.66		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.68	20.53	22.69	28.47	40.55	81.04	144.62
26	16.25	21.33	23.58	29.63	42.08	83.35	148.51
27	16.87	22.22	24.57	30.91	43.67	85.69	152.43
28	17.56	23.17	25.65	32.29	45.34	88.09	156.40
29	18.30	24.19	26.80	33.78	47.06	90.53	160.45
30	19.08	25.29	28.02	35.34	48.84	93.04	164.58
31	19.92	26.44	29.32	36.99	50.68	95.61	168.77
32	20.81	27.65	30.67	38.69	52.57	98.24	173.11
33	21.73	28.89	32.08	40.46	54.52	100.93	177.55
34	22.69	30.19	33.53	42.27	56.52	103.69	182.13
35	23.69	31.53	35.04	44.14	58.56	106.52	186.89
36	24.73	32.91	36.61	46.05	60.65	109.43	191.81
37	25.82	34.34	38.22	48.02	62.78	112.42	196.94
38	26.93	35.80	39.87	50.00	64.94	115.54	202.38
39	28.08	37.31	41.56	52.03	67.15	118.74	208.01
40	29.26	38.85	43.30	54.10	69.37	122.01	213.86
41	30.47	40.43	45.09	56.18	71.64	125.34	219.90
42	31.72	42.05	46.91	58.30	73.94	128.75	226.13
43	33.29	43.92	48.83	60.50	76.42	132.34	232.84
44	34.91	45.84	50.77	62.72	78.89	135.94	239.66
45	36.56	47.77	52.72	64.92	81.33	139.54	246.50
46	38.25	49.72	54.68	67.10	83.69	143.07	253.30
47	39.95	51.67	56.63	69.24	85.94	146.51	259.98
48	41.62	53.63	58.65	71.43	88.10	150.04	266.98
49	43.25	55.53	60.61	73.52	90.05	153.36	273.59
50	44.85	57.36	62.47	75.48	91.77	156.33	279.57
51	46.36	59.06	64.19	77.24	93.18	158.89	284.75
52	47.75	60.60	65.72	78.77	94.24	160.92	288.90
53	48.98	61.92	67.00	79.93	94.69	162.07	291.30
54	50.02	63.01	68.01	80.80	94.76	162.58	292.39
55	50.61	63.78	68.69	81.35	94.42	162.41	292.13
56	51.00	64.28	69.07	81.57	93.71	161.54	290.42
57	51.17	64.50	69.14	81.43	92.63	159.94	287.20
58	50.10	63.14	67.61	79.31	89.40	154.74	276.71
59	48.99	61.75	66.02	77.19	86.23	149.46	266.01
60	48.05	60.56	64.67	75.47	83.59	144.76	256.42
61	47.46	59.84	63.84	74.53	81.92	141.33	249.31
62	47.44	59.88	63.83	74.76	81.65	139.85	246.03
63	49.22	62.33	66.48				
64	51.69	65.69	70.13				

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.86	15.14	16.42	20.53	30.60	63.60	113.15
26	12.29	15.73	17.07	21.38	31.78	65.47	116.33
27	12.75	16.37	17.78	22.31	32.99	67.37	119.54
28	13.27	17.07	18.56	23.30	34.27	69.32	122.79
29	13.82	17.82	19.38	24.36	35.60	71.31	126.06
30	14.40	18.61	20.27	25.48	36.96	73.33	129.40
31	15.02	19.46	21.19	26.66	38.38	75.41	132.81
32	15.67	20.33	22.17	27.89	39.83	77.53	136.31
33	16.35	21.24	23.17	29.14	41.32	79.70	139.90
34	17.06	22.19	24.21	30.46	42.87	81.91	143.59
35	17.80	23.16	25.29	31.79	44.45	84.19	147.41
36	18.58	24.17	26.42	33.16	46.06	86.52	151.37
37	19.37	25.21	27.56	34.57	47.71	88.92	155.48
38	20.19	26.27	28.75	35.99	49.38	91.41	159.83
39	21.03	27.37	29.96	37.43	51.09	93.96	164.33
40	21.90	28.49	31.20	38.90	52.83	96.58	169.00
41	22.80	29.63	32.48	40.40	54.59	99.25	173.83
42	23.71	30.80	33.80	41.91	56.39	101.96	178.79
43	24.87	32.16	35.15	43.48	58.30	104.82	184.13
44	26.05	33.53	36.54	45.05	60.21	107.69	189.56
45	27.26	34.94	37.94	46.61	62.09	110.55	195.00
46	28.49	36.35	39.35	48.17	63.91	113.36	200.42
47	29.74	37.76	40.74	49.69	65.65	116.11	205.76
48	30.95	39.17	42.18	51.25	67.31	118.94	211.32
49	32.15	40.55	43.59	52.72	68.83	121.58	216.59
50	33.30	41.87	44.93	54.12	70.16	123.98	221.41
51	34.41	43.10	46.18	55.40	71.29	126.08	225.62
52	35.42	44.23	47.31	56.50	72.16	127.78	229.10
53	36.30	45.19	48.28	57.37	72.59	128.83	231.24
54	37.01	45.95	49.06	58.05	72.75	129.38	232.44
55	37.54	46.56	49.63	58.54	72.61	129.45	232.62
56	37.94	46.99	50.01	58.80	72.21	128.96	231.76
57	38.19	47.22	50.18	58.84	71.54	127.94	229.77
58	37.53	46.36	49.25	57.49	69.33	124.10	222.16
59	36.85	45.49	48.31	56.17	67.18	120.21	214.46
60	36.28	44.78	47.55	55.21	65.39	116.84	207.73
61	36.00	44.43	47.18	54.84	64.32	114.48	203.09
62	36.15	44.63	47.40	55.38	64.27	113.72	201.56
63						117.90	209.75
64						124.03	221.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.90	15.22	16.53	20.69	30.83	64.13	114.09
26	12.33	15.81	17.20	21.56	32.03	66.01	117.32
27	12.80	16.46	17.92	22.49	33.26	67.94	120.56
28	13.31	17.17	18.70	23.50	34.55	69.91	123.85
29	13.87	17.92	19.53	24.57	35.88	71.92	127.17
30	14.45	18.72	20.43	25.70	37.27	73.98	130.55
31	15.08	19.58	21.36	26.89	38.70	76.09	134.02
32	15.73	20.46	22.35	28.14	40.18	78.23	137.57
33	16.42	21.37	23.36	29.41	41.68	80.43	141.21
34	17.13	22.33	24.42	30.74	43.25	82.67	144.95
35	17.87	23.30	25.52	32.09	44.86	84.99	148.84
36	18.66	24.33	26.65	33.48	46.49	87.36	152.87
37	19.45	25.38	27.81	34.91	48.16	89.80	157.05
38	20.28	26.45	29.02	36.35	49.86	92.34	161.48
39	21.12	27.56	30.24	37.82	51.60	94.93	166.06
40	22.00	28.68	31.51	39.31	53.36	97.60	170.81
41	22.91	29.84	32.81	40.83	55.15	100.31	175.73
42	23.81	31.02	34.14	42.37	56.97	103.08	180.78
43	24.98	32.40	35.51	43.97	58.92	105.99	186.23
44	26.17	33.80	36.93	45.58	60.87	108.93	191.76
45	27.40	35.21	38.35	47.16	62.78	111.84	197.33
46	28.63	36.64	39.78	48.74	64.64	114.72	202.85
47	29.90	38.07	41.20	50.30	66.41	117.53	208.31
48	31.12	39.49	42.67	51.89	68.12	120.43	214.01
49	32.33	40.90	44.10	53.41	69.68	123.15	219.42
50	33.49	42.24	45.47	54.84	71.05	125.61	224.36
51	34.61	43.49	46.74	56.14	72.20	127.77	228.68
52	35.62	44.62	47.90	57.28	73.10	129.52	232.25
53	36.51	45.60	48.88	58.17	73.55	130.61	234.47
54	37.24	46.39	49.67	58.87	73.72	131.18	235.72
55	37.78	47.01	50.25	59.36	73.58	131.25	235.91
56	38.18	47.43	50.63	59.62	73.16	130.73	234.98
57	38.42	47.66	50.78	59.63	72.46	129.65	232.88
58	37.76	46.78	49.83	58.27	70.22	125.77	225.20
59	37.06	45.88	48.86	56.91	68.01	121.78	217.32
60	36.47	45.13	48.03	55.85	66.12	118.21	210.25
61	36.15	44.71	47.56	55.34	64.89	115.55	205.04
62	36.24	44.80	47.64	55.68	64.60	114.35	202.69

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.96	15.35	16.71	20.94	31.19	64.90	115.51
26	12.39	15.94	17.39	21.82	32.40	66.82	118.78
27	12.86	16.60	18.12	22.77	33.65	68.79	122.09
28	13.38	17.32	18.91	23.80	34.97	70.79	125.45
29	13.94	18.07	19.76	24.89	36.32	72.85	128.84
30	14.53	18.88	20.66	26.04	37.73	74.94	132.29
31	15.16	19.75	21.61	27.25	39.19	77.09	135.83
32	15.82	20.64	22.63	28.52	40.69	79.28	139.46
33	16.51	21.56	23.65	29.82	42.23	81.53	143.18
34	17.23	22.54	24.73	31.17	43.82	83.83	147.02
35	17.98	23.53	25.85	32.54	45.46	86.19	150.99
36	18.77	24.56	27.00	33.97	47.12	88.62	155.12
37	19.58	25.63	28.19	35.42	48.83	91.13	159.41
38	20.41	26.71	29.41	36.90	50.57	93.73	163.94
39	21.26	27.84	30.66	38.40	52.34	96.38	168.64
40	22.15	28.99	31.96	39.92	54.15	99.12	173.52
41	23.06	30.16	33.28	41.49	55.99	101.92	178.57
42	23.99	31.37	34.64	43.07	57.85	104.75	183.77
43	25.16	32.76	36.05	44.70	59.85	107.76	189.37
44	26.37	34.18	37.50	46.35	61.85	110.78	195.07
45	27.60	35.62	38.96	47.99	63.82	113.78	200.80
46	28.85	37.08	40.42	49.62	65.73	116.76	206.51
47	30.13	38.54	41.89	51.22	67.55	119.66	212.14
48	31.37	39.99	43.40	52.87	69.33	122.67	218.04
49	32.59	41.42	44.87	54.44	70.94	125.49	223.65
50	33.77	42.79	46.27	55.92	72.36	128.06	228.78
51	34.90	44.06	47.58	57.27	73.57	130.30	233.26
52	35.94	45.23	48.77	58.45	74.50	132.12	236.96
53	36.85	46.23	49.78	59.37	74.99	133.27	239.31
54	37.60	47.05	50.60	60.10	75.18	133.89	240.64
55	38.14	47.68	51.18	60.60	75.04	133.96	240.83
56	38.54	48.10	51.55	60.84	74.59	133.40	239.82
57	38.77	48.30	51.68	60.82	73.84	132.22	237.54
58	38.10	47.42	50.72	59.44	71.56	128.27	229.77
59	37.38	46.49	49.69	58.01	69.26	124.12	221.63
60	36.75	45.66	48.76	56.82	67.22	120.26	214.02
61	36.37	45.13	48.13	56.11	65.74	117.15	207.96
62	36.38	45.05	47.98	56.13	65.10	115.31	204.39
63				58.52	67.17		
64				61.80	70.28		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.19	15.81	17.42	21.93	32.65	68.15	121.40
26	12.63	16.43	18.13	22.84	33.92	70.16	124.84
27	13.10	17.11	18.88	23.84	35.23	72.22	128.30
28	13.64	17.85	19.71	24.91	36.60	74.31	131.79
29	14.20	18.63	20.59	26.06	38.02	76.45	135.32
30	14.81	19.47	21.54	27.25	39.47	78.62	138.90
31	15.44	20.35	22.52	28.52	40.99	80.85	142.54
32	16.12	21.27	23.56	29.84	42.54	83.11	146.29
33	16.82	22.22	24.63	31.19	44.14	85.42	150.11
34	17.55	23.21	25.74	32.58	45.78	87.78	154.04
35	18.32	24.23	26.89	34.01	47.47	90.20	158.10
36	19.12	25.28	28.08	35.47	49.18	92.67	162.30
37	19.93	26.37	29.30	36.97	50.92	95.22	166.64
38	20.77	27.48	30.56	38.48	52.70	97.86	171.24
39	21.64	28.62	31.83	40.02	54.50	100.54	175.99
40	22.53	29.78	33.15	41.58	56.33	103.29	180.90
41	23.45	30.97	34.49	43.16	58.19	106.09	185.96
42	24.38	32.18	35.87	44.76	60.06	108.93	191.15
43	25.57	33.59	37.29	46.40	62.06	111.92	196.73
44	26.78	35.02	38.75	48.06	64.06	114.89	202.38
45	28.02	36.46	40.20	49.69	66.02	117.85	208.02
46	29.27	37.92	41.65	51.30	67.90	120.74	213.59
47	30.54	39.36	43.09	52.87	69.67	123.53	219.03
48	31.77	40.79	44.57	54.46	71.36	126.38	224.68
49	32.98	42.18	45.99	55.96	72.87	129.02	229.96
50	34.14	43.52	47.33	57.36	74.18	131.36	234.69
51	35.24	44.74	48.57	58.60	75.24	133.34	238.73
52	36.25	45.85	49.67	59.65	76.01	134.85	241.89
53	37.12	46.76	50.55	60.41	76.27	135.59	243.51
54	37.85	47.51	51.24	60.95	76.22	135.78	244.06
55	38.34	48.03	51.68	61.25	75.84	135.41	243.48
56	38.68	48.36	51.91	61.32	75.17	134.44	241.73
57	38.86	48.47	51.91	61.13	74.21	132.89	238.76
58	38.12	47.45	50.75	59.48	71.62	128.38	229.92
59	37.34	46.40	49.57	57.85	69.09	123.80	220.95
60	36.68	45.52	48.57	56.57	66.93	119.72	212.94
61	36.32	45.01	47.97	55.89	65.49	116.69	207.06
62	36.38	45.05	47.98	56.13	65.10	115.31	204.39
63	37.80	46.90	49.97				
64	39.75	49.43	52.71				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.18	16.82	18.24	22.81	34.00	70.67	125.72
26	13.66	17.48	18.97	23.76	35.31	72.74	129.26
27	14.17	18.19	19.76	24.79	36.66	74.86	132.82
28	14.74	18.97	20.62	25.89	38.08	77.02	136.43
29	15.35	19.80	21.53	27.07	39.55	79.23	140.07
30	16.00	20.68	22.52	28.31	41.07	81.48	143.78
31	16.69	21.62	23.54	29.62	42.64	83.79	147.57
32	17.41	22.59	24.63	30.99	44.26	86.14	151.46
33	18.17	23.60	25.74	32.38	45.91	88.55	155.44
34	18.95	24.65	26.90	33.84	47.63	91.01	159.54
35	19.78	25.73	28.10	35.32	49.39	93.54	163.79
36	20.64	26.85	29.35	36.84	51.18	96.13	168.19
37	21.52	28.01	30.62	38.41	53.01	98.80	172.76
38	22.43	29.19	31.94	39.99	54.87	101.57	177.59
39	23.37	30.41	33.29	41.59	56.77	104.40	182.59
40	24.33	31.65	34.67	43.22	58.70	107.31	187.78
41	25.33	32.92	36.09	44.89	60.66	110.28	193.14
42	26.34	34.22	37.55	46.57	62.65	113.29	198.66
43	27.63	35.73	39.05	48.31	64.78	116.47	204.59
44	28.94	37.26	40.60	50.06	66.90	119.66	210.62
45	30.29	38.82	42.16	51.79	68.99	122.83	216.67
46	31.65	40.39	43.72	53.52	71.01	125.96	222.69
47	33.04	41.96	45.27	55.21	72.94	129.01	228.62
48	34.39	43.52	46.87	56.94	74.79	132.15	234.80
49	35.72	45.05	48.43	58.58	76.48	135.09	240.66
50	37.00	46.52	49.92	60.13	77.96	137.76	246.01
51	38.23	47.89	51.31	61.55	79.21	140.09	250.69
52	39.35	49.14	52.57	62.78	80.18	141.98	254.55
53	40.33	50.21	53.64	63.74	80.65	143.14	256.93
54	41.12	51.05	54.51	64.50	80.83	143.76	258.27
55	41.71	51.73	55.14	65.04	80.68	143.83	258.47
56	42.16	52.21	55.57	65.33	80.23	143.29	257.51
57	42.43	52.47	55.76	65.38	79.49	142.16	255.30
58	41.70	51.51	54.72	63.88	77.03	137.89	246.84
59	40.94	50.54	53.68	62.41	74.64	133.57	238.29
60	40.31	49.75	52.83	61.34	72.66	129.82	230.81
61	40.00	49.37	52.42	60.93	71.47	127.20	225.65
62	40.17	49.59	52.67	61.53	71.41	126.35	223.95
63						131.00	233.05
64						137.81	246.49

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.22	16.91	18.37	22.99	34.26	71.25	126.77
26	13.70	17.57	19.11	23.95	35.59	73.34	130.35
27	14.22	18.29	19.91	24.99	36.95	75.49	133.96
28	14.79	19.08	20.78	26.11	38.39	77.68	137.61
29	15.41	19.91	21.70	27.30	39.87	79.91	141.30
30	16.06	20.80	22.70	28.56	41.41	82.20	145.06
31	16.75	21.75	23.73	29.88	43.00	84.54	148.91
32	17.48	22.73	24.83	31.27	44.64	86.92	152.86
33	18.24	23.74	25.96	32.68	46.31	89.37	156.90
34	19.03	24.81	27.13	34.16	48.05	91.86	161.06
35	19.86	25.89	28.35	35.66	49.84	94.43	165.38
36	20.73	27.03	29.61	37.20	51.65	97.07	169.85
37	21.61	28.20	30.90	38.79	53.51	99.78	174.50
38	22.53	29.39	32.24	40.39	55.40	102.60	179.42
39	23.47	30.62	33.60	42.02	57.33	105.48	184.51
40	24.44	31.87	35.01	43.68	59.29	108.44	189.79
41	25.45	33.16	36.45	45.37	61.28	111.46	195.25
42	26.46	34.47	37.93	47.08	63.30	114.53	200.87
43	27.76	36.00	39.45	48.85	65.47	117.77	206.92
44	29.08	37.55	41.03	50.64	67.63	121.03	213.07
45	30.44	39.12	42.61	52.40	69.76	124.27	219.25
46	31.81	40.71	44.20	54.16	71.82	127.47	225.39
47	33.22	42.30	45.78	55.89	73.79	130.59	231.46
48	34.58	43.88	47.41	57.66	75.69	133.81	237.79
49	35.92	45.44	49.00	59.34	77.42	136.83	243.80
50	37.21	46.93	50.52	60.93	78.94	139.57	249.29
51	38.45	48.32	51.93	62.38	80.22	141.97	254.09
52	39.58	49.58	53.22	63.64	81.22	143.91	258.05
53	40.57	50.67	54.31	64.63	81.72	145.12	260.52
54	41.38	51.54	55.19	65.41	81.91	145.76	261.91
55	41.98	52.23	55.83	65.96	81.76	145.83	262.12
56	42.42	52.70	56.25	66.24	81.29	145.26	261.09
57	42.69	52.95	56.42	66.26	80.51	144.06	258.75
58	41.95	51.98	55.37	64.74	78.02	139.74	250.22
59	41.18	50.98	54.29	63.23	75.57	135.31	241.47
60	40.52	50.14	53.37	62.06	73.47	131.34	233.61
61	40.17	49.68	52.84	61.49	72.10	128.39	227.82
62	40.27	49.78	52.93	61.87	71.78	127.06	225.21

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.29	17.05	18.57	23.27	34.65	72.11	128.34
26	13.77	17.71	19.32	24.24	36.00	74.24	131.98
27	14.29	18.44	20.13	25.30	37.39	76.43	135.66
28	14.87	19.24	21.01	26.44	38.85	78.66	139.39
29	15.49	20.08	21.95	27.65	40.36	80.94	143.15
30	16.14	20.98	22.96	28.93	41.92	83.27	146.99
31	16.84	21.94	24.01	30.28	43.54	85.66	150.92
32	17.58	22.93	25.14	31.69	45.21	88.09	154.96
33	18.34	23.96	26.28	33.13	46.92	90.59	159.09
34	19.14	25.04	27.48	34.63	48.69	93.14	163.35
35	19.98	26.14	28.72	36.16	50.51	95.77	167.77
36	20.86	27.29	30.00	37.74	52.36	98.47	172.35
37	21.75	28.48	31.32	39.36	54.26	101.25	177.12
38	22.68	29.68	32.68	41.00	56.19	104.14	182.16
39	23.62	30.93	34.07	42.67	58.16	107.09	187.38
40	24.61	32.21	35.51	44.36	60.17	110.13	192.80
41	25.62	33.51	36.98	46.10	62.21	113.24	198.41
42	26.65	34.85	38.49	47.85	64.28	116.39	204.19
43	27.96	36.40	40.06	49.67	66.50	119.73	210.41
44	29.30	37.98	41.67	51.50	68.72	123.09	216.74
45	30.67	39.58	43.29	53.32	70.91	126.42	223.11
46	32.06	41.20	44.91	55.13	73.03	129.73	229.45
47	33.48	42.82	46.54	56.91	75.06	132.95	235.71
48	34.86	44.43	48.22	58.74	77.03	136.30	242.27
49	36.21	46.02	49.85	60.49	78.82	139.43	248.50
50	37.52	47.54	51.41	62.13	80.40	142.29	254.20
51	38.78	48.96	52.87	63.63	81.74	144.78	259.18
52	39.93	50.25	54.19	64.94	82.78	146.80	263.29
53	40.94	51.37	55.31	65.97	83.32	148.08	265.90
54	41.78	52.28	56.22	66.78	83.53	148.77	267.38
55	42.38	52.98	56.87	67.33	83.38	148.84	267.59
56	42.82	53.44	57.28	67.60	82.88	148.22	266.47
57	43.08	53.67	57.42	67.58	82.04	146.91	263.93
58	42.33	52.69	56.35	66.04	79.51	142.52	255.30
59	41.53	51.65	55.21	64.45	76.96	137.91	246.25
60	40.83	50.73	54.18	63.13	74.69	133.62	237.80
61	40.41	50.14	53.48	62.34	73.04	130.17	231.07
62	40.42	50.06	53.31	62.37	72.33	128.12	227.10
63				65.02	74.63		
64				68.67	78.09		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.54	17.57	19.36	24.37	36.28	75.72	134.89
26	14.03	18.26	20.14	25.38	37.69	77.96	138.71
27	14.56	19.01	20.98	26.49	39.14	80.24	142.55
28	15.15	19.83	21.90	27.68	40.67	82.57	146.43
29	15.78	20.70	22.88	28.95	42.24	84.94	150.35
30	16.45	21.63	23.93	30.28	43.86	87.35	154.33
31	17.16	22.61	25.02	31.69	45.54	89.83	158.38
32	17.91	23.63	26.18	33.15	47.27	92.34	162.54
33	18.69	24.69	27.37	34.65	49.04	94.91	166.79
34	19.50	25.79	28.60	36.20	50.87	97.53	171.15
35	20.35	26.92	29.88	37.79	52.74	100.22	175.67
36	21.24	28.09	31.20	39.41	54.64	102.97	180.33
37	22.14	29.30	32.55	41.08	56.58	105.80	185.16
38	23.08	30.53	33.95	42.76	58.55	108.73	190.27
39	24.04	31.80	35.37	44.47	60.56	111.71	195.54
40	25.03	33.09	36.83	46.20	62.59	114.77	201.00
41	26.05	34.41	38.32	47.96	64.65	117.88	206.62
42	27.09	35.76	39.85	49.73	66.73	121.03	212.39
43	28.41	37.32	41.43	51.56	68.96	124.35	218.59
44	29.75	38.91	43.05	53.40	71.18	127.66	224.87
45	31.13	40.51	44.67	55.21	73.35	130.94	231.13
46	32.52	42.13	46.28	57.00	75.44	134.15	237.32
47	33.93	43.73	47.88	58.74	77.41	137.25	243.37
48	35.30	45.32	49.52	60.51	79.29	140.42	249.64
49	36.64	46.87	51.10	62.18	80.97	143.35	255.51
50	37.93	48.35	52.59	63.73	82.42	145.95	260.77
51	39.16	49.71	53.97	65.11	83.60	148.15	265.25
52	40.28	50.94	55.19	66.28	84.45	149.83	268.77
53	41.24	51.96	56.17	67.12	84.74	150.66	270.57
54	42.06	52.79	56.93	67.72	84.69	150.87	271.18
55	42.60	53.37	57.42	68.06	84.27	150.46	270.53
56	42.98	53.73	57.68	68.13	83.52	149.38	268.59
57	43.18	53.86	57.68	67.92	82.45	147.65	265.29
58	42.35	52.72	56.39	66.09	79.58	142.64	255.47
59	41.49	51.56	55.08	64.28	76.77	137.55	245.50
60	40.76	50.58	53.97	62.85	74.37	133.02	236.60
61	40.35	50.01	53.30	62.10	72.77	129.66	230.07
62	40.42	50.06	53.31	62.37	72.33	128.12	227.10
63	42.00	52.11	55.52				
64	44.17	54.92	58.57				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.95	13.89	15.01	18.81	27.93	57.83	102.57
26	11.35	14.44	15.62	19.60	29.02	59.63	105.63
27	11.78	15.03	16.28	20.46	30.16	61.43	108.70
28	12.26	15.68	16.99	21.38	31.35	63.28	111.79
29	12.75	16.37	17.75	22.36	32.57	65.15	114.89
30	13.29	17.09	18.56	23.39	33.84	67.05	118.04
31	13.87	17.87	19.41	24.46	35.14	68.99	121.24
32	14.46	18.67	20.30	25.60	36.48	70.96	124.50
33	15.08	19.49	21.20	26.74	37.85	72.95	127.82
34	15.72	20.35	22.16	27.93	39.26	75.00	131.22
35	16.41	21.24	23.13	29.15	40.70	77.07	134.72
36	17.09	22.15	24.15	30.38	42.17	79.21	138.33
37	17.82	23.09	25.18	31.65	43.65	81.37	142.05
38	18.56	24.05	26.24	32.94	45.16	83.62	145.95
39	19.32	25.03	27.34	34.24	46.69	85.91	150.00
40	20.09	26.03	28.44	35.56	48.23	88.25	154.16
41	20.90	27.05	29.58	36.88	49.80	90.60	158.44
42	21.71	28.09	30.74	38.22	51.38	93.01	162.83
43	22.73	29.30	31.93	39.60	53.06	95.50	167.50
44	23.79	30.50	33.16	40.98	54.73	98.00	172.22
45	24.86	31.74	34.38	42.34	56.36	100.47	176.94
46	25.94	32.97	35.60	43.69	57.92	102.88	181.60
47	27.03	34.20	36.81	44.98	59.40	105.22	186.16
48	28.08	35.41	38.03	46.30	60.78	107.56	190.83
49	29.11	36.58	39.23	47.53	62.02	109.74	195.20
50	30.10	37.69	40.37	48.69	63.09	111.70	199.17
51	31.03	38.74	41.42	49.73	63.97	113.37	202.60
52	31.90	39.69	42.37	50.64	64.64	114.71	205.38
53	32.65	40.49	43.17	51.33	64.90	115.46	206.97
54	33.24	41.12	43.83	51.87	64.94	115.80	207.77
55	33.69	41.63	44.31	52.25	64.76	115.75	207.74
56	34.04	42.02	44.64	52.46	64.37	115.27	206.87
57	34.27	42.25	44.82	52.52	63.78	114.38	205.14
58	33.77	41.59	44.11	51.43	61.97	111.20	198.78
59	33.26	40.94	43.42	50.41	60.22	108.05	192.48
60	32.86	40.45	42.89	49.73	58.86	105.38	187.10
61	32.72	40.28	42.72	49.60	58.15	103.63	183.59
62	32.97	40.60	43.08	50.28	58.35	103.28	182.83
63						107.11	190.34
64						112.66	201.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.99	13.97	15.13	18.97	28.16	58.36	103.52
26	11.39	14.52	15.75	19.77	29.27	60.17	106.61
27	11.83	15.12	16.42	20.64	30.42	62.00	109.73
28	12.30	15.78	17.14	21.57	31.63	63.87	112.85
29	12.81	16.47	17.90	22.56	32.86	65.76	115.99
30	13.35	17.20	18.72	23.62	34.15	67.70	119.20
31	13.92	17.98	19.58	24.70	35.46	69.66	122.45
32	14.53	18.79	20.48	25.85	36.82	71.66	125.76
33	15.15	19.62	21.40	27.01	38.21	73.69	129.13
34	15.80	20.49	22.37	28.22	39.64	75.76	132.59
35	16.48	21.38	23.36	29.46	41.10	77.87	136.15
36	17.17	22.31	24.38	30.71	42.59	80.06	139.82
37	17.90	23.26	25.43	32.00	44.10	82.25	143.61
38	18.65	24.23	26.51	33.30	45.64	84.55	147.60
39	19.41	25.22	27.62	34.62	47.20	86.89	151.73
40	20.19	26.23	28.75	35.97	48.76	89.26	155.97
41	21.01	27.27	29.91	37.31	50.36	91.67	160.34
42	21.82	28.31	31.09	38.68	51.97	94.12	164.82
43	22.85	29.54	32.29	40.09	53.69	96.67	169.60
44	23.91	30.76	33.54	41.50	55.39	99.23	174.43
45	24.99	32.01	34.79	42.89	57.05	101.76	179.26
46	26.08	33.26	36.04	44.26	58.65	104.24	184.03
47	27.19	34.51	37.27	45.59	60.17	106.64	188.71
48	28.25	35.73	38.52	46.94	61.59	109.05	193.52
49	29.29	36.93	39.74	48.21	62.87	111.30	198.03
50	30.29	38.06	40.91	49.41	63.97	113.33	202.12
51	31.23	39.12	41.98	50.48	64.88	115.07	205.66
52	32.10	40.09	42.96	51.42	65.57	116.45	208.53
53	32.87	40.91	43.78	52.13	65.86	117.24	210.20
54	33.47	41.56	44.44	52.69	65.92	117.60	211.04
55	33.93	42.08	44.93	53.07	65.73	117.55	211.02
56	34.27	42.46	45.25	53.28	65.32	117.05	210.09
57	34.51	42.68	45.41	53.31	64.70	116.09	208.24
58	33.99	42.01	44.69	52.20	62.86	112.87	201.83
59	33.47	41.34	43.97	51.15	61.06	109.62	195.35
60	33.05	40.80	43.38	50.37	59.59	106.75	189.62
61	32.88	40.56	43.10	50.10	58.72	104.70	185.54
62	33.06	40.77	43.32	50.59	58.68	103.91	183.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.05	14.09	15.31	19.22	28.51	59.13	104.93
26	11.45	14.64	15.94	20.03	29.64	60.98	108.08
27	11.89	15.26	16.61	20.92	30.82	62.85	111.26
28	12.38	15.92	17.34	21.87	32.04	64.76	114.45
29	12.88	16.62	18.13	22.88	33.30	66.69	117.66
30	13.42	17.36	18.95	23.95	34.61	68.66	120.93
31	14.00	18.15	19.84	25.06	35.95	70.67	124.25
32	14.62	18.97	20.75	26.23	37.33	72.71	127.65
33	15.24	19.82	21.69	27.41	38.75	74.79	131.10
34	15.89	20.70	22.68	28.64	40.21	76.91	134.65
35	16.59	21.61	23.69	29.91	41.71	79.07	138.30
36	17.29	22.55	24.73	31.19	43.23	81.32	142.07
37	18.03	23.51	25.81	32.51	44.78	83.57	145.97
38	18.78	24.49	26.91	33.85	46.35	85.93	150.07
39	19.55	25.50	28.04	35.21	47.94	88.34	154.31
40	20.34	26.53	29.20	36.59	49.55	90.78	158.68
41	21.16	27.59	30.38	37.97	51.19	93.27	163.18
42	21.99	28.66	31.59	39.38	52.85	95.80	167.81
43	23.03	29.90	32.84	40.82	54.61	98.43	172.74
44	24.11	31.15	34.12	42.27	56.37	101.09	177.73
45	25.20	32.43	35.40	43.71	58.09	103.70	182.74
46	26.31	33.70	36.68	45.14	59.74	106.27	187.69
47	27.42	34.97	37.95	46.51	61.31	108.77	192.54
48	28.50	36.23	39.25	47.92	62.79	111.29	197.55
49	29.55	37.45	40.51	49.25	64.13	113.64	202.26
50	30.56	38.61	41.71	50.49	65.29	115.78	206.54
51	31.53	39.70	42.82	51.61	66.25	117.59	210.24
52	32.42	40.69	43.83	52.59	66.98	119.05	213.25
53	33.20	41.54	44.68	53.33	67.30	119.91	215.05
54	33.83	42.23	45.37	53.92	67.37	120.31	215.96
55	34.29	42.76	45.86	54.31	67.19	120.26	215.95
56	34.63	43.13	46.18	54.50	66.75	119.71	214.93
57	34.86	43.33	46.31	54.50	66.08	118.66	212.90
58	34.34	42.65	45.58	53.37	64.20	115.37	206.40
59	33.79	41.94	44.79	52.25	62.31	111.96	199.65
60	33.33	41.33	44.11	51.34	60.69	108.80	193.39
61	33.09	40.98	43.68	50.87	59.56	106.30	188.47
62	33.19	41.02	43.66	51.04	59.18	104.87	185.66
63				53.22	61.07		
64				56.19	63.89		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.28	14.56	16.02	20.21	29.98	62.38	110.83
26	11.68	15.14	16.68	21.06	31.16	64.32	114.14
27	12.13	15.77	17.38	21.99	32.39	66.28	117.46
28	12.63	16.45	18.14	22.99	33.68	68.27	120.79
29	13.14	17.18	18.96	24.05	34.99	70.29	124.14
30	13.70	17.95	19.83	25.16	36.35	72.33	127.54
31	14.29	18.76	20.75	26.33	37.75	74.42	130.97
32	14.91	19.60	21.69	27.54	39.19	76.54	134.47
33	15.55	20.48	22.67	28.78	40.66	78.68	138.03
34	16.22	21.38	23.69	30.05	42.17	80.87	141.67
35	16.92	22.31	24.73	31.37	43.71	83.08	145.41
36	17.63	23.27	25.81	32.70	45.28	85.37	149.26
37	18.38	24.25	26.92	34.06	46.86	87.67	153.21
38	19.14	25.25	28.05	35.43	48.47	90.06	157.37
39	19.93	26.28	29.21	36.83	50.10	92.49	161.66
40	20.72	27.32	30.38	38.24	51.73	94.96	166.06
41	21.55	28.40	31.59	39.65	53.39	97.44	170.57
42	22.38	29.48	32.81	41.07	55.05	99.97	175.19
43	23.44	30.73	34.07	42.53	56.83	102.59	180.10
44	24.52	31.99	35.36	43.98	58.58	105.20	185.05
45	25.61	33.26	36.64	45.41	60.28	107.77	189.95
46	26.72	34.53	37.91	46.82	61.91	110.25	194.77
47	27.83	35.79	39.16	48.16	63.42	112.64	199.43
48	28.90	37.03	40.42	49.51	64.83	115.00	204.18
49	29.93	38.21	41.63	50.77	66.06	117.17	208.57
50	30.93	39.34	42.77	51.93	67.10	119.07	212.45
51	31.87	40.37	43.81	52.94	67.92	120.63	215.70
52	32.73	41.31	44.73	53.79	68.48	121.78	218.18
53	33.47	42.08	45.45	54.37	68.58	122.23	219.25
54	34.08	42.69	46.01	54.77	68.42	122.20	219.38
55	34.49	43.11	46.36	54.96	67.99	121.72	218.59
56	34.78	43.39	46.54	54.98	67.33	120.75	216.84
57	34.95	43.50	46.55	54.80	66.45	119.32	214.13
58	34.35	42.68	45.61	53.42	64.26	115.48	206.55
59	33.75	41.86	44.68	52.09	62.14	111.64	198.97
60	33.26	41.19	43.92	51.08	60.40	108.26	192.31
61	33.04	40.86	43.52	50.65	59.32	105.84	187.57
62	33.19	41.02	43.66	51.04	59.18	104.87	185.66
63	34.49	42.71	45.48				
64	36.25	44.99	47.95				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.17	15.43	16.68	20.90	31.03	64.26	113.97
26	12.61	16.04	17.36	21.78	32.24	66.25	117.37
27	13.09	16.70	18.09	22.73	33.51	68.26	120.78
28	13.62	17.42	18.88	23.75	34.83	70.31	124.21
29	14.17	18.19	19.72	24.84	36.19	72.39	127.65
30	14.77	18.99	20.62	25.99	37.60	74.50	131.16
31	15.41	19.85	21.57	27.18	39.04	76.65	134.71
32	16.07	20.74	22.55	28.44	40.53	78.84	138.33
33	16.76	21.66	23.56	29.71	42.05	81.06	142.02
34	17.47	22.61	24.62	31.03	43.62	83.33	145.80
35	18.23	23.60	25.70	32.39	45.22	85.63	149.69
36	18.99	24.61	26.83	33.76	46.85	88.01	153.70
37	19.80	25.65	27.98	35.17	48.50	90.41	157.83
38	20.62	26.72	29.16	36.60	50.18	92.91	162.17
39	21.47	27.81	30.38	38.04	51.88	95.46	166.67
40	22.32	28.92	31.60	39.51	53.59	98.05	171.29
41	23.22	30.06	32.87	40.98	55.33	100.67	176.04
42	24.12	31.21	34.16	42.47	57.09	103.34	180.92
43	25.26	32.55	35.48	44.00	58.96	106.11	186.11
44	26.43	33.89	36.84	45.53	60.81	108.89	191.36
45	27.62	35.27	38.20	47.04	62.62	111.63	196.60
46	28.82	36.63	39.56	48.54	64.36	114.31	201.78
47	30.03	38.00	40.90	49.98	66.00	116.91	206.84
48	31.20	39.34	42.26	51.44	67.53	119.51	212.03
49	32.34	40.64	43.59	52.81	68.91	121.93	216.89
50	33.44	41.88	44.85	54.10	70.10	124.11	221.30
51	34.48	43.04	46.02	55.26	71.08	125.97	225.11
52	35.44	44.10	47.08	56.27	71.82	127.46	228.20
53	36.28	44.99	47.97	57.03	72.11	128.29	229.97
54	36.93	45.69	48.70	57.63	72.16	128.67	230.85
55	37.43	46.26	49.23	58.05	71.95	128.61	230.82
56	37.82	46.69	49.60	58.29	71.52	128.08	229.85
57	38.08	46.94	49.80	58.35	70.87	127.09	227.93
58	37.52	46.21	49.01	57.14	68.85	123.56	220.87
59	36.95	45.49	48.24	56.01	66.91	120.06	213.87
60	36.51	44.94	47.66	55.25	65.40	117.09	207.89
61	36.36	44.76	47.47	55.11	64.61	115.14	203.99
62	36.63	45.11	47.87	55.87	64.83	114.75	203.14
63						119.01	211.49
64						125.18	223.64

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.21	15.52	16.81	21.08	31.29	64.84	115.02
26	12.65	16.13	17.50	21.97	32.52	66.85	118.46
27	13.14	16.80	18.24	22.93	33.80	68.89	121.92
28	13.67	17.53	19.04	23.97	35.14	70.97	125.39
29	14.23	18.30	19.89	25.07	36.51	73.07	128.88
30	14.83	19.11	20.80	26.24	37.94	75.22	132.44
31	15.47	19.98	21.76	27.44	39.40	77.40	136.05
32	16.14	20.88	22.75	28.72	40.91	79.62	139.73
33	16.83	21.80	23.78	30.01	42.45	81.88	143.48
34	17.55	22.77	24.85	31.35	44.04	84.18	147.32
35	18.31	23.76	25.95	32.73	45.67	86.52	151.28
36	19.08	24.79	27.09	34.12	47.32	88.95	155.36
37	19.89	25.84	28.26	35.55	49.00	91.39	159.57
38	20.72	26.92	29.46	37.00	50.71	93.94	164.00
39	21.57	28.02	30.69	38.47	52.44	96.54	168.59
40	22.43	29.14	31.94	39.97	54.18	99.18	173.30
41	23.34	30.30	33.23	41.46	55.95	101.85	178.15
42	24.24	31.46	34.54	42.98	57.74	104.58	183.13
43	25.39	32.82	35.88	44.54	59.65	107.41	188.44
44	26.57	34.18	37.27	46.11	61.54	110.26	193.81
45	27.77	35.57	38.65	47.65	63.39	113.07	199.18
46	28.98	36.95	40.04	49.18	65.17	115.82	204.48
47	30.21	38.34	41.41	50.66	66.85	118.49	209.68
48	31.39	39.70	42.80	52.16	68.43	121.17	215.02
49	32.54	41.03	44.16	53.57	69.85	123.67	220.03
50	33.65	42.29	45.45	54.90	71.08	125.92	224.58
51	34.70	43.47	46.64	56.09	72.09	127.85	228.51
52	35.67	44.54	47.73	57.13	72.86	129.39	231.70
53	36.52	45.46	48.64	57.92	73.18	130.27	233.56
54	37.19	46.18	49.38	58.54	73.24	130.67	234.49
55	37.70	46.76	49.92	58.97	73.03	130.61	234.47
56	38.08	47.18	50.28	59.20	72.58	130.05	233.43
57	38.34	47.42	50.46	59.23	71.89	128.99	231.38
58	37.77	46.68	49.66	58.00	69.84	125.41	224.25
59	37.19	45.93	48.85	56.83	67.84	121.80	217.05
60	36.72	45.33	48.20	55.97	66.21	118.61	210.69
61	36.53	45.07	47.89	55.67	65.24	116.33	206.16
62	36.73	45.30	48.13	56.21	65.20	115.46	204.40

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.28	15.66	17.01	21.36	31.68	65.70	116.59
26	12.72	16.27	17.71	22.26	32.93	67.75	120.09
27	13.21	16.95	18.46	23.24	34.24	69.83	123.62
28	13.75	17.69	19.27	24.30	35.60	71.95	127.17
29	14.31	18.47	20.14	25.42	37.00	74.10	130.73
30	14.91	19.29	21.06	26.61	38.45	76.29	134.37
31	15.56	20.17	22.04	27.84	39.94	78.52	138.06
32	16.24	21.08	23.06	29.14	41.48	80.79	141.83
33	16.93	22.02	24.10	30.46	43.06	83.10	145.67
34	17.66	23.00	25.20	31.82	44.68	85.46	149.61
35	18.43	24.01	26.32	33.23	46.34	87.86	153.67
36	19.21	25.05	27.48	34.66	48.03	90.35	157.86
37	20.03	26.12	28.68	36.12	49.75	92.86	162.19
38	20.87	27.21	29.90	37.61	51.50	95.48	166.74
39	21.72	28.33	31.16	39.12	53.27	98.15	171.46
40	22.60	29.48	32.44	40.65	55.06	100.87	176.31
41	23.51	30.65	33.76	42.19	56.88	103.63	181.31
42	24.43	31.84	35.10	43.75	58.72	106.44	186.45
43	25.59	33.22	36.49	45.36	60.68	109.37	191.93
44	26.79	34.61	37.91	46.97	62.63	112.32	197.48
45	28.00	36.03	39.33	48.57	64.54	115.22	203.04
46	29.23	37.44	40.75	50.15	66.38	118.08	208.54
47	30.47	38.86	42.17	51.68	68.12	120.85	213.93
48	31.67	40.25	43.61	53.24	69.77	123.66	219.50
49	32.83	41.61	45.01	54.72	71.25	126.27	224.73
50	33.96	42.90	46.34	56.10	72.54	128.64	229.49
51	35.03	44.11	47.58	57.34	73.61	130.66	233.60
52	36.02	45.21	48.70	58.43	74.42	132.28	236.94
53	36.89	46.16	49.64	59.26	74.78	133.23	238.94
54	37.59	46.92	50.41	59.91	74.86	133.68	239.96
55	38.10	47.51	50.96	60.34	74.65	133.62	239.94
56	38.48	47.92	51.31	60.56	74.17	133.01	238.81
57	38.73	48.14	51.46	60.55	73.42	131.84	236.56
58	38.15	47.39	50.64	59.30	71.33	128.19	229.33
59	37.54	46.60	49.77	58.05	69.23	124.40	221.83
60	37.03	45.92	49.01	57.04	67.43	120.89	214.88
61	36.77	45.53	48.53	56.52	66.18	118.11	209.41
62	36.88	45.58	48.51	56.71	65.75	116.52	206.29
63				59.13	67.86		
64				62.43	70.99		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	12.53	16.18	17.80	22.46	33.31	69.31	123.14
26	12.98	16.82	18.53	23.40	34.62	71.47	126.82
27	13.48	17.52	19.31	24.43	35.99	73.64	130.51
28	14.03	18.28	20.16	25.54	37.42	75.86	134.21
29	14.60	19.09	21.07	26.72	38.88	78.10	137.93
30	15.22	19.94	22.03	27.96	40.39	80.37	141.71
31	15.88	20.84	23.05	29.25	41.94	82.69	145.52
32	16.57	21.78	24.10	30.60	43.54	85.04	149.41
33	17.28	22.75	25.19	31.98	45.18	87.42	153.37
34	18.02	23.75	26.32	33.39	46.86	89.85	157.41
35	18.80	24.79	27.48	34.86	48.57	92.31	161.57
36	19.59	25.85	28.68	36.33	50.31	94.85	165.84
37	20.42	26.94	29.91	37.84	52.07	97.41	170.23
38	21.27	28.06	31.17	39.37	53.86	100.07	174.85
39	22.14	29.20	32.46	40.92	55.67	102.77	179.62
40	23.02	30.36	33.76	42.49	57.48	105.51	184.51
41	23.94	31.55	35.10	44.05	59.32	108.27	189.52
42	24.87	32.75	36.46	45.63	61.17	111.08	194.65
43	26.04	34.14	37.86	47.25	63.14	113.99	200.11
44	27.24	35.54	39.29	48.87	65.09	116.89	205.61
45	28.46	36.96	40.71	50.46	66.98	119.74	211.06
46	29.69	38.37	42.12	52.02	68.79	122.50	216.41
47	30.92	39.77	43.51	53.51	70.47	125.15	221.59
48	32.11	41.14	44.91	55.01	72.03	127.78	226.87
49	33.26	42.46	46.26	56.41	73.40	130.19	231.74
50	34.37	43.71	47.52	57.70	74.56	132.30	236.06
51	35.41	44.86	48.68	58.82	75.47	134.03	239.67
52	36.37	45.90	49.70	59.77	76.09	135.31	242.42
53	37.19	46.75	50.50	60.41	76.20	135.81	243.61
54	37.87	47.43	51.12	60.85	76.02	135.78	243.76
55	38.32	47.90	51.51	61.07	75.54	135.24	242.88
56	38.64	48.21	51.71	61.09	74.81	134.17	240.93
57	38.83	48.33	51.72	60.89	73.83	132.58	237.92
58	38.17	47.42	50.68	59.35	71.40	128.31	229.50
59	37.50	46.51	49.64	57.88	69.04	124.04	221.08
60	36.96	45.77	48.80	56.76	67.11	120.29	213.68
61	36.71	45.40	48.35	56.28	65.91	117.60	208.41
62	36.88	45.58	48.51	56.71	65.75	116.52	206.29
63	38.32	47.45	50.53				
64	40.28	49.99	53.28				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.80	12.32	13.26	16.66	24.60	50.71	89.50
26	10.16	12.80	13.79	17.36	25.57	52.33	92.26
27	10.54	13.32	14.37	18.12	26.58	53.95	95.02
28	10.94	13.89	14.99	18.92	27.62	55.58	97.78
29	11.39	14.49	15.64	19.77	28.68	57.24	100.54
30	11.85	15.12	16.34	20.66	29.79	58.91	103.29
31	12.35	15.78	17.06	21.60	30.92	60.59	106.08
32	12.85	16.46	17.82	22.57	32.07	62.29	108.89
33	13.38	17.16	18.59	23.55	33.23	64.01	111.74
34	13.93	17.89	19.40	24.57	34.43	65.74	114.62
35	14.51	18.64	20.22	25.60	35.64	67.49	117.56
36	15.08	19.41	21.08	26.64	36.87	69.26	120.56
37	15.70	20.20	21.94	27.70	38.11	71.06	123.62
38	16.31	20.99	22.82	28.77	39.36	72.90	126.84
39	16.95	21.80	23.72	29.84	40.61	74.77	130.11
40	17.58	22.63	24.62	30.92	41.86	76.64	133.46
41	18.24	23.45	25.55	32.00	43.12	78.53	136.87
42	18.90	24.30	26.48	33.08	44.38	80.41	140.34
43	19.73	25.26	27.43	34.17	45.70	82.36	143.99
44	20.59	26.24	28.40	35.25	47.00	84.29	147.65
45	21.46	27.22	29.36	36.32	48.25	86.16	151.26
46	22.32	28.19	30.32	37.35	49.44	87.98	154.80
47	23.19	29.16	31.25	38.35	50.54	89.70	158.22
48	23.99	30.07	32.18	39.30	51.49	91.35	161.56
49	24.80	30.96	33.07	40.19	52.34	92.86	164.67
50	25.56	31.81	33.92	41.04	53.06	94.22	167.49
51	26.30	32.62	34.72	41.81	53.66	95.39	169.95
52	26.99	33.37	35.48	42.50	54.11	96.36	171.99
53	27.65	34.08	36.20	43.09	54.35	97.03	173.41
54	28.20	34.68	36.83	43.61	54.46	97.45	174.30
55	28.65	35.20	37.34	44.02	54.42	97.61	174.66
56	29.04	35.64	37.76	44.34	54.27	97.50	174.43
57	29.35	35.98	38.07	44.56	53.98	97.07	173.60
58	29.08	35.63	37.70	43.88	52.74	94.90	169.13
59	28.82	35.30	37.36	43.27	51.61	92.76	164.75
60	28.66	35.10	37.16	42.98	50.79	91.02	161.15
61	28.69	35.18	37.25	43.15	50.53	90.03	159.06
62	29.03	35.62	37.75	44.00	51.02	90.14	159.17
63						93.50	165.73
64						98.22	175.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.84	12.40	13.37	16.82	24.83	51.23	90.44
26	10.20	12.88	13.91	17.53	25.82	52.87	93.24
27	10.58	13.41	14.51	18.30	26.84	54.51	96.05
28	10.99	13.99	15.13	19.12	27.90	56.18	98.84
29	11.44	14.59	15.80	19.98	28.97	57.85	101.65
30	11.91	15.23	16.51	20.89	30.10	59.55	104.45
31	12.40	15.89	17.24	21.83	31.24	61.26	107.29
32	12.92	16.59	18.00	22.82	32.41	62.99	110.15
33	13.45	17.29	18.79	23.82	33.59	64.75	113.05
34	14.00	18.04	19.60	24.86	34.81	66.50	115.99
35	14.58	18.78	20.45	25.90	36.05	68.29	118.99
36	15.17	19.58	21.31	26.96	37.30	70.11	122.05
37	15.78	20.37	22.19	28.04	38.56	71.94	125.19
38	16.40	21.17	23.09	29.13	39.83	73.83	128.48
39	17.04	21.99	23.99	30.22	41.11	75.74	131.84
40	17.68	22.82	24.93	31.33	42.39	77.66	135.27
41	18.35	23.67	25.88	32.43	43.68	79.60	138.77
42	19.01	24.53	26.82	33.54	44.96	81.52	142.33
43	19.85	25.51	27.79	34.66	46.32	83.53	146.09
44	20.72	26.50	28.79	35.78	47.66	85.52	149.85
45	21.59	27.49	29.76	36.86	48.94	87.45	153.59
46	22.46	28.48	30.75	37.93	50.17	89.33	157.23
47	23.36	29.47	31.71	38.96	51.31	91.13	160.78
48	24.17	30.39	32.66	39.95	52.30	92.84	164.25
49	24.98	31.31	33.58	40.88	53.19	94.43	167.50
50	25.75	32.18	34.46	41.76	53.95	95.85	170.44
51	26.50	33.00	35.28	42.56	54.57	97.08	173.01
52	27.20	33.77	36.06	43.27	55.04	98.10	175.14
53	27.86	34.50	36.80	43.89	55.31	98.81	176.64
54	28.43	35.12	37.44	44.42	55.43	99.25	177.58
55	28.89	35.65	37.96	44.85	55.40	99.41	177.95
56	29.28	36.08	38.37	45.16	55.22	99.27	177.65
57	29.58	36.41	38.66	45.35	54.90	98.78	176.71
58	29.30	36.05	38.29	44.65	53.63	96.56	172.17
59	29.03	35.69	37.91	44.01	52.44	94.33	167.62
60	28.85	35.45	37.65	43.62	51.52	92.39	163.67
61	28.85	35.46	37.63	43.65	51.09	91.10	161.01
62	29.12	35.79	37.98	44.31	51.35	90.78	160.30

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.90	12.53	13.55	17.07	25.18	52.00	91.85
26	10.26	13.01	14.10	17.79	26.19	53.68	94.71
27	10.65	13.55	14.71	18.58	27.23	55.36	97.58
28	11.06	14.13	15.34	19.41	28.31	57.06	100.44
29	11.51	14.74	16.02	20.30	29.41	58.78	103.31
30	11.98	15.39	16.74	21.22	30.56	60.52	106.18
31	12.48	16.07	17.49	22.19	31.73	62.27	109.10
32	13.01	16.77	18.28	23.20	32.92	64.04	112.04
33	13.54	17.49	19.08	24.23	34.14	65.84	115.02
34	14.10	18.24	19.92	25.28	35.39	67.65	118.05
35	14.69	19.01	20.78	26.35	36.65	69.50	121.14
36	15.28	19.81	21.66	27.45	37.94	71.37	124.30
37	15.90	20.62	22.57	28.56	39.23	73.26	127.55
38	16.53	21.43	23.48	29.68	40.55	75.21	130.95
39	17.17	22.27	24.42	30.81	41.86	77.19	134.42
40	17.83	23.13	25.38	31.94	43.18	79.18	137.98
41	18.50	23.99	26.35	33.08	44.51	81.20	141.62
42	19.18	24.87	27.32	34.24	45.85	83.20	145.31
43	20.03	25.87	28.34	35.40	47.25	85.29	149.23
44	20.92	26.88	29.37	36.55	48.64	87.37	153.15
45	21.80	27.90	30.38	37.69	49.98	89.39	157.06
46	22.69	28.92	31.39	38.80	51.26	91.37	160.88
47	23.59	29.93	32.39	39.88	52.45	93.25	164.60
48	24.42	30.89	33.39	40.92	53.51	95.09	168.28
49	25.24	31.83	34.34	41.91	54.45	96.77	171.73
50	26.03	32.72	35.26	42.84	55.26	98.30	174.86
51	26.79	33.58	36.13	43.69	55.94	99.61	177.59
52	27.51	34.37	36.94	44.44	56.45	100.70	179.86
53	28.20	35.13	37.70	45.10	56.75	101.48	181.49
54	28.79	35.78	38.37	45.66	56.89	101.96	182.50
55	29.25	36.32	38.90	46.08	56.85	102.12	182.87
56	29.64	36.75	39.29	46.39	56.66	101.93	182.49
57	29.93	37.06	39.56	46.54	56.28	101.35	181.37
58	29.65	36.69	39.17	45.82	54.97	99.06	176.74
59	29.35	36.30	38.74	45.11	53.69	96.67	171.92
60	29.12	35.98	38.38	44.59	52.61	94.44	167.44
61	29.06	35.87	38.21	44.42	51.94	92.70	163.94
62	29.26	36.05	38.32	44.76	51.85	91.74	162.00
63				46.65	53.51		
64				49.18	55.91		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.13	13.00	14.27	18.06	26.65	55.25	97.75
26	10.49	13.50	14.84	18.82	27.71	57.02	100.76
27	10.89	14.06	15.47	19.65	28.81	58.79	103.78
28	11.31	14.66	16.14	20.53	29.95	60.58	106.78
29	11.77	15.30	16.86	21.47	31.10	62.38	109.79
30	12.26	15.98	17.61	22.44	32.30	64.19	112.79
31	12.77	16.67	18.40	23.46	33.53	66.02	115.81
32	13.30	17.40	19.22	24.52	34.78	67.87	118.86
33	13.85	18.14	20.06	25.60	36.05	69.73	121.95
34	14.43	18.92	20.93	26.69	37.35	71.60	125.07
35	15.02	19.71	21.83	27.82	38.66	73.50	128.25
36	15.62	20.53	22.74	28.95	39.99	75.42	131.48
37	16.25	21.36	23.68	30.11	41.32	77.36	134.78
38	16.89	22.19	24.62	31.27	42.67	79.34	138.25
39	17.55	23.05	25.59	32.43	44.02	81.35	141.77
40	18.21	23.92	26.57	33.60	45.36	83.36	145.36
41	18.89	24.80	27.56	34.76	46.71	85.37	149.00
42	19.58	25.69	28.55	35.93	48.05	87.37	152.69
43	20.43	26.69	29.57	37.10	49.46	89.45	156.59
44	21.32	27.72	30.61	38.26	50.85	91.49	160.47
45	22.21	28.74	31.62	39.39	52.17	93.46	164.28
46	23.10	29.75	32.63	40.48	53.42	95.35	167.97
47	23.99	30.75	33.60	41.53	54.57	97.12	171.50
48	24.81	31.69	34.56	42.52	55.54	98.79	174.92
49	25.62	32.60	35.47	43.43	56.39	100.30	178.04
50	26.40	33.45	36.32	44.28	57.08	101.59	180.77
51	27.14	34.25	37.12	45.02	57.61	102.65	183.05
52	27.83	34.99	37.84	45.65	57.95	103.43	184.79
53	28.47	35.66	38.48	46.13	58.03	103.80	185.69
54	29.04	36.23	39.01	46.50	57.93	103.85	185.92
55	29.45	36.68	39.39	46.74	57.65	103.58	185.52
56	29.78	37.01	39.65	46.86	57.23	102.98	184.40
57	30.02	37.23	39.80	46.85	56.65	102.02	182.59
58	29.66	36.72	39.20	45.86	55.04	99.17	176.90
59	29.31	36.22	38.62	44.96	53.52	96.35	171.24
60	29.06	35.85	38.19	44.33	52.33	93.90	166.36
61	29.01	35.76	38.04	44.20	51.70	92.24	163.04
62	29.26	36.05	38.32	44.76	51.85	91.74	162.00
63	30.38	37.50	39.91				
64	31.89	39.46	42.02				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	10.89	13.69	14.73	18.51	27.33	56.34	99.44
26	11.29	14.22	15.32	19.29	28.41	58.14	102.51
27	11.71	14.80	15.97	20.13	29.53	59.94	105.58
28	12.16	15.43	16.65	21.02	30.69	61.76	108.64
29	12.65	16.10	17.38	21.97	31.87	63.60	111.71
30	13.17	16.80	18.16	22.96	33.10	65.45	114.77
31	13.72	17.53	18.96	24.00	34.35	67.32	117.87
32	14.28	18.29	19.80	25.08	35.63	69.21	120.99
33	14.87	19.07	20.66	26.17	36.92	71.12	124.15
34	15.48	19.88	21.55	27.30	38.26	73.04	127.36
35	16.12	20.71	22.47	28.44	39.60	74.99	130.62
36	16.76	21.57	23.42	29.60	40.97	76.96	133.95
37	17.44	22.44	24.38	30.78	42.34	78.95	137.36
38	18.12	23.32	25.35	31.97	43.73	81.00	140.93
39	18.83	24.22	26.35	33.15	45.12	83.08	144.57
40	19.53	25.14	27.36	34.35	46.51	85.16	148.29
41	20.27	26.06	28.39	35.55	47.91	87.26	152.08
42	21.00	27.00	29.42	36.76	49.31	89.34	155.93
43	21.92	28.07	30.48	37.97	50.78	91.51	159.99
44	22.88	29.15	31.56	39.17	52.22	93.65	164.05
45	23.84	30.24	32.62	40.35	53.61	95.73	168.07
46	24.80	31.32	33.69	41.50	54.93	97.75	172.00
47	25.77	32.40	34.72	42.61	56.16	99.67	175.80
48	26.66	33.41	35.75	43.67	57.21	101.50	179.51
49	27.55	34.40	36.74	44.66	58.16	103.18	182.97
50	28.40	35.34	37.69	45.60	58.96	104.69	186.10
51	29.22	36.24	38.58	46.46	59.62	105.99	188.83
52	29.99	37.08	39.42	47.22	60.12	107.07	191.10
53	30.72	37.87	40.22	47.88	60.39	107.81	192.68
54	31.33	38.53	40.92	48.45	60.51	108.28	193.67
55	31.83	39.11	41.49	48.91	60.47	108.46	194.07
56	32.27	39.60	41.95	49.27	60.30	108.33	193.81
57	32.61	39.98	42.30	49.51	59.98	107.86	192.89
58	32.31	39.59	41.89	48.75	58.60	105.44	187.92
59	32.02	39.22	41.51	48.08	57.34	103.07	183.06
60	31.84	39.00	41.29	47.75	56.43	101.13	179.05
61	31.88	39.09	41.39	47.94	56.14	100.03	176.73
62	32.26	39.58	41.94	48.89	56.69	100.16	176.85
63						103.89	184.14
64						109.13	194.50

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.93	13.78	14.86	18.69	27.59	56.92	100.49
26	11.33	14.31	15.46	19.48	28.69	58.74	103.60
27	11.76	14.90	16.12	20.33	29.82	60.57	106.72
28	12.21	15.54	16.81	21.24	31.00	62.42	109.82
29	12.71	16.21	17.55	22.20	32.19	64.28	112.94
30	13.23	16.92	18.34	23.21	33.44	66.17	116.05
31	13.78	17.66	19.15	24.26	34.71	68.07	119.21
32	14.35	18.43	20.00	25.36	36.01	69.99	122.39
33	14.94	19.21	20.88	26.47	37.32	71.94	125.61
34	15.56	20.04	21.78	27.62	38.68	73.89	128.88
35	16.20	20.87	22.72	28.78	40.05	75.88	132.21
36	16.85	21.75	23.68	29.96	41.44	77.90	135.61
37	17.53	22.63	24.66	31.16	42.84	79.93	139.10
38	18.22	23.52	25.65	32.37	44.26	82.03	142.76
39	18.93	24.43	26.66	33.58	45.68	84.16	146.49
40	19.64	25.36	27.70	34.81	47.10	86.29	150.30
41	20.39	26.30	28.75	36.03	48.53	88.44	154.19
42	21.12	27.25	29.80	37.27	49.96	90.58	158.14
43	22.05	28.34	30.88	38.51	51.47	92.81	162.32
44	23.02	29.44	31.99	39.75	52.95	95.02	166.50
45	23.99	30.54	33.07	40.96	54.38	97.17	170.65
46	24.96	31.64	34.17	42.14	55.74	99.26	174.70
47	25.95	32.74	35.23	43.29	57.01	101.25	178.64
48	26.85	33.77	36.29	44.39	58.11	103.16	182.50
49	27.75	34.79	37.31	45.42	59.10	104.92	186.11
50	28.61	35.75	38.29	46.40	59.94	106.50	189.38
51	29.44	36.67	39.20	47.29	60.63	107.87	192.23
52	30.22	37.52	40.07	48.08	61.16	109.00	194.60
53	30.96	38.33	40.89	48.77	61.46	109.79	196.27
54	31.59	39.02	41.60	49.36	61.59	110.28	197.31
55	32.10	39.61	42.18	49.83	61.55	110.46	197.72
56	32.53	40.09	42.63	50.18	61.36	110.30	197.39
57	32.87	40.46	42.96	50.39	61.00	109.76	196.34
58	32.56	40.06	42.54	49.61	59.59	107.29	191.30
59	32.26	39.66	42.12	48.90	58.27	104.81	186.24
60	32.05	39.39	41.83	48.47	57.24	102.65	181.85
61	32.05	39.40	41.81	48.50	56.77	101.22	178.90
62	32.36	39.77	42.20	49.23	57.06	100.87	178.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.00	13.92	15.06	18.97	27.98	57.78	102.06
26	11.40	14.45	15.67	19.77	29.10	59.64	105.23
27	11.83	15.05	16.34	20.64	30.26	61.51	108.42
28	12.29	15.70	17.04	21.57	31.46	63.40	111.60
29	12.79	16.38	17.80	22.55	32.68	65.31	114.79
30	13.31	17.10	18.60	23.58	33.95	67.24	117.98
31	13.87	17.85	19.43	24.66	35.25	69.19	121.22
32	14.45	18.63	20.31	25.78	36.58	71.16	124.49
33	15.04	19.43	21.20	26.92	37.93	73.16	127.80
34	15.67	20.27	22.13	28.09	39.32	75.17	131.17
35	16.32	21.12	23.09	29.28	40.72	77.22	134.60
36	16.98	22.01	24.07	30.50	42.15	79.30	138.11
37	17.67	22.91	25.08	31.73	43.59	81.40	141.72
38	18.37	23.81	26.09	32.98	45.05	83.57	145.50
39	19.08	24.74	27.13	34.23	46.51	85.77	149.36
40	19.81	25.70	28.20	35.49	47.98	87.98	153.31
41	20.56	26.65	29.28	36.76	49.46	90.22	157.35
42	21.31	27.63	30.36	38.04	50.94	92.44	161.46
43	22.25	28.74	31.49	39.33	52.50	94.77	165.81
44	23.24	29.87	32.63	40.61	54.04	97.08	170.17
45	24.22	31.00	33.75	41.88	55.53	99.32	174.51
46	25.21	32.13	34.88	43.11	56.95	101.52	178.76
47	26.21	33.26	35.99	44.31	58.28	103.61	182.89
48	27.13	34.32	37.10	45.47	59.45	105.65	186.98
49	28.04	35.37	38.16	46.57	60.50	107.52	190.81
50	28.92	36.36	39.18	47.60	61.40	109.22	194.29
51	29.77	37.31	40.14	48.54	62.15	110.68	197.32
52	30.57	38.19	41.04	49.38	62.72	111.89	199.84
53	31.33	39.03	41.89	50.11	63.06	112.75	201.65
54	31.99	39.76	42.63	50.73	63.21	113.29	202.78
55	32.50	40.36	43.22	51.20	63.17	113.47	203.19
56	32.93	40.83	43.66	51.54	62.95	113.26	202.77
57	33.26	41.18	43.96	51.71	62.53	112.61	201.52
58	32.94	40.77	43.52	50.91	61.08	110.07	196.38
59	32.61	40.33	43.04	50.12	59.66	107.41	191.02
60	32.36	39.98	42.64	49.54	58.46	104.93	186.04
61	32.29	39.86	42.45	49.35	57.71	103.00	182.15
62	32.51	40.05	42.58	49.73	57.61	101.93	180.00
63				51.83	59.46		
64				54.64	62.12		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.25	14.44	15.85	20.07	29.61	61.39	108.61
26	11.66	15.00	16.49	20.91	30.79	63.36	111.96
27	12.10	15.62	17.19	21.83	32.01	65.32	115.31
28	12.57	16.29	17.93	22.81	33.28	67.31	118.64
29	13.08	17.00	18.73	23.85	34.56	69.31	121.99
30	13.62	17.75	19.57	24.93	35.89	71.32	125.32
31	14.19	18.52	20.44	26.07	37.25	73.36	128.68
32	14.78	19.33	21.35	27.24	38.64	75.41	132.07
33	15.39	20.16	22.29	28.44	40.05	77.48	135.50
34	16.03	21.02	23.25	29.66	41.50	79.56	138.97
35	16.69	21.90	24.25	30.91	42.95	81.67	142.50
36	17.36	22.81	25.27	32.17	44.43	83.80	146.09
37	18.06	23.73	26.31	33.45	45.91	85.95	149.76
38	18.77	24.66	27.36	34.74	47.41	88.16	153.61
39	19.50	25.61	28.43	36.03	48.91	90.39	157.52
40	20.23	26.58	29.52	37.33	50.40	92.62	161.51
41	20.99	27.55	30.62	38.62	51.90	94.86	165.56
42	21.75	28.54	31.72	39.92	53.39	97.08	169.66
43	22.70	29.66	32.86	41.22	54.96	99.39	173.99
44	23.69	30.80	34.01	42.51	56.50	101.65	178.30
45	24.68	31.93	35.13	43.77	57.97	103.84	182.53
46	25.67	33.06	36.25	44.98	59.36	105.94	186.63
47	26.66	34.17	37.33	46.14	60.63	107.91	190.55
48	27.57	35.21	38.40	47.24	61.71	109.77	194.35
49	28.47	36.22	39.41	48.26	62.65	111.44	197.82
50	29.33	37.17	40.36	49.20	63.42	112.88	200.86
51	30.15	38.06	41.24	50.02	64.01	114.05	203.39
52	30.92	38.88	42.04	50.72	64.39	114.92	205.32
53	31.63	39.62	42.75	51.26	64.48	115.33	206.32
54	32.27	40.26	43.34	51.67	64.37	115.39	206.58
55	32.72	40.75	43.77	51.93	64.06	115.09	206.13
56	33.09	41.12	44.06	52.07	63.59	114.42	204.89
57	33.36	41.37	44.22	52.05	62.94	113.35	202.88
58	32.96	40.80	43.56	50.96	61.15	110.19	196.55
59	32.57	40.24	42.91	49.95	59.47	107.05	190.27
60	32.29	39.83	42.43	49.26	58.14	104.33	184.84
61	32.23	39.73	42.27	49.11	57.44	102.49	181.15
62	32.51	40.05	42.58	49.73	57.61	101.93	180.00
63	33.76	41.67	44.34				
64	35.43	43.84	46.69				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	30.50	40.72	45.06	55.70	70.87	121.68	212.59
26	31.63	42.30	46.83	57.95	73.44	125.24	218.71
27	32.82	43.96	48.68	60.29	76.08	128.77	224.71
28	34.08	45.69	50.61	62.74	78.77	132.27	230.61
29	35.40	47.49	52.62	65.28	81.52	135.75	236.43
30	36.75	49.36	54.71	67.88	84.31	139.21	242.21
31	38.16	51.27	56.84	70.54	87.13	142.67	247.98
32	39.60	53.22	59.01	73.25	89.98	146.12	253.76
33	41.05	55.16	61.19	75.93	92.86	149.54	259.54
34	42.54	57.15	63.40	78.65	95.77	152.97	265.41
35	44.06	59.14	65.64	81.38	98.67	156.45	271.42
36	45.61	61.17	67.90	84.12	101.57	159.98	277.61
37	47.20	63.23	70.20	86.89	104.46	163.57	284.02
38	48.80	65.29	72.50	89.63	107.28	167.28	290.85
39	50.41	67.38	74.83	92.39	110.07	171.07	297.95
40	52.07	69.50	77.19	95.17	112.85	174.96	305.33
41	53.74	71.64	79.61	97.95	115.61	178.93	313.04
42	55.46	73.84	82.05	100.77	118.36	183.01	321.04
43	57.70	76.40	84.57	103.66	121.12	187.30	329.71
44	59.99	79.01	87.15	106.58	123.86	191.66	338.62
45	62.32	81.67	89.74	109.50	126.57	196.07	347.72
46	64.70	84.38	92.37	112.46	129.25	200.51	356.90
47	67.14	87.11	95.01	115.40	131.89	204.94	366.13
48	69.53	89.88	97.82	118.53	134.54	209.62	376.06
49	71.92	92.62	100.59	121.59	137.13	214.17	385.68
50	74.27	95.32	103.29	124.57	139.63	218.50	394.74
51	76.55	97.91	105.89	127.40	141.99	222.50	402.98
52	78.73	100.36	108.31	130.03	144.22	226.05	410.14
53	80.91	102.83	110.73	132.63	146.71	229.39	416.08
54	82.88	105.00	112.85	134.89	148.91	232.01	420.38
55	84.59	106.84	114.59	136.71	150.67	233.77	422.78
56	85.95	108.24	115.84	137.96	151.88	234.48	422.95
57	86.88	109.12	116.52	138.56	152.37	233.94	420.62
58	87.06	109.14	116.49	138.31	151.96	232.02	415.53
59	86.66	108.50	115.70	137.21	150.61	228.54	407.35
60	85.63	107.05	114.06	135.21	148.20	223.31	395.82
61	83.79	104.72	111.52	132.17	144.65	216.15	380.63
62	81.21	101.48	108.01	128.05	139.82	206.90	361.51
63						195.40	338.16
64						181.45	310.28
65						164.89	277.60
66						145.54	239.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	30.54	40.80	45.18	55.86	71.10	122.20	213.53
26	31.66	42.38	46.95	58.12	73.69	125.78	219.69
27	32.87	44.05	48.82	60.47	76.34	129.34	225.74
28	34.13	45.78	50.75	62.94	79.05	132.87	231.67
29	35.44	47.59	52.78	65.48	81.81	136.36	237.54
30	36.80	49.46	54.87	68.10	84.62	139.86	243.36
31	38.21	51.39	57.01	70.78	87.45	143.34	249.18
32	39.65	53.34	59.19	73.50	90.32	146.82	255.02
33	41.11	55.30	61.39	76.20	93.22	150.27	260.86
34	42.62	57.29	63.60	78.94	96.15	153.74	266.78
35	44.14	59.28	65.85	81.68	99.07	157.25	272.85
36	45.68	61.34	68.13	84.45	102.00	160.82	279.10
37	47.28	63.40	70.45	87.23	104.91	164.45	285.59
38	48.89	65.47	72.77	89.99	107.76	168.21	292.50
39	50.50	67.57	75.11	92.77	110.57	172.04	299.68
40	52.16	69.70	77.50	95.58	113.38	175.98	307.14
41	53.85	71.86	79.93	98.38	116.17	179.99	314.94
42	55.57	74.06	82.40	101.23	118.94	184.12	323.03
43	57.82	76.64	84.93	104.15	121.74	188.47	331.80
44	60.11	79.27	87.53	107.10	124.52	192.89	340.82
45	62.45	81.95	90.14	110.05	127.26	197.37	350.04
46	64.85	84.66	92.80	113.03	129.98	201.87	359.33
47	67.30	87.42	95.47	116.01	132.65	206.36	368.69
48	69.71	90.21	98.31	119.18	135.35	211.11	378.75
49	72.10	92.97	101.11	122.27	137.98	215.74	388.50
50	74.46	95.69	103.83	125.29	140.51	220.13	397.69
51	76.75	98.30	106.44	128.15	142.90	224.19	406.04
52	78.94	100.76	108.89	130.81	145.15	227.79	413.29
53	81.13	103.24	111.33	133.43	147.67	231.17	419.31
54	83.11	105.44	113.46	135.71	149.89	233.81	423.66
55	84.82	107.27	115.21	137.54	151.64	235.57	426.06
56	86.18	108.67	116.45	138.78	152.83	236.25	426.17
57	87.09	109.53	117.12	139.35	153.29	235.65	423.73
58	87.27	109.56	117.07	139.09	152.85	233.69	418.57
59	86.86	108.89	116.26	137.95	151.44	230.10	410.21
60	85.81	107.39	114.54	135.86	148.93	224.68	398.34
61	83.93	104.99	111.90	132.68	145.22	217.22	382.58
62	81.29	101.64	108.23	128.36	140.16	207.54	362.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	30.60	40.91	45.36	56.12	71.45	122.98	214.95
26	31.73	42.51	47.14	58.38	74.06	126.59	221.16
27	32.93	44.17	49.01	60.75	76.73	130.19	227.27
28	34.20	45.93	50.97	63.23	79.46	133.75	233.27
29	35.51	47.75	53.00	65.80	82.25	137.29	239.20
30	36.88	49.63	55.11	68.44	85.08	140.82	245.10
31	38.30	51.56	57.26	71.14	87.94	144.35	250.99
32	39.74	53.52	59.47	73.88	90.84	147.87	256.91
33	41.21	55.49	61.68	76.61	93.77	151.37	262.83
34	42.71	57.49	63.92	79.36	96.72	154.89	268.84
35	44.24	59.51	66.19	82.13	99.68	158.45	275.00
36	45.80	61.57	68.49	84.93	102.64	162.08	281.35
37	47.40	63.65	70.82	87.74	105.59	165.77	287.95
38	49.01	65.74	73.16	90.54	108.47	169.60	294.97
39	50.64	67.85	75.54	93.36	111.32	173.49	302.27
40	52.31	70.00	77.95	96.19	114.17	177.50	309.85
41	54.01	72.18	80.41	99.04	117.01	181.59	317.78
42	55.74	74.40	82.90	101.93	119.83	185.80	326.02
43	58.00	77.00	85.48	104.89	122.67	190.23	334.94
44	60.31	79.66	88.10	107.87	125.50	194.74	344.12
45	62.66	82.36	90.76	110.88	128.30	199.31	353.51
46	65.07	85.10	93.45	113.90	131.07	203.90	362.99
47	67.54	87.89	96.16	116.93	133.79	208.49	372.51
48	69.96	90.70	99.03	120.15	136.56	213.35	382.78
49	72.36	93.50	101.87	123.31	139.24	218.08	392.73
50	74.75	96.25	104.64	126.37	141.82	222.58	402.11
51	77.05	98.87	107.29	129.28	144.27	226.72	410.63
52	79.25	101.37	109.76	131.98	146.56	230.39	418.01
53	81.45	103.87	112.23	134.64	149.11	233.84	424.15
54	83.44	106.07	114.39	136.94	151.34	236.52	428.58
55	85.16	107.92	116.15	138.77	153.10	238.28	430.98
56	86.51	109.31	117.38	140.00	154.26	238.91	431.01
57	87.43	110.15	118.02	140.54	154.67	238.21	428.39
58	87.59	110.17	117.95	140.26	154.19	236.19	423.14
59	87.17	109.47	117.09	139.05	152.69	232.44	414.51
60	86.07	107.90	115.27	136.82	150.03	226.73	402.11
61	84.13	105.39	112.47	133.44	146.06	218.83	385.51
62	81.41	101.88	108.58	128.81	140.65	208.49	364.35
63				122.80	133.66		
64				115.33	124.95		
65				106.26	114.36		
66				95.50	101.78		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	30.84	41.43	46.13	57.19	73.03	126.44	221.21
26	31.99	43.05	47.94	59.51	75.70	130.17	227.62
27	33.20	44.74	49.86	61.93	78.44	133.87	233.91
28	34.48	46.52	51.85	64.47	81.23	137.54	240.09
29	35.81	48.37	53.93	67.09	84.10	141.19	246.21
30	37.19	50.27	56.08	69.79	86.99	144.83	252.28
31	38.62	52.24	58.28	72.55	89.93	148.46	258.34
32	40.09	54.23	60.53	75.37	92.90	152.09	264.41
33	41.56	56.23	62.78	78.16	95.90	155.69	270.50
34	43.08	58.27	65.07	80.97	98.93	159.31	276.68
35	44.63	60.32	67.39	83.81	101.95	162.97	283.00
36	46.21	62.41	69.74	86.68	104.98	166.69	289.50
37	47.82	64.52	72.13	89.55	108.00	170.47	296.24
38	49.45	66.64	74.51	92.41	110.94	174.38	303.42
39	51.09	68.79	76.93	95.29	113.86	178.37	310.87
40	52.78	70.97	79.39	98.18	116.77	182.46	318.61
41	54.49	73.17	81.89	101.09	119.66	186.62	326.67
42	56.23	75.42	84.43	104.02	122.53	190.90	335.04
43	58.51	78.06	87.05	107.04	125.43	195.41	344.11
44	60.84	80.74	89.71	110.08	128.30	199.97	353.40
45	63.21	83.47	92.40	113.12	131.15	204.59	362.88
46	65.64	86.24	95.12	116.18	133.95	209.21	372.43
47	68.11	89.04	97.85	119.23	136.69	213.80	381.99
48	70.54	91.87	100.74	122.46	139.46	218.66	392.26
49	72.95	94.67	103.59	125.63	142.12	223.34	402.17
50	75.34	97.42	106.35	128.67	144.67	227.77	411.44
51	77.64	100.04	108.99	131.56	147.07	231.82	419.81
52	79.84	102.52	111.44	134.22	149.28	235.36	426.99
53	82.04	104.99	113.86	136.81	151.71	238.61	432.77
54	84.01	107.15	115.96	139.02	153.82	241.06	436.79
55	85.70	108.95	117.64	140.75	155.43	242.57	438.75
56	87.02	110.30	118.80	141.89	156.45	242.96	438.33
57	87.91	111.09	119.36	142.32	156.71	241.99	435.25
58	88.05	111.05	119.22	141.94	156.10	239.73	429.56
59	87.60	110.30	118.29	140.64	154.48	235.77	420.53
60	86.48	108.69	116.42	138.33	151.70	229.88	407.76
61	84.53	106.16	113.56	134.89	147.65	221.82	390.88
62	81.80	102.62	109.64	130.21	142.18	211.39	369.50
63	78.09	97.90	104.55				
64	73.49	92.01	98.21				
65	67.91	84.86	90.50				
66	61.30	76.38	81.36				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	33.89	45.24	50.07	61.89	78.74	135.20	236.21
26	35.14	47.00	52.03	64.39	81.60	139.16	243.01
27	36.47	48.84	54.09	66.99	84.53	143.08	249.68
28	37.87	50.77	56.23	69.71	87.52	146.97	256.23
29	39.33	52.77	58.47	72.53	90.58	150.83	262.70
30	40.83	54.84	60.79	75.42	93.68	154.68	269.12
31	42.40	56.97	63.15	78.38	96.81	158.52	275.53
32	44.00	59.13	65.57	81.39	99.98	162.35	281.95
33	45.61	61.29	67.99	84.37	103.18	166.15	288.38
34	47.27	63.50	70.44	87.39	106.41	169.97	294.90
35	48.96	65.71	72.93	90.42	109.63	173.83	301.58
36	50.68	67.97	75.44	93.47	112.86	177.75	308.45
37	52.44	70.26	78.00	96.54	116.07	181.74	315.58
38	54.22	72.54	80.55	99.59	119.20	185.87	323.17
39	56.01	74.87	83.14	102.65	122.30	190.08	331.06
40	57.85	77.22	85.77	105.74	125.39	194.40	339.26
41	59.71	79.60	88.45	108.83	128.46	198.81	347.82
42	61.62	82.04	91.17	111.97	131.51	203.34	356.71
43	64.11	84.89	93.97	115.18	134.58	208.11	366.34
44	66.65	87.79	96.83	118.42	137.62	212.95	376.24
45	69.24	90.74	99.71	121.67	140.63	217.86	386.35
46	71.89	93.75	102.63	124.95	143.61	222.79	396.56
47	74.60	96.79	105.57	128.22	146.54	227.71	406.81
48	77.26	99.87	108.69	131.70	149.49	232.91	417.84
49	79.91	102.91	111.77	135.10	152.37	237.97	428.53
50	82.52	105.91	114.77	138.41	155.14	242.78	438.60
51	85.06	108.79	117.65	141.56	157.77	247.22	447.76
52	87.48	111.51	120.34	144.48	160.24	251.17	455.71
53	89.90	114.25	123.03	147.37	163.01	254.88	462.31
54	92.09	116.67	125.39	149.88	165.46	257.79	467.09
55	93.99	118.71	127.32	151.90	167.41	259.74	469.75
56	95.50	120.27	128.71	153.29	168.75	260.53	469.94
57	96.53	121.24	129.47	153.95	169.30	259.93	467.36
58	96.73	121.27	129.43	153.68	168.84	257.80	461.70
59	96.29	120.56	128.56	152.46	167.34	253.93	452.61
60	95.14	118.94	126.73	150.23	164.67	248.12	439.80
61	93.10	116.36	123.91	146.86	160.72	240.17	422.92
62	90.23	112.75	120.01	142.28	155.36	229.89	401.68
63						217.11	375.73
64						201.61	344.76
65						183.21	308.44
66						161.71	266.48

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	33.93	45.33	50.20	62.07	79.00	135.78	237.26
26	35.18	47.09	52.17	64.58	81.88	139.76	244.10
27	36.52	48.94	54.24	67.19	84.82	143.71	250.82
28	37.92	50.87	56.39	69.93	87.83	147.63	257.41
29	39.38	52.88	58.64	72.76	90.90	151.51	263.93
30	40.89	54.96	60.97	75.67	94.02	155.40	270.40
31	42.46	57.10	63.34	78.64	97.17	159.27	276.87
32	44.06	59.27	65.77	81.67	100.36	163.13	283.35
33	45.68	61.44	68.21	84.67	103.58	166.97	289.84
34	47.35	63.65	70.67	87.71	106.83	170.82	296.42
35	49.04	65.87	73.17	90.76	110.08	174.72	303.17
36	50.76	68.15	75.70	93.83	113.33	178.69	310.11
37	52.53	70.44	78.28	96.92	116.57	182.72	317.32
38	54.32	72.74	80.85	99.99	119.73	186.90	325.00
39	56.11	75.08	83.46	103.08	122.86	191.16	332.98
40	57.96	77.44	86.11	106.20	125.98	195.53	341.27
41	59.83	79.84	88.81	109.31	129.08	199.99	349.93
42	61.74	82.29	91.55	112.48	132.16	204.58	358.92
43	64.24	85.16	94.37	115.72	135.27	209.41	368.67
44	66.79	88.08	97.25	119.00	138.35	214.32	378.69
45	69.39	91.05	100.16	122.28	141.40	219.30	388.93
46	72.05	94.07	103.11	125.59	144.42	224.30	399.26
47	74.78	97.13	106.08	128.90	147.39	229.29	409.65
48	77.45	100.23	109.23	132.42	150.39	234.57	420.83
49	80.11	103.30	112.34	135.86	153.31	239.71	431.67
50	82.73	106.32	115.37	139.21	156.12	244.59	441.88
51	85.28	109.22	118.27	142.39	158.78	249.10	451.16
52	87.71	111.96	120.99	145.34	161.28	253.10	459.21
53	90.14	114.71	123.70	148.26	164.08	256.86	465.90
54	92.34	117.15	126.07	150.79	166.54	259.79	470.73
55	94.24	119.19	128.01	152.82	168.49	261.74	473.40
56	95.75	120.74	129.39	154.20	169.81	262.50	473.52
57	96.77	121.70	130.13	154.83	170.32	261.83	470.81
58	96.97	121.73	130.08	154.54	169.83	259.65	465.08
59	96.51	120.99	129.18	153.28	168.27	255.67	455.79
60	95.34	119.32	127.27	150.95	165.48	249.64	442.60
61	93.25	116.66	124.33	147.42	161.35	241.36	425.09
62	90.32	112.93	120.26	142.62	155.73	230.60	402.94

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	34.00	45.46	50.40	62.35	79.39	136.64	238.83
26	35.25	47.23	52.38	64.87	82.29	140.66	245.73
27	36.59	49.08	54.46	67.50	85.26	144.65	252.52
28	38.00	51.03	56.63	70.26	88.29	148.61	259.19
29	39.46	53.05	58.89	73.11	91.39	152.54	265.78
30	40.98	55.14	61.23	76.04	94.53	156.47	272.33
31	42.55	57.29	63.62	79.04	97.71	160.39	278.88
32	44.16	59.47	66.08	82.09	100.93	164.30	285.45
33	45.79	61.66	68.53	85.12	104.19	168.19	292.03
34	47.46	63.88	71.02	88.18	107.47	172.10	298.71
35	49.16	66.12	73.54	91.26	110.75	176.06	305.56
36	50.89	68.41	76.10	94.37	114.04	180.09	312.61
37	52.67	70.72	78.69	97.49	117.32	184.19	319.94
38	54.46	73.04	81.29	100.60	120.52	188.44	327.74
39	56.27	75.39	83.93	103.73	123.69	192.77	335.85
40	58.12	77.78	86.61	106.88	126.86	197.22	344.28
41	60.01	80.20	89.34	110.04	130.01	201.77	353.09
42	61.93	82.67	92.11	113.25	133.14	206.44	362.24
43	64.44	85.56	94.98	116.54	136.30	211.37	372.16
44	67.01	88.51	97.89	119.86	139.44	216.38	382.36
45	69.62	91.51	100.84	123.20	142.55	221.45	392.79
46	72.30	94.56	103.83	126.56	145.63	226.56	403.32
47	75.04	97.65	106.84	129.92	148.66	231.65	413.90
48	77.73	100.78	110.03	133.50	151.73	237.06	425.31
49	80.40	103.89	113.19	137.01	154.71	242.31	436.37
50	83.05	106.94	116.27	140.41	157.58	247.31	446.79
51	85.61	109.86	119.21	143.64	160.30	251.91	456.25
52	88.05	112.63	121.96	146.64	162.84	255.99	464.45
53	90.50	115.41	124.70	149.60	165.68	259.82	471.28
54	92.71	117.86	127.10	152.16	168.16	262.80	476.20
55	94.62	119.91	129.05	154.19	170.11	264.75	478.87
56	96.12	121.45	130.42	155.56	171.40	265.46	478.90
57	97.14	122.39	131.13	156.15	171.85	264.68	475.99
58	97.32	122.41	131.06	155.84	171.32	262.43	470.16
59	96.85	121.63	130.10	154.50	169.66	258.27	460.57
60	95.63	119.89	128.08	152.02	166.70	251.92	446.79
61	93.48	117.10	124.97	148.27	162.29	243.14	428.34
62	90.46	113.20	120.64	143.12	156.28	231.66	404.83
63				136.44	148.51		
64				128.14	138.83		
65				118.07	127.07		
66				106.11	113.09		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	34.27	46.03	51.25	63.54	81.14	140.49	245.79
26	35.54	47.83	53.27	66.12	84.11	144.63	252.91
27	36.89	49.71	55.40	68.81	87.16	148.74	259.90
28	38.31	51.69	57.61	71.63	90.26	152.82	266.77
29	39.79	53.74	59.92	74.54	93.44	156.88	273.57
30	41.32	55.86	62.31	77.54	96.66	160.92	280.31
31	42.91	58.04	64.75	80.61	99.92	164.96	287.04
32	44.54	60.26	67.26	83.74	103.22	168.99	293.79
33	46.18	62.48	69.76	86.84	106.56	172.99	300.56
34	47.87	64.74	72.30	89.97	109.92	177.01	307.42
35	49.59	67.02	74.88	93.12	113.28	181.08	314.44
36	51.34	69.34	77.49	96.31	116.64	185.21	321.67
37	53.13	71.69	80.14	99.50	120.00	189.41	329.16
38	54.94	74.04	82.79	102.68	123.27	193.76	337.13
39	56.77	76.43	85.48	105.88	126.51	198.19	345.41
40	58.64	78.85	88.21	109.09	129.74	202.73	354.01
41	60.54	81.30	90.99	112.32	132.96	207.36	362.97
42	62.48	83.80	93.81	115.58	136.14	212.11	372.27
43	65.01	86.73	96.72	118.93	139.37	217.12	382.34
44	67.60	89.71	99.68	122.31	142.56	222.19	392.67
45	70.23	92.74	102.67	125.69	145.72	227.32	403.20
46	72.93	95.82	105.69	129.09	148.83	232.45	413.81
47	75.68	98.93	108.72	132.48	151.88	237.56	424.43
48	78.38	102.08	111.93	136.07	154.95	242.95	435.84
49	81.06	105.19	115.10	139.59	157.91	248.16	446.85
50	83.71	108.24	118.17	142.97	160.74	253.08	457.16
51	86.27	111.16	121.10	146.18	163.41	257.58	466.46
52	88.71	113.91	123.82	149.13	165.87	261.51	474.43
53	91.15	116.65	126.51	152.01	168.57	265.12	480.86
54	93.34	119.06	128.84	154.47	170.91	267.84	485.32
55	95.22	121.06	130.71	156.39	172.70	269.52	487.50
56	96.69	122.55	132.00	157.65	173.83	269.95	487.03
57	97.68	123.43	132.62	158.13	174.12	268.88	483.61
58	97.83	123.39	132.47	157.71	173.44	266.37	477.29
59	97.33	122.56	131.43	156.27	171.64	261.97	467.25
60	96.09	120.77	129.35	153.70	168.56	255.42	453.07
61	93.92	117.95	126.18	149.88	164.05	246.47	434.31
62	90.89	114.02	121.82	144.68	157.98	234.88	410.56
63	86.77	108.78	116.17				
64	81.65	102.23	109.12				
65	75.45	94.29	100.56				
66	68.11	84.87	90.40				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.28	18.46	20.12	25.16	35.65	70.53	125.66
26	14.82	19.22	20.96	26.24	37.04	72.64	129.25
27	15.43	20.04	21.87	27.42	38.51	74.82	132.90
28	16.08	20.93	22.87	28.69	40.06	77.06	136.63
29	16.79	21.91	23.94	30.07	41.66	79.36	140.46
30	17.55	22.94	25.09	31.53	43.34	81.75	144.40
31	18.37	24.04	26.31	33.07	45.06	84.21	148.46
32	19.23	25.20	27.59	34.69	46.87	86.75	152.69
33	20.13	26.40	28.92	36.35	48.73	89.38	157.07
34	21.07	27.66	30.30	38.09	50.66	92.10	161.62
35	22.07	28.96	31.76	39.90	52.65	94.91	166.40
36	23.10	30.32	33.27	41.75	54.70	97.86	171.41
37	24.19	31.74	34.85	43.69	56.82	100.92	176.68
38	25.32	33.20	36.48	45.66	58.99	104.12	182.28
39	26.49	34.73	38.17	47.69	61.23	107.44	188.15
40	27.71	36.31	39.92	49.80	63.54	110.91	194.35
41	28.98	37.94	41.75	51.96	65.93	114.50	200.83
42	30.30	39.65	43.64	54.19	68.39	118.22	207.62
43	31.95	41.61	45.64	56.53	71.06	122.18	214.96
44	33.66	43.64	47.71	58.93	73.79	126.24	222.56
45	35.45	45.73	49.82	61.37	76.55	130.41	230.38
46	37.29	47.90	52.00	63.87	79.31	134.63	238.39
47	39.20	50.10	54.23	66.40	82.04	138.90	246.55
48	41.14	52.40	56.60	69.09	84.83	143.50	255.39
49	43.09	54.69	58.98	71.76	87.53	148.01	264.14
50	45.04	56.98	61.32	74.38	90.07	152.35	272.57
51	46.95	59.19	63.59	76.90	92.40	156.45	280.49
52	48.79	61.31	65.75	79.25	94.48	160.17	287.68
53	50.62	63.40	67.86	81.53	96.26	163.58	294.14
54	52.25	65.28	69.74	83.55	97.70	166.40	299.42
55	53.46	66.83	71.27	85.25	98.71	168.53	303.30
56	54.43	68.09	72.47	86.54	99.26	169.82	305.51
57	55.10	68.96	73.27	87.37	99.28	170.17	305.82
58	55.26	69.25	73.53	87.59	98.64	169.44	303.98
59	55.04	69.07	73.30	87.22	97.39	167.52	299.75
60	54.41	68.34	72.50	86.22	95.49	164.28	292.86
61	53.31	67.03	71.09	84.52	92.93	159.57	283.10
62	51.70	65.08	69.04	82.11	89.66	153.30	270.20
63						145.32	253.90
64						135.52	233.98
65						123.79	210.19
66						109.96	182.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.32	18.54	20.24	25.32	35.88	71.06	126.60
26	14.86	19.30	21.09	26.41	37.30	73.18	130.23
27	15.47	20.13	22.01	27.60	38.77	75.38	133.93
28	16.13	21.02	23.01	28.89	40.34	77.65	137.69
29	16.84	22.01	24.09	30.28	41.95	79.97	141.57
30	17.60	23.05	25.25	31.75	43.64	82.40	145.55
31	18.42	24.16	26.48	33.30	45.39	84.89	149.67
32	19.29	25.33	27.77	34.94	47.21	87.45	153.95
33	20.20	26.53	29.12	36.62	49.09	90.12	158.38
34	21.14	27.79	30.51	38.38	51.04	92.86	162.99
35	22.14	29.11	31.98	40.20	53.06	95.72	167.83
36	23.18	30.48	33.51	42.08	55.13	98.70	172.90
37	24.27	31.91	35.10	44.03	57.27	101.80	178.25
38	25.41	33.38	36.75	46.02	59.46	105.05	183.92
39	26.58	34.92	38.46	48.08	61.73	108.41	189.88
40	27.81	36.50	40.23	50.21	64.07	111.92	196.16
41	29.09	38.15	42.08	52.39	66.48	115.56	202.73
42	30.41	39.87	43.98	54.65	68.98	119.33	209.61
43	32.07	41.85	46.00	57.02	71.69	123.35	217.05
44	33.79	43.90	48.09	59.45	74.45	127.48	224.77
45	35.59	46.01	50.23	61.92	77.24	131.71	232.70
46	37.43	48.19	52.43	64.45	80.04	135.99	240.82
47	39.37	50.41	54.68	67.01	82.81	140.32	249.10
48	41.31	52.72	57.09	69.74	85.64	144.99	258.08
49	43.27	55.04	59.49	72.44	88.37	149.57	266.97
50	45.23	57.35	61.86	75.10	90.95	153.98	275.52
51	47.15	59.58	64.14	77.64	93.31	158.14	283.55
52	49.00	61.71	66.33	80.02	95.42	161.91	290.83
53	50.83	63.81	68.46	82.33	97.23	165.36	297.37
54	52.48	65.71	70.35	84.37	98.67	168.20	302.70
55	53.69	67.27	71.89	86.08	99.68	170.33	306.59
56	54.66	68.52	73.08	87.36	100.22	171.59	308.74
57	55.31	69.37	73.86	88.16	100.20	171.88	308.93
58	55.48	69.66	74.12	88.36	99.53	171.11	307.03
59	55.24	69.45	73.85	87.96	98.23	169.08	302.61
60	54.59	68.68	72.98	86.87	96.22	165.65	295.38
61	53.44	67.30	71.47	85.02	93.49	160.64	285.05
62	51.78	65.24	69.26	82.41	89.99	153.94	271.33

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.38	18.66	20.42	25.57	36.23	71.83	128.02
26	14.92	19.42	21.28	26.67	37.67	73.99	131.70
27	15.53	20.26	22.20	27.88	39.17	76.23	135.46
28	16.20	21.17	23.23	29.19	40.75	78.53	139.29
29	16.91	22.16	24.32	30.59	42.39	80.90	143.24
30	17.69	23.21	25.49	32.09	44.10	83.36	147.29
31	18.50	24.33	26.73	33.66	45.87	85.90	151.48
32	19.38	25.51	28.04	35.32	47.73	88.51	155.84
33	20.30	26.73	29.40	37.03	49.64	91.22	160.35
34	21.24	28.00	30.83	38.80	51.62	94.01	165.05
35	22.25	29.33	32.31	40.65	53.66	96.92	169.98
36	23.29	30.72	33.87	42.56	55.76	99.96	175.15
37	24.40	32.16	35.47	44.54	57.94	103.12	180.60
38	25.53	33.65	37.14	46.57	60.17	106.43	186.39
39	26.72	35.20	38.88	48.66	62.48	109.86	192.47
40	27.95	36.81	40.68	50.82	64.86	113.45	198.86
41	29.25	38.48	42.55	53.05	67.32	117.16	205.57
42	30.58	40.21	44.49	55.34	69.86	121.01	212.60
43	32.25	42.21	46.55	57.75	72.61	125.11	220.19
44	33.98	44.29	48.66	60.23	75.43	129.33	228.07
45	35.79	46.42	50.84	62.75	78.27	133.64	236.18
46	37.66	48.63	53.08	65.32	81.13	138.02	244.48
47	39.60	50.88	55.37	67.93	83.95	142.44	252.93
48	41.56	53.22	57.81	70.71	86.85	147.23	262.12
49	43.53	55.58	60.26	73.48	89.63	151.91	271.20
50	45.51	57.91	62.67	76.18	92.27	156.43	279.94
51	47.45	60.16	64.99	78.77	94.68	160.67	288.13
52	49.30	62.32	67.20	81.19	96.82	164.51	295.54
53	51.16	64.44	69.36	83.54	98.67	168.02	302.21
54	52.81	66.35	71.28	85.60	100.13	170.91	307.62
55	54.03	67.91	72.83	87.31	101.14	173.03	311.51
56	54.99	69.16	74.01	88.59	101.65	174.26	313.58
57	55.65	69.99	74.76	89.35	101.57	174.45	313.59
58	55.79	70.27	75.00	89.53	100.87	173.61	311.60
59	55.55	70.03	74.68	89.06	99.48	171.42	306.91
60	54.85	69.19	73.71	87.83	97.32	167.70	299.15
61	53.65	67.70	72.05	85.79	94.34	162.24	287.97
62	51.90	65.48	69.61	82.86	90.49	154.89	273.03
63				78.97	85.69		
64				74.03	79.88		
65				67.96	73.02		
66				60.71	65.03		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	14.63	19.17	21.19	26.64	37.81	75.29	134.28
26	15.18	19.96	22.08	27.79	39.30	77.56	138.16
27	15.80	20.83	23.05	29.06	40.88	79.91	142.10
28	16.48	21.76	24.11	30.42	42.53	82.32	146.12
29	17.21	22.78	25.25	31.88	44.24	84.81	150.25
30	17.99	23.86	26.46	33.44	46.02	87.36	154.47
31	18.83	25.00	27.75	35.07	47.86	90.01	158.82
32	19.72	26.22	29.11	36.80	49.79	92.73	163.34
33	20.65	27.47	30.51	38.57	51.77	95.54	168.03
34	21.61	28.77	31.98	40.41	53.82	98.43	172.89
35	22.64	30.14	33.52	42.33	55.94	101.44	177.98
36	23.70	31.55	35.12	44.31	58.10	104.57	183.30
37	24.81	33.03	36.77	46.35	60.35	107.82	188.90
38	25.97	34.55	38.49	48.44	62.65	111.22	194.84
39	27.17	36.14	40.28	50.60	65.02	114.74	201.07
40	28.42	37.77	42.12	52.81	67.46	118.40	207.62
41	29.73	39.47	44.04	55.10	69.98	122.19	214.46
42	31.08	41.23	46.02	57.44	72.56	126.11	221.63
43	32.76	43.26	48.11	59.90	75.38	130.28	229.36
44	34.52	45.37	50.27	62.43	78.24	134.56	237.35
45	36.34	47.53	52.49	64.99	81.13	138.92	245.55
46	38.22	49.76	54.76	67.60	84.01	143.33	253.92
47	40.18	52.03	57.06	70.24	86.85	147.76	262.40
48	42.15	54.39	59.52	73.03	89.75	152.53	271.59
49	44.13	56.75	61.97	75.80	92.51	157.18	280.63
50	46.11	59.08	64.38	78.48	95.11	161.62	289.27
51	48.04	61.33	66.69	81.05	97.48	165.77	297.32
52	49.90	63.47	68.88	83.43	99.55	169.48	304.52
53	51.74	65.56	70.99	85.71	101.27	172.79	310.83
54	53.38	67.43	72.85	87.68	102.60	175.45	315.83
55	54.57	68.95	74.32	89.29	103.47	177.33	319.28
56	55.50	70.15	75.43	90.47	103.83	178.30	320.90
57	56.13	70.93	76.10	91.13	103.62	178.23	320.45
58	56.25	71.15	76.27	91.22	102.78	177.16	318.02
59	55.98	70.87	75.88	90.65	101.26	174.75	312.92
60	55.26	69.98	74.85	89.34	98.99	170.85	304.80
61	54.05	68.46	73.13	87.24	95.92	165.24	293.35
62	52.29	66.22	70.67	84.27	92.02	157.79	278.19
63	49.86	63.16	67.36				
64	46.80	59.27	63.16				
65	43.07	54.50	58.01				
66	38.63	48.77	51.84				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.87	20.51	22.36	27.95	39.61	78.37	139.62
26	16.47	21.35	23.29	29.15	41.16	80.71	143.61
27	17.14	22.27	24.30	30.47	42.79	83.13	147.67
28	17.87	23.26	25.41	31.88	44.51	85.62	151.81
29	18.66	24.34	26.60	33.41	46.29	88.18	156.07
30	19.50	25.49	27.88	35.03	48.15	90.83	160.44
31	20.41	26.71	29.23	36.74	50.07	93.57	164.96
32	21.37	28.00	30.65	38.54	52.08	96.39	169.65
33	22.37	29.33	32.13	40.39	54.14	99.31	174.52
34	23.41	30.73	33.67	42.32	56.29	102.33	179.58
35	24.52	32.18	35.29	44.33	58.50	105.46	184.89
36	25.67	33.69	36.97	46.39	60.78	108.73	190.45
37	26.88	35.27	38.72	48.54	63.13	112.13	196.31
38	28.13	36.89	40.53	50.73	65.54	115.69	202.53
39	29.43	38.59	42.41	52.99	68.03	119.38	209.06
40	30.79	40.34	44.36	55.33	70.60	123.23	215.94
41	32.20	42.15	46.39	57.73	73.25	127.22	223.14
42	33.67	44.05	48.49	60.21	75.99	131.35	230.69
43	35.50	46.23	50.71	62.81	78.96	135.75	238.84
44	37.40	48.49	53.01	65.48	81.99	140.27	247.29
45	39.39	50.81	55.36	68.19	85.05	144.90	255.98
46	41.43	53.22	57.78	70.97	88.12	149.59	264.88
47	43.56	55.67	60.25	73.78	91.16	154.33	273.94
48	45.71	58.22	62.89	76.77	94.26	159.44	283.77
49	47.88	60.77	65.53	79.73	97.25	164.45	293.49
50	50.04	63.31	68.13	82.64	100.08	169.28	302.85
51	52.17	65.77	70.65	85.44	102.67	173.83	311.65
52	54.21	68.12	73.05	88.05	104.98	177.97	319.64
53	56.24	70.44	75.40	90.59	106.96	181.75	326.82
54	58.06	72.53	77.49	92.83	108.55	184.89	332.69
55	59.40	74.26	79.19	94.72	109.68	187.25	337.00
56	60.48	75.66	80.52	96.16	110.29	188.69	339.46
57	61.22	76.62	81.41	97.08	110.31	189.08	339.80
58	61.40	76.94	81.70	97.32	109.60	188.27	337.76
59	61.16	76.74	81.44	96.91	108.21	186.13	333.05
60	60.45	75.93	80.55	95.80	106.10	182.53	325.40
61	59.23	74.48	78.99	93.91	103.25	177.30	314.55
62	57.44	72.31	76.71	91.23	99.62	170.33	300.22
63						161.47	282.11
64						150.58	259.98
65						137.54	233.54
66						122.18	202.53

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.91	20.60	22.49	28.13	39.87	78.95	140.67
26	16.51	21.44	23.43	29.34	41.44	81.31	144.70
27	17.19	22.37	24.45	30.67	43.08	83.76	148.81
28	17.92	23.36	25.57	32.10	44.82	86.28	152.99
29	18.71	24.45	26.77	33.64	46.61	88.86	157.30
30	19.56	25.61	28.06	35.28	48.49	91.55	161.72
31	20.47	26.84	29.42	37.00	50.43	94.32	166.30
32	21.43	28.14	30.85	38.82	52.46	97.17	171.05
33	22.44	29.48	32.35	40.69	54.54	100.13	175.98
34	23.49	30.88	33.90	42.64	56.71	103.18	181.10
35	24.60	32.34	35.53	44.67	58.95	106.35	186.48
36	25.75	33.87	37.23	46.75	61.25	109.67	192.11
37	26.97	35.45	39.00	48.92	63.63	113.11	198.05
38	28.23	37.09	40.83	51.13	66.07	116.72	204.36
39	29.53	38.80	42.73	53.42	68.59	120.46	210.98
40	30.90	40.56	44.70	55.79	71.19	124.36	217.95
41	32.32	42.39	46.75	58.21	73.87	128.40	225.25
42	33.79	44.30	48.87	60.72	76.64	132.59	232.90
43	35.63	46.50	51.11	63.35	79.65	137.05	241.17
44	37.54	48.78	53.43	66.06	82.72	141.64	249.74
45	39.54	51.12	55.81	68.80	85.82	146.34	258.56
46	41.59	53.54	58.26	71.61	88.93	151.10	267.58
47	43.74	56.01	60.76	74.46	92.01	155.91	276.78
48	45.90	58.58	63.43	77.49	95.16	161.10	286.76
49	48.08	61.16	66.10	80.49	98.19	166.19	296.63
50	50.25	63.72	68.73	83.44	101.06	171.09	306.13
51	52.39	66.20	71.27	86.27	103.68	175.71	315.05
52	54.44	68.57	73.70	88.91	106.02	179.90	323.14
53	56.48	70.90	76.07	91.48	108.03	183.73	330.41
54	58.31	73.01	78.17	93.74	109.63	186.89	336.33
55	59.65	74.74	79.88	95.64	110.76	189.25	340.65
56	60.73	76.13	81.20	97.07	111.35	190.66	343.04
57	61.46	77.08	82.07	97.96	111.33	190.98	343.25
58	61.64	77.40	82.35	98.18	110.59	190.12	341.14
59	61.38	77.17	82.06	97.73	109.14	187.87	336.23
60	60.65	76.31	81.09	96.52	106.91	184.05	328.20
61	59.38	74.78	79.41	94.47	103.88	178.49	316.72
62	57.53	72.49	76.96	91.57	99.99	171.04	301.48

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.98	20.73	22.69	28.41	40.26	79.81	142.24
26	16.58	21.58	23.64	29.63	41.85	82.21	146.33
27	17.26	22.51	24.67	30.98	43.52	84.70	150.51
28	18.00	23.52	25.81	32.43	45.28	87.26	154.77
29	18.79	24.62	27.02	33.99	47.10	89.89	159.15
30	19.65	25.79	28.32	35.65	49.00	92.62	163.65
31	20.56	27.03	29.70	37.40	50.97	95.44	168.31
32	21.53	28.34	31.16	39.24	53.03	98.34	173.15
33	22.55	29.70	32.67	41.14	55.15	101.35	178.17
34	23.60	31.11	34.25	43.11	57.35	104.46	183.39
35	24.72	32.59	35.90	45.17	59.62	107.69	188.87
36	25.88	34.13	37.63	47.29	61.96	111.07	194.61
37	27.11	35.73	39.41	49.49	64.38	114.58	200.67
38	28.37	37.39	41.27	51.74	66.86	118.26	207.10
39	29.69	39.11	43.20	54.07	69.42	122.07	213.85
40	31.06	40.90	45.20	56.47	72.07	126.05	220.96
41	32.50	42.75	47.28	58.94	74.80	130.18	228.41
42	33.98	44.68	49.43	61.49	77.62	134.45	236.22
43	35.83	46.90	51.72	64.17	80.68	139.01	244.66
44	37.76	49.21	54.07	66.92	83.81	143.70	253.41
45	39.77	51.58	56.49	69.72	86.97	148.49	262.42
46	41.84	54.03	58.98	72.58	90.14	153.36	271.64
47	44.00	56.53	61.52	75.48	93.28	158.27	281.03
48	46.18	59.13	64.23	78.57	96.50	163.59	291.24
49	48.37	61.75	66.95	81.64	99.59	168.79	301.33
50	50.57	64.34	69.63	84.64	102.52	173.81	311.04
51	52.72	66.84	72.21	87.52	105.20	178.52	320.14
52	54.78	69.24	74.67	90.21	107.58	182.79	328.38
53	56.84	71.60	77.07	92.82	109.63	186.69	335.79
54	58.68	73.72	79.20	95.11	111.25	189.90	341.80
55	60.03	75.46	80.92	97.01	112.38	192.26	346.12
56	61.10	76.84	82.23	98.43	112.94	193.62	348.42
57	61.83	77.77	83.07	99.28	112.86	193.83	348.43
58	61.99	78.08	83.33	99.48	112.08	192.90	346.22
59	61.72	77.81	82.98	98.95	110.53	190.47	341.01
60	60.94	76.88	81.90	97.59	108.13	186.33	332.39
61	59.61	75.22	80.05	95.32	104.82	180.27	319.97
62	57.67	72.76	77.34	92.07	100.54	172.10	303.37
63				87.74	95.21		
64				82.25	88.76		
65				75.51	81.13		
66				67.45	72.25		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.25	21.30	23.54	29.60	42.01	83.66	149.20
26	16.87	22.18	24.53	30.88	43.67	86.18	153.51
27	17.56	23.14	25.61	32.29	45.42	88.79	157.89
28	18.31	24.18	26.79	33.80	47.25	91.47	162.35
29	19.12	25.31	28.05	35.42	49.15	94.23	166.94
30	19.99	26.51	29.40	37.15	51.13	97.07	171.63
31	20.92	27.78	30.83	38.97	53.18	100.01	176.47
32	21.91	29.13	32.34	40.89	55.32	103.03	181.49
33	22.94	30.52	33.90	42.86	57.52	106.15	186.70
34	24.01	31.97	35.53	44.90	59.80	109.37	192.10
35	25.15	33.49	37.24	47.03	62.15	112.71	197.75
36	26.33	35.06	39.02	49.23	64.56	116.19	203.67
37	27.57	36.70	40.86	51.50	67.06	119.80	209.89
38	28.85	38.39	42.77	53.82	69.61	123.58	216.49
39	30.19	40.15	44.75	56.22	72.24	127.49	223.41
40	31.58	41.97	46.80	58.68	74.95	131.56	230.69
41	33.03	43.85	48.93	61.22	77.75	135.77	238.29
42	34.53	45.81	51.13	63.82	80.62	140.12	246.25
43	36.40	48.07	53.46	66.56	83.75	144.76	254.84
44	38.35	50.41	55.86	69.37	86.93	149.51	263.72
45	40.38	52.81	58.32	72.21	90.14	154.36	272.83
46	42.47	55.29	60.84	75.11	93.34	159.25	282.13
47	44.64	57.81	63.40	78.04	96.50	164.18	291.56
48	46.83	60.43	66.13	81.14	99.72	169.48	301.77
49	49.03	63.05	68.86	84.22	102.79	174.64	311.81
50	51.23	65.64	71.53	87.20	105.68	179.58	321.41
51	53.38	68.14	74.10	90.06	108.31	184.19	330.35
52	55.44	70.52	76.53	92.70	110.61	188.31	338.36
53	57.49	72.84	78.88	95.23	112.52	191.99	345.37
54	59.31	74.92	80.94	97.42	114.00	194.94	350.92
55	60.63	76.61	82.58	99.21	114.97	197.03	354.75
56	61.67	77.94	83.81	100.52	115.37	198.11	356.55
57	62.37	78.81	84.56	101.26	115.13	198.03	356.05
58	62.50	79.06	84.74	101.35	114.20	196.84	353.35
59	62.20	78.74	84.31	100.72	112.51	194.17	347.69
60	61.40	77.76	83.17	99.27	109.99	189.83	338.67
61	60.05	76.07	81.26	96.93	106.58	183.60	325.94
62	58.10	73.58	78.52	93.63	102.24	175.32	309.10
63	55.40	70.18	74.84				
64	52.00	65.85	70.18				
65	47.86	60.55	64.46				
66	42.92	54.19	57.60				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.29	15.71	17.05	21.37	31.74	65.70	116.85
26	12.75	16.36	17.76	22.29	33.01	67.76	120.36
27	13.28	17.06	18.53	23.30	34.35	69.88	123.93
28	13.83	17.83	19.37	24.39	35.75	72.04	127.56
29	14.45	18.64	20.28	25.57	37.22	74.28	131.27
30	15.08	19.52	21.26	26.80	38.74	76.56	135.07
31	15.78	20.45	22.28	28.11	40.32	78.93	139.00
32	16.51	21.42	23.36	29.48	41.96	81.37	143.05
33	17.26	22.43	24.48	30.89	43.64	83.87	147.23
34	18.06	23.51	25.65	32.36	45.41	86.46	151.58
35	18.90	24.60	26.87	33.89	47.22	89.15	156.12
36	19.78	25.75	28.14	35.46	49.10	91.93	160.87
37	20.69	26.95	29.47	37.09	51.03	94.82	165.84
38	21.65	28.17	30.83	38.75	53.01	97.84	171.13
39	22.63	29.46	32.25	40.46	55.05	100.96	176.66
40	23.65	30.77	33.71	42.23	57.16	104.21	182.45
41	24.71	32.14	35.24	44.04	59.32	107.58	188.51
42	25.82	33.57	36.81	45.91	61.56	111.04	194.85
43	27.21	35.20	38.48	47.86	63.97	114.72	201.67
44	28.64	36.89	40.19	49.86	66.43	118.50	208.72
45	30.13	38.63	41.95	51.89	68.90	122.35	215.97
46	31.66	40.42	43.74	53.95	71.36	126.24	223.35
47	33.25	42.26	45.57	56.03	73.80	130.16	230.83
48	34.85	44.15	47.52	58.24	76.26	134.34	238.91
49	36.46	46.02	49.46	60.41	78.64	138.46	246.87
50	38.06	47.89	51.36	62.53	80.86	142.37	254.48
51	39.63	49.69	53.21	64.57	82.88	146.03	261.60
52	41.13	51.41	54.95	66.47	84.68	149.34	268.01
53	42.58	53.06	56.63	68.25	86.17	152.24	273.59
54	43.83	54.48	58.11	69.83	87.34	154.61	278.07
55	44.88	55.71	59.32	71.15	88.15	156.33	281.30
56	45.76	56.70	60.26	72.15	88.53	157.29	283.03
57	46.39	57.40	60.90	72.79	88.49	157.40	283.10
58	46.61	57.64	61.13	72.95	87.86	156.56	281.31
59	46.53	57.51	60.97	72.68	86.72	154.66	277.44
60	46.13	57.00	60.39	71.95	85.07	151.60	271.32
61	45.38	56.04	59.38	70.71	82.86	147.29	262.76
62	44.24	54.63	57.88	68.97	80.10	141.60	251.54
63						134.45	237.47
64						125.73	220.35
65						115.35	199.99
66						103.19	176.19

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.33	15.80	17.16	21.53	31.98	66.22	117.79
26	12.79	16.44	17.88	22.46	33.26	68.30	121.34
27	13.32	17.15	18.67	23.48	34.61	70.44	124.96
28	13.88	17.92	19.51	24.59	36.03	72.63	128.62
29	14.49	18.74	20.43	25.78	37.50	74.89	132.37
30	15.14	19.63	21.42	27.03	39.04	77.21	136.22
31	15.83	20.57	22.45	28.34	40.64	79.61	140.20
32	16.56	21.55	23.54	29.73	42.30	82.07	144.31
33	17.33	22.56	24.68	31.16	44.00	84.61	148.55
34	18.14	23.64	25.86	32.65	45.78	87.23	152.95
35	18.97	24.74	27.09	34.19	47.63	89.96	157.55
36	19.85	25.91	28.38	35.78	49.52	92.77	162.36
37	20.77	27.11	29.72	37.43	51.48	95.70	167.41
38	21.74	28.35	31.10	39.11	53.49	98.77	172.77
39	22.72	29.65	32.54	40.84	55.56	101.93	178.39
40	23.75	30.97	34.02	42.64	57.69	105.23	184.26
41	24.82	32.36	35.56	44.47	59.88	108.64	190.41
42	25.93	33.80	37.15	46.37	62.15	112.16	196.84
43	27.32	35.44	38.84	48.35	64.59	115.89	203.77
44	28.76	37.15	40.57	50.38	67.09	119.74	210.92
45	30.27	38.91	42.35	52.43	69.59	123.64	218.30
46	31.81	40.71	44.17	54.52	72.09	127.60	225.78
47	33.41	42.56	46.03	56.65	74.57	131.58	233.39
48	35.02	44.47	48.01	58.89	77.07	135.84	241.61
49	36.64	46.37	49.97	61.09	79.49	140.02	249.70
50	38.25	48.26	51.90	63.25	81.74	144.00	257.44
51	39.83	50.08	53.77	65.31	83.79	147.73	264.66
52	41.34	51.81	55.54	67.24	85.62	151.07	271.16
53	42.80	53.49	57.23	69.05	87.13	154.03	276.82
54	44.06	54.92	58.73	70.65	88.31	156.41	281.35
55	45.13	56.16	59.94	71.98	89.12	158.13	284.58
56	45.99	57.14	60.88	72.97	89.49	159.07	286.25
57	46.62	57.83	61.50	73.58	89.41	159.11	286.20
58	46.85	58.07	61.71	73.73	88.75	158.22	284.36
59	46.75	57.92	61.52	73.41	87.56	156.22	280.31
60	46.32	57.36	60.88	72.59	85.80	152.96	273.84
61	45.53	56.32	59.76	71.22	83.43	148.36	264.71
62	44.33	54.80	58.10	69.27	80.43	142.24	252.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.39	15.91	17.34	21.78	32.33	67.00	119.21
26	12.85	16.57	18.07	22.73	33.63	69.11	122.81
27	13.38	17.28	18.86	23.76	35.01	71.29	126.49
28	13.95	18.06	19.73	24.89	36.44	73.51	130.22
29	14.56	18.89	20.66	26.09	37.94	75.82	134.04
30	15.22	19.79	21.65	27.36	39.50	78.17	137.96
31	15.91	20.74	22.70	28.70	41.13	80.61	142.01
32	16.65	21.73	23.81	30.11	42.81	83.12	146.20
33	17.42	22.76	24.97	31.56	44.55	85.71	150.52
34	18.23	23.85	26.17	33.08	46.36	88.38	155.01
35	19.08	24.97	27.42	34.64	48.23	91.16	159.71
36	19.97	26.15	28.74	36.27	50.16	94.03	164.61
37	20.90	27.36	30.09	37.94	52.16	97.02	169.77
38	21.86	28.62	31.49	39.66	54.20	100.15	175.24
39	22.86	29.93	32.96	41.43	56.30	103.38	180.97
40	23.90	31.28	34.47	43.25	58.48	106.75	186.97
41	24.98	32.68	36.04	45.13	60.71	110.24	193.26
42	26.10	34.14	37.66	47.06	63.03	113.83	199.83
43	27.50	35.80	39.38	49.09	65.52	117.66	206.91
44	28.96	37.54	41.15	51.16	68.07	121.59	214.23
45	30.47	39.32	42.97	53.26	70.62	125.58	221.77
46	32.03	41.15	44.82	55.40	73.18	129.64	229.44
47	33.64	43.03	46.71	57.56	75.71	133.70	237.21
48	35.27	44.96	48.73	59.86	78.27	138.08	245.64
49	36.90	46.90	50.73	62.13	80.75	142.36	253.93
50	38.54	48.82	52.71	64.33	83.05	146.45	261.86
51	40.12	50.65	54.61	66.44	85.16	150.26	269.24
52	41.64	52.42	56.41	68.41	87.02	153.68	275.88
53	43.12	54.12	58.13	70.25	88.57	156.69	281.66
54	44.42	55.58	59.65	71.88	89.77	159.12	286.27
55	45.49	56.84	60.88	73.22	90.58	160.84	289.50
56	46.35	57.81	61.80	74.20	90.92	161.73	291.10
57	46.97	58.48	62.40	74.77	90.78	161.68	290.86
58	47.19	58.71	62.60	74.90	90.09	160.72	288.93
59	47.08	58.52	62.35	74.51	88.81	158.56	284.61
60	46.61	57.89	61.61	73.56	86.90	155.02	277.61
61	45.76	56.74	60.34	71.98	84.28	149.96	267.63
62	44.47	55.05	58.45	69.72	80.93	143.19	254.38
63				66.74	76.79		
64				62.96	71.82		
65				58.33	65.95		
66				52.80	59.16		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.64	16.43	18.11	22.85	33.90	70.46	125.47
26	13.11	17.11	18.87	23.85	35.27	72.68	129.27
27	13.65	17.85	19.71	24.94	36.72	74.97	133.13
28	14.23	18.66	20.61	26.12	38.21	77.30	137.04
29	14.86	19.51	21.58	27.38	39.79	79.72	141.05
30	15.53	20.44	22.63	28.71	41.42	82.18	145.14
31	16.24	21.41	23.72	30.11	43.12	84.73	149.36
32	16.99	22.44	24.88	31.59	44.87	87.35	153.70
33	17.78	23.50	26.07	33.11	46.68	90.03	158.19
34	18.60	24.62	27.32	34.69	48.56	92.80	162.85
35	19.47	25.78	28.63	36.32	50.51	95.68	167.70
36	20.38	26.98	29.99	38.02	52.50	98.64	172.76
37	21.31	28.23	31.39	39.75	54.57	101.72	178.07
38	22.29	29.52	32.84	41.54	56.67	104.94	183.69
39	23.31	30.86	34.35	43.36	58.84	108.26	189.58
40	24.36	32.24	35.91	45.24	61.07	111.71	195.72
41	25.46	33.67	37.52	47.18	63.37	115.27	202.15
42	26.60	35.15	39.19	49.16	65.73	118.94	208.85
43	28.02	36.86	40.95	51.24	68.28	122.83	216.07
44	29.49	38.62	42.76	53.36	70.88	126.82	223.51
45	31.02	40.43	44.61	55.50	73.48	130.86	231.14
46	32.60	42.28	46.49	57.67	76.06	134.94	238.88
47	34.22	44.18	48.40	59.87	78.61	139.02	246.69
48	35.86	46.13	50.44	62.17	81.17	143.38	255.11
49	37.49	48.07	52.45	64.45	83.63	147.63	263.36
50	39.13	49.99	54.42	66.64	85.90	151.64	271.19
51	40.72	51.82	56.31	68.72	87.96	155.36	278.43
52	42.24	53.57	58.09	70.65	89.75	158.64	284.86
53	43.70	55.23	59.76	72.42	91.17	161.46	290.29
54	45.04	56.71	61.22	73.96	92.24	163.66	294.48
55	46.07	57.91	62.37	75.20	92.91	165.13	297.27
56	46.91	58.83	63.23	76.08	93.11	165.77	298.41
57	47.49	59.45	63.74	76.55	92.83	165.46	297.72
58	47.68	59.63	63.86	76.58	92.00	164.27	295.34
59	47.55	59.39	63.55	76.10	90.59	161.89	290.62
60	47.06	58.72	62.75	75.07	88.57	158.17	283.27
61	46.19	57.54	61.43	73.43	85.86	152.96	273.01
62	44.89	55.83	59.51	71.13	82.46	146.09	259.53
63	43.06	53.48	56.98				
64	40.73	50.50	53.77				
65	37.87	46.85	49.84				
66	34.46	42.49	45.14				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.66	17.46	18.94	23.74	35.27	73.00	129.83
26	14.17	18.18	19.73	24.77	36.68	75.29	133.73
27	14.75	18.96	20.59	25.89	38.17	77.64	137.70
28	15.37	19.81	21.52	27.10	39.72	80.04	141.73
29	16.05	20.71	22.53	28.41	41.35	82.53	145.85
30	16.76	21.69	23.62	29.78	43.04	85.07	150.08
31	17.53	22.72	24.75	31.23	44.80	87.70	154.44
32	18.34	23.80	25.95	32.75	46.62	90.41	158.94
33	19.18	24.92	27.20	34.32	48.49	93.19	163.59
34	20.07	26.12	28.50	35.96	50.45	96.07	168.42
35	21.00	27.33	29.86	37.65	52.47	99.06	173.47
36	21.98	28.61	31.27	39.40	54.55	102.14	178.74
37	22.99	29.94	32.74	41.21	56.70	105.35	184.27
38	24.05	31.30	34.25	43.06	58.90	108.71	190.14
39	25.14	32.73	35.83	44.95	61.17	112.18	196.29
40	26.28	34.19	37.46	46.92	63.51	115.79	202.72
41	27.46	35.71	39.15	48.93	65.91	119.53	209.46
42	28.69	37.30	40.90	51.01	68.40	123.38	216.50
43	30.23	39.11	42.75	53.18	71.08	127.47	224.08
44	31.82	40.99	44.66	55.40	73.81	131.67	231.91
45	33.48	42.92	46.61	57.65	76.55	135.94	239.97
46	35.18	44.91	48.60	59.94	79.29	140.27	248.17
47	36.94	46.95	50.63	62.26	82.00	144.62	256.48
48	38.72	49.05	52.80	64.71	84.73	149.27	265.46
49	40.51	51.13	54.95	67.12	87.38	153.84	274.30
50	42.29	53.21	57.07	69.48	89.84	158.19	282.76
51	44.03	55.21	59.12	71.74	92.09	162.26	290.67
52	45.70	57.12	61.06	73.85	94.09	165.93	297.79
53	47.31	58.95	62.92	75.83	95.74	169.16	303.99
54	48.70	60.53	64.57	77.59	97.04	171.79	308.97
55	49.87	61.90	65.91	79.06	97.94	173.70	312.55
56	50.84	63.00	66.96	80.17	98.37	174.77	314.48
57	51.54	63.78	67.67	80.88	98.32	174.89	314.55
58	51.79	64.04	67.92	81.06	97.62	173.95	312.57
59	51.70	63.90	67.74	80.75	96.36	171.84	308.27
60	51.26	63.33	67.10	79.94	94.52	168.44	301.47
61	50.42	62.27	65.98	78.57	92.07	163.65	291.95
62	49.16	60.70	64.31	76.63	89.00	157.33	279.49
63						149.39	263.85
64						139.70	244.83
65						128.17	222.21
66						114.66	195.77

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.70	17.55	19.07	23.92	35.53	73.58	130.88
26	14.21	18.27	19.87	24.96	36.96	75.89	134.82
27	14.80	19.06	20.74	26.09	38.46	78.27	138.84
28	15.42	19.91	21.68	27.32	40.03	80.70	142.91
29	16.10	20.82	22.70	28.64	41.67	83.21	147.08
30	16.82	21.81	23.80	30.03	43.38	85.79	151.36
31	17.59	22.85	24.94	31.49	45.16	88.45	155.78
32	18.40	23.94	26.15	33.03	47.00	91.19	160.34
33	19.25	25.07	27.42	34.62	48.89	94.01	165.05
34	20.15	26.27	28.73	36.28	50.87	96.92	169.94
35	21.08	27.49	30.10	37.99	52.92	99.95	175.06
36	22.06	28.79	31.53	39.76	55.02	103.08	180.40
37	23.08	30.12	33.02	41.59	57.20	106.33	186.01
38	24.15	31.50	34.55	43.46	59.43	109.74	191.97
39	25.24	32.94	36.15	45.38	61.73	113.26	198.21
40	26.39	34.41	37.80	47.38	64.10	116.92	204.73
41	27.58	35.95	39.51	49.41	66.53	120.71	211.57
42	28.81	37.55	41.28	51.52	69.05	124.62	218.71
43	30.36	39.38	43.15	53.72	71.77	128.77	226.41
44	31.96	41.28	45.08	55.98	74.54	133.04	234.36
45	33.63	43.23	47.06	58.26	77.32	137.38	242.55
46	35.34	45.23	49.08	60.58	80.10	141.78	250.87
47	37.12	47.29	51.14	62.94	82.85	146.20	259.32
48	38.91	49.41	53.34	65.43	85.63	150.93	268.45
49	40.71	51.52	55.52	67.88	88.32	155.58	277.44
50	42.50	53.62	57.67	70.28	90.82	160.00	286.04
51	44.25	55.64	59.74	72.57	93.10	164.14	294.07
52	45.93	57.57	61.71	74.71	95.13	167.86	301.29
53	47.55	59.43	63.59	76.72	96.81	171.14	307.58
54	48.96	61.02	65.25	78.50	98.12	173.79	312.61
55	50.14	62.40	66.60	79.98	99.02	175.70	316.20
56	51.10	63.49	67.64	81.08	99.43	176.74	318.06
57	51.80	64.26	68.33	81.76	99.34	176.79	318.00
58	52.05	64.52	68.57	81.92	98.61	175.80	315.95
59	51.94	64.35	68.36	81.57	97.29	173.58	311.45
60	51.47	63.73	67.64	80.66	95.33	169.96	304.27
61	50.59	62.58	66.40	79.13	92.70	164.84	294.12
62	49.26	60.89	64.56	76.97	89.37	158.04	280.75

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	13.77	17.68	19.27	24.20	35.92	74.44	132.45
26	14.28	18.41	20.08	25.25	37.37	76.79	136.45
27	14.87	19.20	20.96	26.40	38.90	79.21	140.54
28	15.50	20.07	21.92	27.65	40.49	81.68	144.69
29	16.18	20.99	22.95	28.99	42.16	84.24	148.93
30	16.91	21.99	24.06	30.40	43.89	86.86	153.29
31	17.68	23.04	25.22	31.89	45.70	89.57	157.79
32	18.50	24.14	26.46	33.45	47.57	92.36	162.44
33	19.36	25.29	27.74	35.07	49.50	95.23	167.24
34	20.26	26.50	29.08	36.75	51.51	98.20	172.23
35	21.20	27.74	30.47	38.49	53.59	101.29	177.45
36	22.19	29.05	31.93	40.30	55.73	104.48	182.90
37	23.22	30.40	33.43	42.16	57.95	107.80	188.63
38	24.29	31.80	34.99	44.07	60.22	111.28	194.71
39	25.40	33.25	36.62	46.03	62.56	114.87	201.08
40	26.55	34.75	38.30	48.06	64.98	118.61	207.74
41	27.76	36.31	40.04	50.14	67.46	122.49	214.73
42	29.00	37.93	41.84	52.29	70.03	126.48	222.03
43	30.56	39.78	43.76	54.54	72.80	130.73	229.90
44	32.18	41.71	45.72	56.84	75.63	135.10	238.03
45	33.86	43.69	47.74	59.18	78.47	139.53	246.41
46	35.59	45.72	49.80	61.55	81.31	144.04	254.93
47	37.38	47.81	51.90	63.96	84.12	148.56	263.57
48	39.19	49.96	54.14	66.51	86.97	153.42	272.93
49	41.00	52.11	56.37	69.03	89.72	158.18	282.14
50	42.82	54.24	58.57	71.48	92.28	162.72	290.95
51	44.58	56.28	60.68	73.82	94.62	166.95	299.16
52	46.27	58.24	62.68	76.01	96.69	170.75	306.53
53	47.91	60.13	64.59	78.06	98.41	174.10	312.96
54	49.36	61.76	66.28	79.87	99.74	176.80	318.08
55	50.54	63.15	67.64	81.35	100.64	178.71	321.67
56	51.50	64.23	68.67	82.44	101.02	179.70	323.44
57	52.19	64.98	69.33	83.08	100.87	179.64	323.18
58	52.43	65.23	69.55	83.22	100.10	178.58	321.03
59	52.31	65.02	69.28	82.79	98.68	176.18	316.23
60	51.79	64.32	68.45	81.73	96.55	172.24	308.46
61	50.84	63.04	67.04	79.98	93.64	166.62	297.37
62	49.41	61.17	64.94	77.47	89.92	159.10	282.64
63				74.15	85.32		
64				69.95	79.80		
65				64.81	73.28		
66				58.67	65.73		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	14.04	18.25	20.12	25.39	37.67	78.29	139.41
26	14.57	19.01	20.97	26.50	39.19	80.76	143.63
27	15.17	19.83	21.90	27.71	40.80	83.30	147.92
28	15.81	20.73	22.90	29.02	42.46	85.89	152.27
29	16.51	21.68	23.98	30.42	44.21	88.58	156.72
30	17.25	22.71	25.14	31.90	46.02	91.31	161.27
31	18.04	23.79	26.35	33.46	47.91	94.14	165.95
32	18.88	24.93	27.64	35.10	49.86	97.05	170.78
33	19.75	26.11	28.97	36.79	51.87	100.03	175.77
34	20.67	27.36	30.36	38.54	53.96	103.11	180.94
35	21.63	28.64	31.81	40.35	56.12	106.31	186.33
36	22.64	29.98	33.32	42.24	58.33	109.60	191.96
37	23.68	31.37	34.88	44.17	60.63	113.02	197.85
38	24.77	32.80	36.49	46.15	62.97	116.60	204.10
39	25.90	34.29	38.17	48.18	65.38	120.29	210.64
40	27.07	35.82	39.90	50.27	67.86	124.12	217.47
41	28.29	37.41	41.69	52.42	70.41	128.08	224.61
42	29.55	39.06	43.54	54.62	73.03	132.15	232.06
43	31.13	40.95	45.50	56.93	75.87	136.48	240.08
44	32.77	42.91	47.51	59.29	78.75	140.91	248.34
45	34.47	44.92	49.57	61.67	81.64	145.40	256.82
46	36.22	46.98	51.66	64.08	84.51	149.93	265.42
47	38.02	49.09	53.78	66.52	87.34	154.47	274.10
48	39.84	51.26	56.04	69.08	90.19	159.31	283.46
49	41.66	53.41	58.28	71.61	92.92	164.03	292.62
50	43.48	55.54	60.47	74.04	95.44	168.49	301.32
51	45.24	57.58	62.57	76.36	97.73	172.62	309.37
52	46.93	59.52	64.54	78.50	99.72	176.27	316.51
53	48.56	61.37	66.40	80.47	101.30	179.40	322.54
54	50.04	63.01	68.02	82.18	102.49	181.84	327.20
55	51.19	64.34	69.30	83.55	103.23	183.48	330.30
56	52.12	65.37	70.25	84.53	103.45	184.19	331.57
57	52.77	66.06	70.82	85.06	103.14	183.84	330.80
58	52.98	66.25	70.96	85.09	102.22	182.52	328.16
59	52.83	65.99	70.61	84.56	100.66	179.88	322.91
60	52.29	65.24	69.72	83.41	98.41	175.74	314.74
61	51.32	63.93	68.25	81.59	95.40	169.95	303.34
62	49.88	62.03	66.12	79.03	91.62	162.32	288.37
63	47.84	59.42	63.31				
64	45.26	56.11	59.74				
65	42.08	52.06	55.38				
66	38.29	47.21	50.16				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.37	14.44	15.62	19.60	29.02	59.87	106.15
26	11.79	15.03	16.27	20.48	30.22	61.84	109.52
27	12.28	15.69	16.99	21.42	31.47	63.85	112.94
28	12.79	16.40	17.77	22.43	32.78	65.91	116.40
29	13.36	17.15	18.61	23.52	34.14	68.00	119.92
30	13.95	17.96	19.50	24.65	35.55	70.16	123.51
31	14.59	18.82	20.45	25.85	37.02	72.38	127.19
32	15.26	19.70	21.43	27.12	38.52	74.66	130.98
33	15.95	20.63	22.46	28.41	40.08	76.98	134.87
34	16.68	21.61	23.53	29.76	41.70	79.37	138.89
35	17.45	22.61	24.63	31.16	43.36	81.84	143.07
36	18.24	23.65	25.79	32.59	45.07	84.38	147.43
37	19.07	24.73	26.99	34.07	46.83	87.02	151.97
38	19.94	25.85	28.22	35.58	48.63	89.77	156.75
39	20.83	27.01	29.49	37.12	50.47	92.60	161.77
40	21.75	28.20	30.82	38.72	52.36	95.53	167.00
41	22.70	29.42	32.18	40.35	54.32	98.54	172.43
42	23.70	30.70	33.59	42.02	56.31	101.64	178.08
43	24.94	32.16	35.07	43.76	58.46	104.91	184.16
44	26.22	33.67	36.59	45.53	60.63	108.25	190.41
45	27.55	35.21	38.13	47.32	62.82	111.65	196.79
46	28.91	36.79	39.72	49.13	64.97	115.04	203.27
47	30.31	38.39	41.32	50.95	67.10	118.45	209.78
48	31.71	40.04	43.01	52.86	69.20	122.04	216.75
49	33.12	41.67	44.68	54.72	71.22	125.54	223.55
50	34.50	43.27	46.31	56.53	73.09	128.86	230.02
51	35.85	44.82	47.88	58.26	74.76	131.91	236.02
52	37.14	46.28	49.36	59.84	76.23	134.65	241.35
53	38.35	47.63	50.72	61.28	77.34	136.89	245.69
54	39.38	48.79	51.93	62.53	78.19	138.67	249.11
55	40.25	49.80	52.92	63.59	78.74	139.92	251.48
56	40.99	50.63	53.70	64.41	78.99	140.62	252.71
57	41.55	51.25	54.28	64.97	78.92	140.65	252.68
58	41.79	51.52	54.53	65.18	78.43	140.01	251.27
59	41.81	51.53	54.53	65.09	77.60	138.63	248.38
60	41.63	51.28	54.26	64.72	76.45	136.43	243.89
61	41.21	50.76	53.71	64.04	74.99	133.37	237.69
62	40.54	49.94	52.87	63.05	73.22	129.41	229.66
63						124.47	219.69
64						118.49	207.66
65						111.45	193.48
66						103.25	177.02

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.40	14.52	15.73	19.76	29.25	60.39	107.09
26	11.83	15.11	16.40	20.65	30.47	62.38	110.50
27	12.32	15.78	17.13	21.60	31.73	64.41	113.97
28	12.83	16.49	17.91	22.63	33.06	66.50	117.46
29	13.40	17.25	18.77	23.72	34.43	68.62	121.02
30	14.00	18.07	19.67	24.88	35.86	70.81	124.66
31	14.64	18.94	20.62	26.08	37.34	73.05	128.39
32	15.31	19.83	21.61	27.37	38.86	75.36	132.24
33	16.01	20.76	22.65	28.68	40.44	77.72	136.18
34	16.75	21.74	23.73	30.05	42.08	80.14	140.26
35	17.52	22.75	24.85	31.46	43.77	82.64	144.50
36	18.32	23.81	26.02	32.91	45.50	85.23	148.92
37	19.15	24.89	27.24	34.42	47.28	87.90	153.53
38	20.03	26.03	28.49	35.94	49.10	90.69	158.40
39	20.92	27.20	29.78	37.50	50.98	93.57	163.49
40	21.85	28.40	31.12	39.13	52.89	96.54	168.80
41	22.81	29.64	32.51	40.78	54.87	99.60	174.33
42	23.81	30.92	33.93	42.48	56.90	102.75	180.07
43	25.06	32.40	35.43	44.24	59.09	106.08	186.26
44	26.34	33.93	36.97	46.05	61.29	109.49	192.62
45	27.68	35.49	38.54	47.87	63.51	112.94	199.12
46	29.05	37.08	40.15	49.71	65.70	116.40	205.70
47	30.47	38.70	41.78	51.56	67.86	119.87	212.34
48	31.88	40.37	43.50	53.51	70.01	123.53	219.44
49	33.30	42.02	45.19	55.40	72.06	127.11	226.38
50	34.69	43.64	46.85	57.25	73.97	130.49	232.97
51	36.05	45.21	48.44	59.00	75.67	133.61	239.08
52	37.35	46.68	49.94	60.62	77.17	136.39	244.50
53	38.57	48.06	51.33	62.08	78.30	138.67	248.92
54	39.62	49.23	52.54	63.35	79.16	140.47	252.39
55	40.49	50.25	53.54	64.41	79.71	141.72	254.76
56	41.22	51.07	54.32	65.23	79.95	142.39	255.93
57	41.79	51.68	54.87	65.76	79.84	142.36	255.79
58	42.02	51.95	55.12	65.95	79.32	141.68	254.31
59	42.03	51.93	55.09	65.83	78.44	140.19	251.24
60	41.82	51.64	54.75	65.37	77.18	137.80	246.41
61	41.36	51.04	54.09	64.54	75.56	134.44	239.64
62	40.63	50.11	53.09	63.36	73.55	130.05	230.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.47	14.63	15.91	20.02	29.60	61.16	108.50
26	11.89	15.24	16.59	20.91	30.84	63.19	111.97
27	12.38	15.90	17.33	21.88	32.13	65.26	115.50
28	12.91	16.63	18.13	22.92	33.47	67.38	119.06
29	13.47	17.41	18.99	24.04	34.87	69.54	122.69
30	14.09	18.23	19.90	25.21	36.32	71.78	126.40
31	14.72	19.11	20.87	26.44	37.83	74.06	130.20
32	15.40	20.01	21.89	27.75	39.38	76.41	134.13
33	16.11	20.96	22.94	29.09	40.99	78.81	138.15
34	16.85	21.95	24.05	30.47	42.65	81.29	142.32
35	17.63	22.98	25.18	31.91	44.37	83.84	146.66
36	18.43	24.05	26.38	33.40	46.13	86.49	151.17
37	19.28	25.15	27.61	34.93	47.95	89.23	155.89
38	20.15	26.30	28.88	36.49	49.82	92.08	160.87
39	21.06	27.48	30.20	38.09	51.72	95.02	166.08
40	22.00	28.70	31.57	39.74	53.69	98.06	171.51
41	22.97	29.96	32.99	41.44	55.71	101.21	177.17
42	23.98	31.27	34.43	43.17	57.78	104.43	183.06
43	25.24	32.76	35.98	44.98	60.01	107.85	189.40
44	26.54	34.32	37.55	46.83	62.27	111.34	195.92
45	27.89	35.90	39.15	48.70	64.55	114.88	202.59
46	29.28	37.52	40.80	50.58	66.79	118.43	209.35
47	30.71	39.17	42.46	52.48	69.00	122.00	216.16
48	32.13	40.86	44.22	54.48	71.22	125.78	223.47
49	33.56	42.55	45.95	56.44	73.32	129.45	230.61
50	34.97	44.20	47.66	58.33	75.29	132.94	237.39
51	36.34	45.78	49.28	60.13	77.04	136.13	243.66
52	37.66	47.29	50.81	61.79	78.57	138.99	249.22
53	38.89	48.69	52.23	63.29	79.74	141.34	253.76
54	39.98	49.90	53.47	64.58	80.62	143.18	257.31
55	40.85	50.92	54.48	65.65	81.17	144.43	259.69
56	41.58	51.73	55.24	66.46	81.38	145.05	260.78
57	42.14	52.33	55.77	66.95	81.22	144.93	260.45
58	42.36	52.59	56.00	67.12	80.66	144.18	258.89
59	42.36	52.53	55.92	66.92	79.69	142.53	255.55
60	42.11	52.17	55.48	66.33	78.27	139.85	250.18
61	41.59	51.45	54.67	65.30	76.40	136.04	242.57
62	40.76	50.36	53.43	63.81	74.04	131.00	232.50
63				61.82	71.17		
64				59.29	67.78		
65				56.21	63.82		
66				52.52	59.29		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.71	15.15	16.68	21.09	31.18	64.63	114.77
26	12.15	15.78	17.39	22.03	32.48	66.76	118.43
27	12.65	16.47	18.17	23.06	33.84	68.94	122.14
28	13.19	17.23	19.01	24.16	35.24	71.17	125.88
29	13.77	18.03	19.92	25.33	36.71	73.45	129.70
30	14.39	18.88	20.87	26.56	38.23	75.78	133.58
31	15.05	19.78	21.89	27.86	39.82	78.17	137.55
32	15.74	20.72	22.95	29.23	41.44	80.63	141.63
33	16.46	21.70	24.05	30.64	43.12	83.13	145.83
34	17.22	22.73	25.20	32.09	44.86	85.71	150.16
35	18.02	23.79	26.39	33.59	46.65	88.36	154.65
36	18.84	24.89	27.63	35.15	48.47	91.10	159.33
37	19.69	26.02	28.92	36.74	50.36	93.92	164.19
38	20.58	27.20	30.23	38.36	52.29	96.87	169.32
39	21.51	28.41	31.60	40.02	54.26	99.90	174.68
40	22.46	29.66	33.01	41.73	56.28	103.02	180.27
41	23.45	30.95	34.47	43.49	58.37	106.24	186.07
42	24.47	32.28	35.96	45.27	60.48	109.53	192.09
43	25.75	33.81	37.55	47.13	62.78	113.02	198.56
44	27.07	35.40	39.16	49.03	65.08	116.57	205.20
45	28.44	37.01	40.80	50.94	67.40	120.16	211.96
46	29.84	38.66	42.47	52.86	69.67	123.73	218.79
47	31.28	40.32	44.15	54.78	71.90	127.31	225.64
48	32.72	42.03	45.93	56.79	74.12	131.08	232.95
49	34.16	43.72	47.67	58.76	76.20	134.71	240.04
50	35.57	45.37	49.37	60.63	78.13	138.13	246.73
51	36.94	46.95	50.99	62.42	79.84	141.24	252.85
52	38.25	48.44	52.49	64.03	81.30	143.96	258.20
53	39.47	49.81	53.86	65.46	82.34	146.11	262.39
54	40.59	51.02	55.04	66.66	83.10	147.72	265.52
55	41.44	51.99	55.97	67.63	83.50	148.73	267.45
56	42.14	52.76	56.66	68.34	83.57	149.09	268.09
57	42.66	53.30	57.11	68.73	83.26	148.71	267.31
58	42.86	53.51	57.27	68.81	82.57	147.73	265.30
59	42.83	53.41	57.11	68.52	81.47	145.86	261.56
60	42.56	53.00	56.62	67.84	79.95	143.00	255.83
61	42.02	52.25	55.76	66.75	77.99	139.04	247.94
62	41.18	51.14	54.50	65.21	75.57	133.90	237.65
63	39.97	49.58	52.80				
64	38.42	47.59	50.66				
65	36.53	45.16	48.03				
66	34.26	42.26	44.90				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.63	16.04	17.35	21.78	32.24	66.52	117.94
26	13.10	16.70	18.08	22.75	33.58	68.71	121.69
27	13.64	17.43	18.88	23.80	34.97	70.94	125.49
28	14.21	18.22	19.74	24.92	36.42	73.23	129.33
29	14.84	19.06	20.68	26.13	37.93	75.56	133.24
30	15.50	19.96	21.67	27.39	39.50	77.96	137.23
31	16.21	20.91	22.72	28.72	41.13	80.42	141.32
32	16.95	21.89	23.81	30.13	42.80	82.95	145.53
33	17.72	22.92	24.95	31.57	44.53	85.53	149.85
34	18.53	24.01	26.14	33.07	46.33	88.19	154.32
35	19.39	25.12	27.37	34.62	48.18	90.93	158.97
36	20.27	26.28	28.65	36.21	50.08	93.76	163.81
37	21.19	27.48	29.99	37.86	52.03	96.69	168.85
38	22.15	28.72	31.35	39.53	54.03	99.74	174.17
39	23.14	30.01	32.77	41.24	56.08	102.89	179.74
40	24.17	31.33	34.24	43.02	58.18	106.14	185.55
41	25.22	32.69	35.76	44.83	60.35	109.49	191.59
42	26.33	34.11	37.32	46.69	62.57	112.93	197.87
43	27.71	35.73	38.97	48.62	64.96	116.57	204.62
44	29.13	37.41	40.66	50.59	67.37	120.28	211.57
45	30.61	39.12	42.37	52.58	69.80	124.05	218.66
46	32.12	40.88	44.13	54.59	72.19	127.82	225.85
47	33.68	42.66	45.91	56.61	74.55	131.61	233.09
48	35.23	44.49	47.79	58.73	76.89	135.60	240.83
49	36.80	46.30	49.64	60.80	79.13	139.49	248.39
50	38.33	48.08	51.45	62.81	81.21	143.18	255.58
51	39.83	49.80	53.20	64.73	83.07	146.57	262.24
52	41.27	51.42	54.84	66.49	84.70	149.61	268.17
53	42.61	52.92	56.36	68.09	85.93	152.10	272.99
54	43.76	54.21	57.70	69.48	86.88	154.08	276.79
55	44.72	55.33	58.80	70.65	87.49	155.47	279.42
56	45.54	56.25	59.67	71.57	87.77	156.24	280.79
57	46.17	56.94	60.31	72.19	87.69	156.28	280.76
58	46.43	57.24	60.59	72.42	87.14	155.57	279.19
59	46.46	57.25	60.59	72.32	86.22	154.03	275.98
60	46.26	56.98	60.29	71.91	84.94	151.59	270.99
61	45.79	56.40	59.68	71.15	83.32	148.19	264.10
62	45.04	55.49	58.74	70.06	81.35	143.79	255.18
63						138.30	244.10
64						131.66	230.73
65						123.83	214.98
66						114.72	196.69

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.67	16.13	17.48	21.96	32.50	67.10	118.99
26	13.14	16.79	18.22	22.94	33.86	69.31	122.78
27	13.69	17.53	19.03	24.00	35.26	71.57	126.63
28	14.26	18.32	19.90	25.14	36.73	73.89	130.51
29	14.89	19.17	20.85	26.36	38.25	76.24	134.47
30	15.56	20.08	21.85	27.64	39.84	78.68	138.51
31	16.27	21.04	22.91	28.98	41.49	81.17	142.66
32	17.01	22.03	24.01	30.41	43.18	83.73	146.93
33	17.79	23.07	25.17	31.87	44.93	86.35	151.31
34	18.61	24.16	26.37	33.39	46.75	89.04	155.84
35	19.47	25.28	27.61	34.96	48.63	91.82	160.56
36	20.35	26.46	28.91	36.57	50.55	94.70	165.47
37	21.28	27.66	30.27	38.24	52.53	97.67	170.59
38	22.25	28.92	31.65	39.93	54.56	100.77	176.00
39	23.24	30.22	33.09	41.67	56.64	103.97	181.66
40	24.28	31.55	34.58	43.48	58.77	107.27	187.56
41	25.34	32.93	36.12	45.31	60.97	110.67	193.70
42	26.45	34.36	37.70	47.20	63.22	114.17	200.08
43	27.84	36.00	39.37	49.16	65.65	117.87	206.95
44	29.27	37.70	41.08	51.17	68.10	121.65	214.02
45	30.76	39.43	42.82	53.19	70.57	125.49	221.24
46	32.28	41.20	44.61	55.23	73.00	129.33	228.55
47	33.86	43.00	46.42	57.29	75.40	133.19	235.93
48	35.42	44.85	48.33	59.45	77.79	137.26	243.82
49	37.00	46.69	50.21	61.56	80.07	141.23	251.53
50	38.54	48.49	52.05	63.61	82.19	144.99	258.86
51	40.05	50.23	53.82	65.56	84.08	148.45	265.64
52	41.50	51.87	55.49	67.35	85.74	151.54	271.67
53	42.85	53.40	57.03	68.98	87.00	154.08	276.58
54	44.02	54.70	58.38	70.39	87.96	156.08	280.43
55	44.99	55.83	59.49	71.57	88.57	157.47	283.07
56	45.80	56.74	60.35	72.48	88.83	158.21	284.37
57	46.43	57.42	60.97	73.07	88.71	158.18	284.21
58	46.69	57.72	61.24	73.28	88.13	157.42	282.57
59	46.70	57.70	61.21	73.14	87.15	155.77	279.16
60	46.47	57.38	60.83	72.63	85.75	153.11	273.79
61	45.96	56.71	60.10	71.71	83.95	149.38	266.27
62	45.14	55.68	58.99	70.40	81.72	144.50	256.44

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.74	16.26	17.68	22.24	32.89	67.96	120.56
26	13.21	16.93	18.43	23.23	34.27	70.21	124.41
27	13.76	17.67	19.25	24.31	35.70	72.51	128.33
28	14.34	18.48	20.14	25.47	37.19	74.87	132.29
29	14.97	19.34	21.10	26.71	38.74	77.27	136.32
30	15.65	20.26	22.11	28.01	40.35	79.75	140.44
31	16.36	21.23	23.19	29.38	42.03	82.29	144.67
32	17.11	22.23	24.32	30.83	43.75	84.90	149.03
33	17.90	23.29	25.49	32.32	45.54	87.57	153.50
34	18.72	24.39	26.72	33.86	47.39	90.32	158.13
35	19.59	25.53	27.98	35.46	49.30	93.16	162.95
36	20.48	26.72	29.31	37.11	51.26	96.10	167.97
37	21.42	27.94	30.68	38.81	53.28	99.14	173.21
38	22.39	29.22	32.09	40.54	55.35	102.31	178.74
39	23.40	30.53	33.56	42.32	57.47	105.58	184.53
40	24.44	31.89	35.08	44.16	59.65	108.96	190.57
41	25.52	33.29	36.65	46.04	61.90	112.45	196.86
42	26.64	34.74	38.26	47.97	64.20	116.03	203.40
43	28.04	36.40	39.98	49.98	66.68	119.83	210.44
44	29.49	38.13	41.72	52.03	69.19	123.71	217.69
45	30.99	39.89	43.50	54.11	71.72	127.64	225.10
46	32.53	41.69	45.33	56.20	74.21	131.59	232.61
47	34.12	43.52	47.18	58.31	76.67	135.55	240.18
48	35.70	45.40	49.13	60.53	79.13	139.75	248.30
49	37.29	47.28	51.06	62.71	81.47	143.83	256.23
50	38.86	49.11	52.95	64.81	83.65	147.71	263.77
51	40.38	50.87	54.76	66.81	85.60	151.26	270.73
52	41.84	52.54	56.46	68.65	87.30	154.43	276.91
53	43.21	54.10	58.03	70.32	88.60	157.04	281.96
54	44.42	55.44	59.41	71.76	89.58	159.09	285.90
55	45.39	56.58	60.53	72.94	90.19	160.48	288.54
56	46.20	57.48	61.38	73.84	90.42	161.17	289.75
57	46.82	58.14	61.97	74.39	90.24	161.03	289.39
58	47.07	58.43	62.22	74.58	89.62	160.20	287.65
59	47.07	58.37	62.13	74.36	88.54	158.37	283.94
60	46.79	57.97	61.64	73.70	86.97	155.39	277.98
61	46.21	57.17	60.74	72.56	84.89	151.16	269.52
62	45.29	55.96	59.37	70.90	82.27	145.56	258.33
63				68.69	79.08		
64				65.88	75.31		
65				62.45	70.91		
66				58.35	65.88		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.01	16.83	18.53	23.43	34.64	71.81	127.52
26	13.50	17.53	19.32	24.48	36.09	74.18	131.59
27	14.06	18.30	20.19	25.62	37.60	76.60	135.71
28	14.65	19.14	21.12	26.84	39.16	79.08	139.87
29	15.30	20.03	22.13	28.14	40.79	81.61	144.11
30	15.99	20.98	23.19	29.51	42.48	84.20	148.42
31	16.72	21.98	24.32	30.95	44.24	86.86	152.83
32	17.49	23.02	25.50	32.48	46.04	89.59	157.37
33	18.29	24.11	26.72	34.04	47.91	92.37	162.03
34	19.13	25.25	28.00	35.65	49.84	95.23	166.84
35	20.02	26.43	29.32	37.32	51.83	98.18	171.83
36	20.93	27.65	30.70	39.05	53.86	101.22	177.03
37	21.88	28.91	32.13	40.82	55.96	104.36	182.43
38	22.87	30.22	33.59	42.62	58.10	107.63	188.13
39	23.90	31.57	35.11	44.47	60.29	111.00	194.09
40	24.96	32.96	36.68	46.37	62.53	114.47	200.30
41	26.05	34.39	38.30	48.32	64.85	118.04	206.74
42	27.19	35.87	39.96	50.30	67.20	121.70	213.43
43	28.61	37.57	41.72	52.37	69.75	125.58	220.62
44	30.08	39.33	43.51	54.48	72.31	129.52	228.00
45	31.60	41.12	45.33	56.60	74.89	133.51	235.51
46	33.16	42.95	47.19	58.73	77.41	137.48	243.10
47	34.76	44.80	49.06	60.87	79.89	141.46	250.71
48	36.35	46.70	51.03	63.10	82.35	145.64	258.83
49	37.95	48.58	52.97	65.29	84.67	149.68	266.71
50	39.52	50.41	54.85	67.37	86.81	153.48	274.14
51	41.04	52.17	56.65	69.35	88.71	156.93	280.94
52	42.50	53.82	58.32	71.14	90.33	159.95	286.89
53	43.86	55.34	59.84	72.73	91.49	162.34	291.54
54	45.10	56.69	61.15	74.07	92.33	164.13	295.02
55	46.04	57.77	62.19	75.14	92.78	165.25	297.17
56	46.82	58.62	62.96	75.93	92.85	165.66	297.88
57	47.40	59.22	63.46	76.37	92.51	165.23	297.01
58	47.62	59.45	63.63	76.45	91.74	164.14	294.78
59	47.59	59.34	63.46	76.13	90.52	162.07	290.62
60	47.29	58.89	62.91	75.38	88.83	158.89	284.26
61	46.69	58.06	61.95	74.17	86.65	154.49	275.49
62	45.76	56.82	60.55	72.46	83.97	148.78	264.06
63	44.41	55.09	58.67				
64	42.69	52.88	56.29				
65	40.59	50.18	53.37				
66	38.07	46.95	49.89				

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.18	12.83	13.82	17.40	25.62	52.61	92.84
26	10.57	13.35	14.39	18.17	26.69	54.40	95.90
27	10.99	13.93	15.02	19.01	27.80	56.21	98.98
28	11.44	14.54	15.70	19.89	28.95	58.04	102.09
29	11.93	15.20	16.43	20.84	30.15	59.90	105.21
30	12.45	15.90	17.20	21.83	31.38	61.81	108.39
31	13.01	16.64	18.01	22.88	32.65	63.75	111.61
32	13.57	17.41	18.85	23.97	33.96	65.72	114.90
33	14.17	18.20	19.73	25.08	35.30	67.73	118.26
34	14.80	19.04	20.64	26.24	36.69	69.78	121.70
35	15.45	19.88	21.58	27.43	38.11	71.87	125.24
36	16.13	20.77	22.55	28.65	39.56	74.03	128.92
37	16.82	21.68	23.55	29.91	41.03	76.25	132.71
38	17.55	22.62	24.59	31.17	42.53	78.53	136.70
39	18.30	23.58	25.65	32.45	44.06	80.87	140.84
40	19.06	24.57	26.74	33.79	45.62	83.28	145.13
41	19.85	25.58	27.86	35.13	47.21	85.73	149.55
42	20.67	26.61	29.01	36.50	48.83	88.23	154.13
43	21.70	27.81	30.20	37.91	50.57	90.86	159.00
44	22.74	29.03	31.43	39.33	52.31	93.51	163.99
45	23.83	30.28	32.67	40.76	54.04	96.17	169.03
46	24.93	31.55	33.91	42.19	55.74	98.81	174.09
47	26.06	32.82	35.16	43.62	57.38	101.43	179.13
48	27.15	34.09	36.47	45.07	58.94	104.12	184.39
49	28.25	35.34	37.74	46.48	60.42	106.70	189.48
50	29.32	36.58	38.98	47.84	61.77	109.13	194.27
51	30.38	37.76	40.18	49.12	62.96	111.34	198.65
52	31.38	38.87	41.28	50.30	63.98	113.29	202.51
53	32.27	39.85	42.26	51.30	64.65	114.71	205.33
54	33.07	40.70	43.16	52.17	65.14	115.82	207.50
55	33.73	41.46	43.89	52.95	65.45	116.61	209.01
56	34.34	42.15	44.54	53.60	65.60	117.08	209.84
57	34.85	42.72	45.09	54.14	65.62	117.23	210.01
58	35.17	43.09	45.48	54.50	65.42	117.04	209.46
59	35.40	43.38	45.77	54.77	65.13	116.53	208.21
60	35.56	43.59	45.98	54.96	64.79	115.70	206.24
61	35.63	43.70	46.14	55.11	64.43	114.53	203.55
62	35.65	43.75	46.23	55.24	64.11	113.04	200.12
63						111.20	195.92
64						109.05	190.97
65						106.55	185.23
66						103.71	178.70

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.22	12.91	13.93	17.56	25.86	53.14	93.79
26	10.60	13.43	14.52	18.34	26.95	54.94	96.89
27	11.03	14.02	15.16	19.19	28.06	56.77	100.01
28	11.48	14.63	15.84	20.09	29.23	58.64	103.15
29	11.98	15.30	16.58	21.04	30.44	60.52	106.32
30	12.50	16.01	17.36	22.06	31.69	62.46	109.54
31	13.06	16.76	18.18	23.11	32.98	64.42	112.82
32	13.63	17.53	19.03	24.22	34.30	66.42	116.16
33	14.23	18.33	19.93	25.35	35.66	68.46	119.57
34	14.87	19.17	20.84	26.53	37.07	70.54	123.07
35	15.53	20.03	21.80	27.74	38.51	72.68	126.68
36	16.20	20.93	22.79	28.97	39.98	74.88	130.41
37	16.90	21.84	23.81	30.25	41.48	77.13	134.27
38	17.64	22.80	24.86	31.53	43.00	79.45	138.35
39	18.39	23.77	25.94	32.84	44.57	81.85	142.57
40	19.16	24.77	27.05	34.20	46.15	84.29	146.93
41	19.96	25.79	28.19	35.56	47.77	86.79	151.45
42	20.78	26.84	29.35	36.95	49.42	89.34	156.11
43	21.82	28.05	30.56	38.39	51.19	92.03	161.10
44	22.87	29.30	31.81	39.85	52.97	94.74	166.19
45	23.97	30.56	33.08	41.31	54.73	97.46	171.35
46	25.07	31.83	34.34	42.77	56.47	100.17	176.52
47	26.22	33.13	35.62	44.24	58.14	102.85	181.68
48	27.32	34.42	36.95	45.72	59.75	105.62	187.08
49	28.43	35.69	38.25	47.16	61.26	108.26	192.30
50	29.51	36.95	39.52	48.56	62.65	110.75	197.22
51	30.58	38.14	40.73	49.87	63.87	113.03	201.71
52	31.59	39.28	41.87	51.08	64.92	115.03	205.66
53	32.49	40.28	42.87	52.10	65.61	116.50	208.56
54	33.30	41.14	43.77	52.99	66.11	117.62	210.78
55	33.98	41.91	44.51	53.78	66.42	118.41	212.29
56	34.57	42.59	45.15	54.42	66.56	118.85	213.07
57	35.08	43.16	45.68	54.94	66.54	118.94	213.11
58	35.41	43.52	46.06	55.27	66.31	118.70	212.50
59	35.61	43.79	46.32	55.50	65.97	118.10	211.07
60	35.75	43.95	46.47	55.61	65.52	117.06	208.76
61	35.78	43.98	46.52	55.61	65.00	115.60	205.51
62	35.74	43.92	46.46	55.55	64.44	113.68	201.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.28	13.02	14.11	17.81	26.21	53.91	95.20
26	10.67	13.55	14.71	18.60	27.32	55.75	98.35
27	11.10	14.15	15.35	19.47	28.46	57.62	101.54
28	11.56	14.78	16.06	20.39	29.65	59.52	104.75
29	12.05	15.45	16.80	21.36	30.88	61.44	107.98
30	12.58	16.17	17.60	22.39	32.15	63.42	111.28
31	13.14	16.93	18.43	23.47	33.46	65.43	114.62
32	13.72	17.71	19.31	24.60	34.81	67.47	118.05
33	14.33	18.53	20.21	25.76	36.21	69.56	121.55
34	14.97	19.38	21.16	26.96	37.65	71.69	125.13
35	15.63	20.25	22.13	28.19	39.11	73.88	128.83
36	16.32	21.17	23.15	29.46	40.62	76.14	132.66
37	17.03	22.10	24.17	30.76	42.16	78.45	136.63
38	17.77	23.07	25.25	32.08	43.71	80.84	140.81
39	18.53	24.05	26.36	33.43	45.32	83.30	145.15
40	19.31	25.07	27.50	34.81	46.94	85.82	149.64
41	20.12	26.12	28.67	36.22	48.61	88.39	154.30
42	20.95	27.18	29.85	37.65	50.30	91.02	159.10
43	22.00	28.41	31.11	39.13	52.12	93.79	164.24
44	23.07	29.68	32.38	40.63	53.95	96.60	169.50
45	24.17	30.97	33.69	42.14	55.76	99.40	174.83
46	25.30	32.27	34.99	43.64	57.56	102.20	180.17
47	26.45	33.60	36.31	45.15	59.28	104.98	185.51
48	27.58	34.91	37.67	46.69	60.96	107.86	191.12
49	28.69	36.23	39.02	48.20	62.52	110.60	196.53
50	29.80	37.50	40.33	49.64	63.96	113.20	201.64
51	30.88	38.72	41.58	50.99	65.24	115.56	206.29
52	31.90	39.88	42.74	52.25	66.32	117.63	210.38
53	32.81	40.91	43.77	53.31	67.05	119.16	213.40
54	33.66	41.81	44.69	54.23	67.57	120.33	215.70
55	34.34	42.59	45.45	55.01	67.88	121.12	217.22
56	34.93	43.25	46.08	55.65	67.99	121.52	217.91
57	35.43	43.80	46.58	56.12	67.91	121.50	217.77
58	35.75	44.16	46.94	56.44	67.65	121.20	217.07
59	35.95	44.39	47.15	56.60	67.22	120.44	215.37
60	36.04	44.48	47.20	56.57	66.62	119.12	212.54
61	36.01	44.40	47.10	56.38	65.84	117.20	208.43
62	35.87	44.17	46.80	56.00	64.94	114.63	202.95
63				55.42	63.87		
64				54.65	62.67		
65				53.68	61.34		
66				52.49	59.87		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.52	13.54	14.88	18.88	27.78	57.38	101.47
26	10.93	14.09	15.51	19.73	28.95	59.32	104.81
27	11.37	14.72	16.20	20.65	30.17	61.30	108.18
28	11.84	15.37	16.94	21.62	31.42	63.31	111.57
29	12.35	16.07	17.73	22.64	32.72	65.35	114.99
30	12.89	16.82	18.57	23.74	34.07	67.43	118.46
31	13.46	17.60	19.45	24.89	35.45	69.54	121.97
32	14.06	18.42	20.37	26.08	36.87	71.69	125.56
33	14.68	19.27	21.32	27.31	38.34	73.88	129.22
34	15.34	20.15	22.31	28.57	39.85	76.11	132.97
35	16.02	21.06	23.34	29.86	41.39	78.40	136.82
36	16.72	22.01	24.40	31.20	42.96	80.75	140.81
37	17.44	22.97	25.48	32.57	44.57	83.15	144.93
38	18.20	23.97	26.60	33.95	46.19	85.63	149.27
39	18.98	24.98	27.76	35.36	47.85	88.17	153.76
40	19.77	26.04	28.94	36.80	49.54	90.77	158.40
41	20.60	27.11	30.15	38.27	51.26	93.42	163.19
42	21.45	28.20	31.38	39.74	53.00	96.12	168.13
43	22.51	29.47	32.68	41.28	54.88	98.96	173.40
44	23.60	30.76	33.99	42.83	56.75	101.83	178.78
45	24.72	32.08	35.33	44.38	58.62	104.68	184.19
46	25.87	33.41	36.67	45.92	60.44	107.51	189.61
47	27.03	34.75	38.00	47.46	62.18	110.30	194.99
48	28.16	36.08	39.38	49.01	63.86	113.16	200.59
49	29.29	37.40	40.73	50.52	65.40	115.87	205.97
50	30.39	38.67	42.04	51.94	66.81	118.40	210.97
51	31.47	39.89	43.28	53.28	68.04	120.66	215.48
52	32.49	41.03	44.42	54.49	69.05	122.60	219.36
53	33.40	42.03	45.40	55.48	69.65	123.93	222.02
54	34.25	42.92	46.26	56.30	70.05	124.87	223.91
55	34.92	43.66	46.94	56.99	70.21	125.42	224.98
56	35.49	44.28	47.50	57.53	70.17	125.56	225.23
57	35.96	44.78	47.93	57.91	69.96	125.28	224.63
58	36.24	45.08	48.21	58.12	69.56	124.75	223.49
59	36.41	45.26	48.35	58.19	69.00	123.77	221.38
60	36.49	45.31	48.34	58.09	68.29	122.27	218.19
61	36.44	45.20	48.19	57.83	67.43	120.20	213.80
62	36.30	44.95	47.86	57.40	66.47	117.53	208.11
63	35.96	44.51	47.38				
64	35.51	43.91	46.72				
65	34.93	43.16	45.88				
66	34.22	42.23	44.87				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.31	14.25	15.35	19.33	28.47	58.46	103.16
26	11.74	14.83	15.99	20.19	29.66	60.44	106.56
27	12.21	15.48	16.69	21.12	30.89	62.45	109.98
28	12.71	16.16	17.44	22.10	32.17	64.49	113.43
29	13.26	16.89	18.25	23.15	33.50	66.56	116.90
30	13.83	17.67	19.11	24.26	34.87	68.68	120.43
31	14.45	18.49	20.01	25.42	36.28	70.83	124.01
32	15.08	19.34	20.94	26.63	37.73	73.02	127.67
33	15.74	20.22	21.92	27.87	39.22	75.25	131.40
34	16.44	21.15	22.93	29.16	40.77	77.53	135.22
35	17.17	22.09	23.98	30.48	42.34	79.86	139.16
36	17.92	23.08	25.06	31.83	43.95	82.26	143.24
37	18.69	24.09	26.17	33.23	45.59	84.72	147.45
38	19.50	25.13	27.32	34.63	47.25	87.25	151.89
39	20.33	26.20	28.50	36.06	48.96	89.86	156.49
40	21.18	27.30	29.71	37.54	50.69	92.53	161.25
41	22.06	28.42	30.96	39.03	52.46	95.25	166.17
42	22.97	29.57	32.23	40.55	54.26	98.03	171.25
43	24.11	30.90	33.56	42.12	56.19	100.95	176.67
44	25.27	32.26	34.92	43.70	58.12	103.90	182.21
45	26.48	33.64	36.30	45.29	60.04	106.85	187.81
46	27.70	35.05	37.68	46.88	61.93	109.79	193.43
47	28.95	36.47	39.07	48.47	63.75	112.70	199.03
48	30.17	37.88	40.52	50.08	65.49	115.69	204.88
49	31.39	39.27	41.93	51.64	67.13	118.55	210.53
50	32.58	40.64	43.31	53.15	68.63	121.25	215.85
51	33.76	41.95	44.64	54.58	69.96	123.71	220.72
52	34.87	43.19	45.87	55.89	71.09	125.88	225.01
53	35.86	44.28	46.96	57.00	71.83	127.46	228.14
54	36.74	45.22	47.95	57.97	72.38	128.69	230.56
55	37.48	46.07	48.77	58.83	72.72	129.57	232.23
56	38.15	46.83	49.49	59.56	72.89	130.09	233.16
57	38.72	47.47	50.10	60.16	72.91	130.25	233.34
58	39.08	47.88	50.53	60.55	72.69	130.04	232.73
59	39.33	48.20	50.85	60.85	72.37	129.48	231.34
60	39.51	48.43	51.09	61.07	71.99	128.55	229.16
61	39.59	48.56	51.27	61.23	71.59	127.25	226.17
62	39.61	48.61	51.37	61.38	71.23	125.60	222.35
63						123.56	217.69
64						121.17	212.19
65						118.39	205.81
66						115.23	198.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.35	14.34	15.48	19.51	28.73	59.04	104.21
26	11.78	14.92	16.13	20.38	29.94	61.04	107.65
27	12.26	15.58	16.84	21.32	31.18	63.08	111.12
28	12.76	16.26	17.60	22.32	32.48	65.15	114.61
29	13.31	17.00	18.42	23.38	33.82	67.24	118.13
30	13.89	17.79	19.29	24.51	35.21	69.40	121.71
31	14.51	18.62	20.20	25.68	36.64	71.58	125.35
32	15.14	19.48	21.14	26.91	38.11	73.80	129.07
33	15.81	20.37	22.14	28.17	39.62	76.07	132.86
34	16.52	21.30	23.16	29.48	41.19	78.38	136.74
35	17.25	22.25	24.22	30.82	42.79	80.75	140.75
36	18.00	23.26	25.32	32.19	44.42	83.20	144.90
37	18.78	24.27	26.45	33.61	46.09	85.70	149.19
38	19.60	25.33	27.62	35.03	47.78	88.28	153.72
39	20.43	26.41	28.82	36.49	49.52	90.94	158.41
40	21.29	27.52	30.05	38.00	51.28	93.66	163.26
41	22.18	28.66	31.32	39.51	53.08	96.43	168.28
42	23.09	29.82	32.61	41.06	54.91	99.27	173.46
43	24.24	31.17	33.96	42.66	56.88	102.25	179.00
44	25.41	32.55	35.34	44.28	58.85	105.27	184.66
45	26.63	33.95	36.75	45.90	60.81	108.29	190.39
46	27.86	35.37	38.16	47.52	62.74	111.30	196.13
47	29.13	36.81	39.58	49.15	64.60	114.28	201.87
48	30.36	38.24	41.06	50.80	66.39	117.35	207.87
49	31.59	39.66	42.50	52.40	68.07	120.29	213.67
50	32.79	41.05	43.91	53.95	69.61	123.06	219.13
51	33.98	42.38	45.26	55.41	70.97	125.59	224.12
52	35.10	43.64	46.52	56.75	72.13	127.81	228.51
53	36.10	44.76	47.63	57.89	72.90	129.44	231.73
54	37.00	45.71	48.63	58.88	73.46	130.69	234.20
55	37.75	46.57	49.46	59.75	73.80	131.57	235.88
56	38.41	47.32	50.17	60.47	73.95	132.06	236.74
57	38.98	47.95	50.76	61.04	73.93	132.15	236.79
58	39.34	48.36	51.18	61.41	73.68	131.89	236.11
59	39.57	48.65	51.47	61.67	73.30	131.22	234.52
60	39.72	48.83	51.63	61.79	72.80	130.07	231.96
61	39.76	48.87	51.69	61.79	72.22	128.44	228.34
62	39.71	48.80	51.62	61.72	71.60	126.31	223.61

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.42	14.47	15.68	19.79	29.12	59.90	105.78
26	11.85	15.06	16.34	20.67	30.35	61.94	109.28
27	12.33	15.72	17.06	21.63	31.62	64.02	112.82
28	12.84	16.42	17.84	22.65	32.94	66.13	116.39
29	13.39	17.17	18.67	23.73	34.31	68.27	119.98
30	13.98	17.97	19.55	24.88	35.72	70.47	123.64
31	14.60	18.81	20.48	26.08	37.18	72.70	127.36
32	15.24	19.68	21.45	27.33	38.68	74.97	131.17
33	15.92	20.59	22.46	28.62	40.23	77.29	135.05
34	16.63	21.53	23.51	29.95	41.83	79.66	139.03
35	17.37	22.50	24.59	31.32	43.46	82.09	143.14
36	18.13	23.52	25.72	32.73	45.13	84.60	147.40
37	18.92	24.55	26.86	34.18	46.84	87.17	151.81
38	19.74	25.63	28.06	35.64	48.57	89.82	156.46
39	20.59	26.72	29.29	37.14	50.35	92.55	161.28
40	21.45	27.86	30.55	38.68	52.16	95.35	166.27
41	22.36	29.02	31.85	40.24	54.01	98.21	171.44
42	23.28	30.20	33.17	41.83	55.89	101.13	176.78
43	24.44	31.57	34.57	43.48	57.91	104.21	182.49
44	25.63	32.98	35.98	45.14	59.94	107.33	188.33
45	26.86	34.41	37.43	46.82	61.96	110.44	194.25
46	28.11	35.86	38.88	48.49	63.95	113.56	200.19
47	29.39	37.33	40.34	50.17	65.87	116.64	206.12
48	30.64	38.79	41.86	51.88	67.73	119.84	212.35
49	31.88	40.25	43.35	53.55	69.47	122.89	218.37
50	33.11	41.67	44.81	55.15	71.07	125.78	224.04
51	34.31	43.02	46.20	56.66	72.49	128.40	229.21
52	35.44	44.31	47.49	58.05	73.69	130.70	233.75
53	36.46	45.46	48.63	59.23	74.50	132.40	237.11
54	37.40	46.45	49.66	60.25	75.08	133.70	239.67
55	38.15	47.32	50.50	61.12	75.42	134.58	241.35
56	38.81	48.06	51.20	61.83	75.54	135.02	242.12
57	39.37	48.67	51.76	62.36	75.46	135.00	241.97
58	39.72	49.07	52.16	62.71	75.17	134.67	241.19
59	39.94	49.32	52.39	62.89	74.69	133.82	239.30
60	40.04	49.42	52.44	62.86	74.02	132.35	236.15
61	40.01	49.33	52.33	62.64	73.16	130.22	231.59
62	39.86	49.08	52.00	62.22	72.15	127.37	225.50
63				61.58	70.97		
64				60.72	69.63		
65				59.64	68.15		
66				58.32	66.52		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.69	15.04	16.53	20.98	30.87	63.75	112.74
26	12.14	15.66	17.23	21.92	32.17	65.91	116.46
27	12.63	16.35	18.00	22.94	33.52	68.11	120.20
28	13.15	17.08	18.82	24.02	34.91	70.34	123.97
29	13.72	17.86	19.70	25.16	36.36	72.61	127.77
30	14.32	18.69	20.63	26.38	37.85	74.92	131.62
31	14.96	19.56	21.61	27.65	39.39	77.27	135.52
32	15.62	20.47	22.63	28.98	40.97	79.66	139.51
33	16.31	21.41	23.69	30.34	42.60	82.09	143.58
34	17.04	22.39	24.79	31.74	44.28	84.57	147.74
35	17.80	23.40	25.93	33.18	45.99	87.11	152.02
36	18.58	24.45	27.11	34.67	47.73	89.72	156.46
37	19.38	25.52	28.31	36.19	49.52	92.39	161.03
38	20.22	26.63	29.56	37.72	51.32	95.14	165.85
39	21.09	27.76	30.84	39.29	53.17	97.97	170.84
40	21.97	28.93	32.15	40.89	55.04	100.86	176.00
41	22.89	30.12	33.50	42.52	56.96	103.80	181.32
42	23.83	31.33	34.87	44.16	58.89	106.80	186.81
43	25.01	32.74	36.31	45.87	60.98	109.96	192.67
44	26.22	34.18	37.77	47.59	63.06	113.14	198.64
45	27.47	35.64	39.26	49.31	65.13	116.31	204.66
46	28.74	37.12	40.74	51.02	67.15	119.45	210.68
47	30.03	38.61	42.22	52.73	69.09	122.55	216.65
48	31.29	40.09	43.76	54.45	70.95	125.73	222.88
49	32.54	41.55	45.26	56.13	72.67	128.74	228.85
50	33.77	42.97	46.71	57.71	74.23	131.55	234.41
51	34.97	44.32	48.09	59.20	75.60	134.07	239.42
52	36.10	45.59	49.35	60.54	76.72	136.22	243.73
53	37.11	46.70	50.44	61.64	77.39	137.70	246.69
54	38.05	47.69	51.40	62.56	77.83	138.74	248.79
55	38.80	48.51	52.16	63.32	78.01	139.35	249.98
56	39.43	49.20	52.78	63.92	77.97	139.51	250.25
57	39.95	49.75	53.25	64.34	77.73	139.20	249.59
58	40.27	50.09	53.57	64.58	77.29	138.61	248.32
59	40.46	50.29	53.72	64.66	76.67	137.52	245.98
60	40.54	50.34	53.71	64.54	75.88	135.85	242.43
61	40.49	50.22	53.54	64.25	74.92	133.55	237.56
62	40.33	49.94	53.18	63.78	73.85	130.59	231.23
63	39.96	49.45	52.64				
64	39.45	48.79	51.91				
65	38.81	47.95	50.98				
66	38.02	46.92	49.86				

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.72	42.35	46.87	58.01	73.51		
26	32.97	44.08	48.81	60.46	76.35		
27	34.28	45.92	50.84	63.05	79.27		
28	35.69	47.84	52.99	65.75	82.27		
29	37.14	49.84	55.22	68.58	85.34		
30	38.66	51.93	57.55	71.49	88.47		
31	40.25	54.08	59.95	74.49	91.64		
32	41.90	56.29	62.42	77.57	94.84		
33	43.57	58.52	64.89	80.65	98.06		
34	45.28	60.80	67.45	83.80	101.30		
35	47.06	63.14	70.06	87.00	104.56		
36	48.88	65.53	72.72	90.26	107.87		
37	50.77	67.99	75.47	93.59	111.17		
38	52.70	70.49	78.26	96.94	114.50		
39	54.67	73.04	81.12	100.34	117.86		
40	56.72	75.67	84.05	103.85	121.23		
41	58.83	78.40	87.09	107.44	124.64		
42	61.03	81.22	90.23	111.13	128.10		
43	63.82	84.48	93.51	114.96	131.57		
44	66.73	87.87	96.89	118.91	135.08		
45	69.77	91.41	100.42	122.99	138.64		
46	72.93	95.09	104.08	127.21	142.23		
47	76.25	98.91	107.85	131.58	145.85		
48	79.61	102.92	111.96	136.32	149.71		
49	83.07	107.02	116.17	141.17	153.56		
50	86.61	111.19	120.44	146.11	157.36		
51	90.19	115.41	124.73	151.06	161.05		
52	93.78	119.63	129.00	155.98	164.59		
53	97.64	124.16	133.61	161.33	168.27		
54	101.39	128.55	138.02	166.43	171.65		
55	104.93	132.62	142.10	171.14	174.55		
56	108.14	136.28	145.69	175.29	176.88		
57	110.89	139.36	148.66	178.71	178.48		
58	112.28	140.85	150.10	180.25	178.35		
59	113.12	141.66	150.81	180.98	177.47		
60	113.45	141.82	150.87	181.00	175.91		
61	113.26	141.38	150.26	180.35	173.80		
62	112.41	140.36	149.09	179.15	171.22		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.75	42.43	46.99	58.17	73.75		
26	33.00	44.16	48.93	60.63	76.60		
27	34.33	46.01	50.98	63.23	79.53		
28	35.73	47.93	53.14	65.95	82.55		
29	37.20	49.94	55.38	68.79	85.63		
30	38.72	52.04	57.71	71.71	88.78		
31	40.30	54.19	60.12	74.73	91.96		
32	41.95	56.41	62.60	77.82	95.18		
33	43.63	58.64	65.09	80.92	98.42		
34	45.35	60.94	67.65	84.09	101.67		
35	47.13	63.28	70.28	87.31	104.97		
36	48.95	65.69	72.95	90.59	108.29		
37	50.85	68.16	75.72	93.93	111.62		
38	52.79	70.67	78.53	97.30	114.98		
39	54.76	73.22	81.40	100.73	118.36		
40	56.82	75.87	84.36	104.27	121.76		
41	58.94	78.62	87.42	107.87	125.20		
42	61.14	81.44	90.58	111.59	128.68		
43	63.94	84.73	93.87	115.44	132.19		
44	66.85	88.13	97.28	119.43	135.74		
45	69.91	91.68	100.83	123.53	139.33		
46	73.07	95.38	104.51	127.78	142.96		
47	76.40	99.22	108.31	132.19	146.62		
48	79.78	103.24	112.45	136.97	150.52		
49	83.25	107.37	116.69	141.86	154.40		
50	86.80	111.56	120.98	146.83	158.24		
51	90.39	115.79	125.29	151.80	161.96		
52	93.99	120.02	129.58	156.75	165.53		
53	97.86	124.58	134.21	162.13	169.24		
54	101.61	128.97	138.65	167.25	172.62		
55	105.16	133.06	142.72	171.97	175.52		
56	108.36	136.70	146.30	176.11	177.83		
57	111.11	139.77	149.26	179.51	179.40		
58	112.50	141.26	150.69	181.03	179.24		
59	113.32	142.05	151.36	181.72	178.31		
60	113.63	142.16	151.35	181.65	176.64		
61	113.39	141.65	150.64	180.86	174.37		
62	112.49	140.52	149.32	179.46	171.55		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.82	42.55	47.17	58.42	74.10		
26	33.07	44.29	49.12	60.89	76.97		
27	34.39	46.14	51.17	63.51	79.93		
28	35.80	48.08	53.35	66.25	82.96		
29	37.27	50.09	55.60	69.10	86.07		
30	38.80	52.20	57.95	72.05	89.24		
31	40.39	54.36	60.38	75.09	92.45		
32	42.04	56.59	62.87	78.20	95.70		
33	43.73	58.84	65.39	81.32	98.96		
34	45.45	61.15	67.96	84.51	102.25		
35	47.24	63.50	70.61	87.76	105.57		
36	49.07	65.93	73.31	91.07	108.93		
37	50.98	68.41	76.10	94.45	112.29		
38	52.91	70.93	78.92	97.85	115.69		
39	54.90	73.51	81.82	101.31	119.11		
40	56.96	76.18	84.81	104.88	122.55		
41	59.09	78.93	87.89	108.53	126.04		
42	61.31	81.78	91.09	112.28	129.56		
43	64.12	85.09	94.42	116.18	133.12		
44	67.05	88.52	97.86	120.20	136.72		
45	70.12	92.10	101.44	124.36	140.36		
46	73.30	95.82	105.15	128.66	144.05		
47	76.64	99.68	108.99	133.11	147.76		
48	80.03	103.73	113.18	137.94	151.72		
49	83.52	107.89	117.45	142.89	155.66		
50	87.08	112.11	121.79	147.91	159.55		
51	90.68	116.37	126.14	152.93	163.32		
52	94.30	120.63	130.46	157.92	166.93		
53	98.19	125.20	135.12	163.33	170.68		
54	101.94	129.61	139.57	168.48	174.08		
55	105.50	133.70	143.66	173.21	176.98		
56	108.69	137.34	147.23	177.34	179.26		
57	111.44	140.40	150.16	180.69	180.77		
58	112.82	141.87	151.57	182.20	180.59		
59	113.63	142.62	152.19	182.82	179.56		
60	113.90	142.68	152.08	182.61	177.74		
61	113.60	142.05	151.22	181.62	175.21		
62	112.62	140.76	149.66	179.91	172.04		
63				175.38	166.29		
64				170.78	160.52		
65				166.70	155.28		
66				163.74	151.12		
67				162.49	148.59		
68				163.55	148.28		
69				167.50	150.71		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	32.09	43.12	48.02	59.61	75.82		
26	33.35	44.89	50.02	62.15	78.77		
27	34.70	46.77	52.12	64.83	81.81		
28	36.12	48.74	54.34	67.64	84.93		
29	37.60	50.80	56.66	70.56	88.13		
30	39.15	52.94	59.06	73.58	91.39		
31	40.76	55.14	61.54	76.71	94.69		
32	42.44	57.41	64.10	79.90	98.04		
33	44.15	59.71	66.67	83.12	101.40		
34	45.88	62.06	69.32	86.39	104.79		
35	47.70	64.46	72.04	89.74	108.21		
36	49.55	66.92	74.81	93.14	111.67		
37	51.48	69.45	77.66	96.62	115.14		
38	53.44	72.03	80.56	100.12	118.64		
39	55.46	74.66	83.54	103.68	122.17		
40	57.55	77.37	86.60	107.34	125.72		
41	59.71	80.18	89.77	111.11	129.31		
42	61.95	83.09	93.04	114.96	132.95		
43	64.79	86.45	96.45	118.97	136.61		
44	67.75	89.95	99.98	123.10	140.31		
45	70.86	93.59	103.65	127.37	144.05		
46	74.08	97.38	107.45	131.77	147.82		
47	77.45	101.31	111.38	136.34	151.61		
48	80.88	105.43	115.65	141.29	155.66		
49	84.41	109.65	120.02	146.35	159.67		
50	88.01	113.93	124.44	151.47	163.62		
51	91.65	118.25	128.88	156.60	167.45		
52	95.30	122.57	133.28	161.70	171.09		
53	99.23	127.21	138.02	167.20	174.85		
54	103.02	131.67	142.55	172.44	178.26		
55	106.60	135.81	146.70	177.25	181.15		
56	109.82	139.50	150.34	181.46	183.44		
57	112.58	142.60	153.32	184.88	184.93		
58	113.97	144.07	154.73	186.39	184.66		
59	114.78	144.84	155.37	187.02	183.57		
60	115.06	144.91	155.29	186.85	181.72		
61	114.79	144.32	154.48	185.93	179.20		
62	113.83	143.10	153.01	184.35	176.10		
63	110.76	139.39	149.09				
64	107.60	135.58	145.07				
65	104.69	132.14	141.48				
66	102.44	129.55	138.81				
67	101.22	128.27	137.56				
68	101.39	128.79	138.25				
69	103.34	131.58	141.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	35.24	47.05	52.08	64.45	81.68		
26	36.63	48.98	54.23	67.18	84.83		
27	38.09	51.02	56.49	70.06	88.08		
28	39.65	53.16	58.88	73.06	91.41		
29	41.27	55.38	61.36	76.20	94.82		
30	42.96	57.70	63.94	79.43	98.30		
31	44.72	60.09	66.61	82.77	101.82		
32	46.55	62.54	69.35	86.19	105.38		
33	48.41	65.02	72.10	89.61	108.95		
34	50.31	67.56	74.94	93.11	112.55		
35	52.29	70.15	77.84	96.67	116.18		
36	54.31	72.81	80.80	100.29	119.85		
37	56.41	75.54	83.85	103.99	123.52		
38	58.55	78.32	86.95	107.71	127.22		
39	60.74	81.15	90.13	111.49	130.95		
40	63.02	84.08	93.39	115.39	134.70		
41	65.37	87.11	96.77	119.38	138.49		
42	67.81	90.24	100.26	123.48	142.33		
43	70.91	93.87	103.90	127.73	146.19		
44	74.14	97.63	107.66	132.12	150.09		
45	77.52	101.57	111.58	136.65	154.04		
46	81.03	105.66	115.64	141.34	158.03		
47	84.72	109.90	119.83	146.20	162.06		
48	88.45	114.35	124.40	151.47	166.34		
49	92.30	118.91	129.08	156.86	170.62		
50	96.23	123.54	133.82	162.34	174.84		
51	100.21	128.23	138.59	167.84	178.94		
52	104.20	132.92	143.33	173.31	182.88		
53	108.49	137.96	148.45	179.25	186.97		
54	112.66	142.83	153.36	184.92	190.72		
55	116.59	147.36	157.89	190.16	193.94		
56	120.15	151.42	161.88	194.77	196.53		
57	123.21	154.84	165.18	198.57	198.31		
58	124.76	156.50	166.78	200.28	198.17		
59	125.69	157.40	167.57	201.09	197.19		
60	126.06	157.58	167.63	201.11	195.46		
61	125.84	157.09	166.96	200.39	193.11		
62	124.90	155.95	165.66	199.06	190.24		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	35.28	47.14	52.21	64.63	81.94		
26	36.67	49.07	54.37	67.37	85.11		
27	38.14	51.12	56.64	70.26	88.37		
28	39.70	53.26	59.04	73.28	91.72		
29	41.33	55.49	61.53	76.43	95.14		
30	43.02	57.82	64.12	79.68	98.64		
31	44.78	60.21	66.80	83.03	102.18		
32	46.61	62.68	69.55	86.47	105.76		
33	48.48	65.16	72.32	89.91	109.35		
34	50.39	67.71	75.17	93.43	112.97		
35	52.37	70.31	78.09	97.01	116.63		
36	54.39	72.99	81.06	100.65	120.32		
37	56.50	75.73	84.13	104.37	124.02		
38	58.65	78.52	87.25	108.11	127.75		
39	60.84	81.36	90.44	111.92	131.51		
40	63.13	84.30	93.73	115.85	135.29		
41	65.49	87.35	97.13	119.86	139.11		
42	67.93	90.49	100.64	123.99	142.98		
43	71.04	94.14	104.30	128.27	146.88		
44	74.28	97.92	108.09	132.70	150.82		
45	77.68	101.87	112.03	137.26	154.81		
46	81.19	105.98	116.12	141.98	158.84		
47	84.89	110.24	120.34	146.88	162.91		
48	88.64	114.71	124.94	152.19	167.24		
49	92.50	119.30	129.65	157.62	171.56		
50	96.44	123.95	134.42	163.14	175.82		
51	100.43	128.66	139.21	168.67	179.95		
52	104.43	133.36	143.98	174.17	183.92		
53	108.73	138.42	149.12	180.14	188.04		
54	112.90	143.30	154.05	185.83	191.80		
55	116.84	147.84	158.58	191.08	195.02		
56	120.40	151.89	162.56	195.68	197.59		
57	123.45	155.30	165.84	199.45	199.33		
58	125.00	156.95	167.43	201.14	199.16		
59	125.91	157.83	168.18	201.91	198.12		
60	126.26	157.96	168.17	201.83	196.27		
61	125.99	157.39	167.38	200.95	193.74		
62	124.99	156.13	165.91	199.40	190.61		

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	35.35	47.28	52.41	64.91	82.33		
26	36.74	49.21	54.58	67.66	85.52		
27	38.21	51.27	56.86	70.57	88.81		
28	39.78	53.42	59.28	73.61	92.18		
29	41.41	55.66	61.78	76.78	95.63		
30	43.11	58.00	64.39	80.05	99.15		
31	44.88	60.40	67.09	83.43	102.72		
32	46.71	62.88	69.86	86.89	106.33		
33	48.59	65.38	72.65	90.36	109.96		
34	50.50	67.94	75.51	93.90	113.61		
35	52.49	70.56	78.46	97.51	117.30		
36	54.52	73.25	81.46	101.19	121.03		
37	56.64	76.01	84.55	104.94	124.77		
38	58.79	78.81	87.69	108.72	128.54		
39	61.00	81.68	90.91	112.57	132.34		
40	63.29	84.64	94.23	116.53	136.17		
41	65.66	87.70	97.66	120.59	140.04		
42	68.12	90.87	101.21	124.76	143.96		
43	71.24	94.54	104.91	129.09	147.91		
44	74.50	98.35	108.73	133.56	151.91		
45	77.91	102.33	112.71	138.18	155.96		
46	81.44	106.47	116.83	142.95	160.05		
47	85.15	110.76	121.10	147.90	164.18		
48	88.92	115.26	125.75	153.27	168.58		
49	92.80	119.88	130.50	158.77	172.96		
50	96.76	124.57	135.32	164.34	177.28		
51	100.76	129.30	140.15	169.92	181.47		
52	104.78	134.03	144.95	175.47	185.48		
53	109.10	139.11	150.13	181.48	189.64		
54	113.27	144.01	155.08	187.20	193.42		
55	117.22	148.56	159.62	192.45	196.64		
56	120.77	152.60	163.59	197.04	199.18		
57	123.82	156.00	166.84	200.77	200.86		
58	125.35	157.63	168.41	202.44	200.65		
59	126.25	158.47	169.10	203.13	199.51		
60	126.55	158.53	168.98	202.90	197.49		
61	126.22	157.83	168.02	201.80	194.68		
62	125.13	156.40	166.29	199.90	191.16		
63				194.87	184.77		
64				189.76	178.36		
65				185.22	172.53		
66				181.93	167.91		
67				180.54	165.10		
68				181.72	164.75		
69				186.11	167.45		

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	35.65	47.91	53.36	66.23	84.24		
26	37.06	49.88	55.58	69.05	87.52		
27	38.55	51.97	57.91	72.03	90.90		
28	40.13	54.16	60.38	75.15	94.37		
29	41.78	56.44	62.95	78.40	97.92		
30	43.50	58.82	65.62	81.76	101.54		
31	45.29	61.27	68.38	85.23	105.21		
32	47.15	63.79	71.22	88.78	108.93		
33	49.05	66.34	74.08	92.35	112.67		
34	50.98	68.95	77.02	95.99	116.43		
35	53.00	71.62	80.04	99.71	120.23		
36	55.06	74.36	83.12	103.49	124.08		
37	57.20	77.17	86.29	107.35	127.93		
38	59.38	80.03	89.51	111.24	131.82		
39	61.62	82.95	92.82	115.20	135.74		
40	63.94	85.97	96.22	119.27	139.69		
41	66.34	89.09	99.74	123.45	143.68		
42	68.83	92.32	103.38	127.73	147.72		
43	71.99	96.06	107.17	132.19	151.79		
44	75.28	99.94	111.09	136.78	155.90		
45	78.73	103.99	115.17	141.52	160.05		
46	82.31	108.20	119.39	146.41	164.24		
47	86.06	112.57	123.75	151.49	168.46		
48	89.87	117.14	128.50	156.99	172.95		
49	93.79	121.83	133.36	162.61	177.41		
50	97.79	126.59	138.27	168.30	181.80		
51	101.83	131.39	143.20	174.00	186.05		
52	105.89	136.19	148.09	179.67	190.10		
53	110.25	141.34	153.36	185.78	194.28		
54	114.47	146.30	158.39	191.60	198.07		
55	118.44	150.90	163.00	196.94	201.28		
56	122.02	155.00	167.04	201.62	203.82		
57	125.09	158.44	170.35	205.42	205.48		
58	126.63	160.08	171.92	207.10	205.18		
59	127.53	160.93	172.63	207.80	203.97		
60	127.84	161.01	172.54	207.61	201.91		
61	127.54	160.36	171.64	206.59	199.11		
62	126.48	159.00	170.01	204.83	195.67		
63	123.07	154.88	165.65				
64	119.55	150.64	161.19				
65	116.32	146.82	157.20				
66	113.82	143.94	154.23				
67	112.47	142.52	152.84				
68	112.65	143.10	153.61				
69	114.82	146.20	157.09				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.96	19.35	21.11	26.44	37.28		
26	15.57	20.20	22.02	27.66	38.84		
27	16.24	21.12	23.05	28.98	40.47		
28	16.98	22.13	24.17	30.40	42.20		
29	17.78	23.21	25.37	31.95	44.00		
30	18.64	24.38	26.65	33.59	45.90		
31	19.56	25.62	28.04	35.33	47.88		
32	20.55	26.93	29.48	37.18	49.95		
33	21.57	28.30	31.01	39.09	52.10		
34	22.66	29.75	32.61	41.10	54.35		
35	23.81	31.26	34.28	43.20	56.68		
36	25.03	32.85	36.05	45.39	59.13		
37	26.31	34.52	37.90	47.68	61.66		
38	27.65	36.26	39.83	50.04	64.31		
39	29.04	38.08	41.85	52.50	67.08		
40	30.52	39.99	43.97	55.08	69.94		
41	32.08	41.99	46.20	57.76	72.90		
42	33.71	44.10	48.55	60.58	75.96		
43	35.72	46.52	51.03	63.53	79.16		
44	37.85	49.06	53.62	66.63	82.43		
45	40.10	51.74	56.35	69.85	85.78		
46	42.46	54.54	59.20	73.21	89.19		
47	44.96	57.47	62.18	76.71	92.66		
48	47.56	60.61	65.43	80.51	96.33		
49	50.25	63.82	68.77	84.40	100.01		
50	53.01	67.10	72.16	88.35	103.62		
51	55.82	70.42	75.58	92.33	107.11		
52	58.63	73.72	78.98	96.27	110.44		
53	61.61	77.23	82.58	100.45	113.72		
54	64.48	80.60	86.00	104.43	116.70		
55	66.89	83.66	89.10	108.12	119.27		
56	69.07	86.42	91.85	111.38	121.34		
57	70.91	88.75	94.13	114.12	122.80		
58	71.80	89.94	95.31	115.48	122.81		
59	72.30	90.64	95.98	116.24	122.23		
60	72.44	90.89	96.17	116.52	121.12		
61	72.23	90.74	95.95	116.35	119.59		
62	71.70	90.19	95.36	115.84	117.74		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.99	19.43	21.22	26.60	37.51		
26	15.61	20.28	22.15	27.83	39.09		
27	16.28	21.21	23.18	29.16	40.73		
28	17.03	22.22	24.31	30.60	42.48		
29	17.83	23.31	25.52	32.16	44.29		
30	18.69	24.49	26.81	33.81	46.21		
31	19.61	25.73	28.21	35.57	48.20		
32	20.60	27.05	29.66	37.43	50.29		
33	21.64	28.42	31.20	39.36	52.46		
34	22.73	29.88	32.81	41.39	54.73		
35	23.89	31.40	34.51	43.51	57.09		
36	25.10	33.01	36.28	45.71	59.55		
37	26.39	34.69	38.15	48.02	62.11		
38	27.74	36.44	40.10	50.40	64.79		
39	29.13	38.27	42.13	52.88	67.58		
40	30.62	40.19	44.28	55.49	70.47		
41	32.18	42.21	46.52	58.19	73.46		
42	33.81	44.33	48.89	61.04	76.55		
43	35.84	46.76	51.39	64.02	79.78		
44	37.97	49.32	54.01	67.15	83.09		
45	40.24	52.01	56.75	70.40	86.47		
46	42.61	54.83	59.63	73.78	89.92		
47	45.12	57.78	62.64	77.32	93.42		
48	47.73	60.93	65.92	81.15	97.14		
49	50.43	64.17	69.28	85.09	100.85		
50	53.20	67.46	72.70	89.07	104.50		
51	56.02	70.80	76.14	93.08	108.02		
52	58.83	74.12	79.56	97.05	111.38		
53	61.82	77.64	83.18	101.25	114.69		
54	64.69	81.03	86.62	105.25	117.68		
55	67.11	84.10	89.72	108.95	120.24		
56	69.29	86.84	92.46	112.20	122.29		
57	71.13	89.16	94.73	114.91	123.71		
58	72.02	90.34	95.90	116.25	123.71		
59	72.50	91.03	96.53	116.98	123.07		
60	72.62	91.23	96.66	117.17	121.85		
61	72.37	91.01	96.33	116.86	120.16		
62	71.78	90.35	95.59	116.15	118.07		

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	15.06	19.56	21.40	26.86	37.86		
26	15.67	20.40	22.34	28.09	39.46		
27	16.34	21.35	23.38	29.44	41.13		
28	17.10	22.37	24.53	30.90	42.89		
29	17.90	23.46	25.75	32.47	44.73		
30	18.77	24.65	27.05	34.15	46.67		
31	19.70	25.90	28.47	35.93	48.69		
32	20.69	27.23	29.94	37.81	50.81		
33	21.74	28.62	31.50	39.76	53.01		
34	22.83	30.09	33.12	41.81	55.31		
35	23.99	31.63	34.84	43.96	57.69		
36	25.22	33.25	36.64	46.20	60.19		
37	26.51	34.94	38.53	48.54	62.78		
38	27.86	36.70	40.50	50.95	65.50		
39	29.28	38.56	42.55	53.47	68.33		
40	30.76	40.49	44.73	56.11	71.26		
41	32.34	42.53	47.00	58.85	74.30		
42	33.98	44.67	49.40	61.73	77.43		
43	36.02	47.12	51.94	64.76	80.70		
44	38.17	49.71	54.59	67.92	84.07		
45	40.45	52.43	57.37	71.23	87.51		
46	42.83	55.27	60.27	74.66	91.01		
47	45.35	58.25	63.32	78.24	94.56		
48	47.98	61.43	66.65	82.13	98.34		
49	50.70	64.69	70.05	86.12	102.11		
50	53.49	68.02	73.51	90.15	105.81		
51	56.31	71.38	76.99	94.20	109.39		
52	59.15	74.72	80.43	98.22	112.78		
53	62.15	78.26	84.09	102.46	116.13		
54	65.03	81.67	87.54	106.48	119.13		
55	67.46	84.74	90.66	110.18	121.70		
56	69.62	87.48	93.38	113.43	123.72		
57	71.46	89.79	95.63	116.10	125.09		
58	72.33	90.95	96.78	117.42	125.05		
59	72.80	91.60	97.35	118.08	124.32		
60	72.88	91.75	97.39	118.13	122.95		
61	72.58	91.40	96.90	117.62	121.01		
62	71.91	90.59	95.93	116.60	118.57		
63				113.70	114.36		
64				110.72	110.11		
65				108.05	106.18		
66				106.08	102.99		
67				105.21	100.91		
68				105.81	100.33		
69				108.31	101.66		

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	15.33	20.12	22.26	28.04	39.58		
26	15.96	21.01	23.24	29.34	41.26		
27	16.65	21.98	24.33	30.75	43.01		
28	17.42	23.03	25.52	32.28	44.87		
29	18.23	24.17	26.80	33.93	46.79		
30	19.13	25.39	28.16	35.69	48.82		
31	20.07	26.69	29.63	37.55	50.93		
32	21.09	28.05	31.17	39.51	53.15		
33	22.15	29.48	32.79	41.55	55.45		
34	23.27	31.00	34.48	43.70	57.84		
35	24.45	32.58	36.26	45.94	60.33		
36	25.70	34.25	38.13	48.27	62.94		
37	27.02	35.98	40.10	50.71	65.63		
38	28.40	37.80	42.14	53.22	68.45		
39	29.84	39.70	44.27	55.84	71.39		
40	31.35	41.69	46.52	58.57	74.43		
41	32.95	43.78	48.87	61.43	77.57		
42	34.62	45.97	51.35	64.40	80.81		
43	36.69	48.49	53.97	67.55	84.20		
44	38.87	51.14	56.71	70.82	87.66		
45	41.18	53.92	59.58	74.23	91.19		
46	43.61	56.83	62.58	77.77	94.78		
47	46.17	59.88	65.71	81.47	98.42		
48	48.83	63.12	69.12	85.47	102.28		
49	51.59	66.45	72.62	89.58	106.12		
50	54.41	69.84	76.17	93.72	109.88		
51	57.28	73.26	79.73	97.88	113.51		
52	60.15	76.66	83.26	102.00	116.94		
53	63.19	80.27	86.99	106.33	120.30		
54	66.11	83.73	90.52	110.44	123.32		
55	68.55	86.85	93.70	114.22	125.87		
56	70.75	89.64	96.49	117.55	127.90		
57	72.60	91.99	98.78	120.29	129.25		
58	73.49	93.16	99.94	121.62	129.12		
59	73.95	93.82	100.53	122.28	128.33		
60	74.04	93.98	100.59	122.37	126.93		
61	73.76	93.68	100.16	121.93	124.99		
62	73.13	92.93	99.28	121.03	122.63		
63	71.12	90.57	96.78				
64	69.03	88.10	94.19				
65	67.10	85.85	91.83				
66	65.57	84.13	90.05				
67	64.68	83.25	89.19				
68	64.69	83.53	89.58				
69	65.83	85.28	91.55				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	16.62	21.50	23.45	29.38	41.42		
26	17.30	22.44	24.47	30.73	43.15		
27	18.04	23.47	25.61	32.20	44.97		
28	18.87	24.59	26.85	33.78	46.89		
29	19.75	25.79	28.19	35.50	48.89		
30	20.71	27.09	29.61	37.32	51.00		
31	21.73	28.47	31.15	39.26	53.20		
32	22.83	29.92	32.76	41.31	55.50		
33	23.97	31.44	34.45	43.43	57.89		
34	25.18	33.05	36.23	45.67	60.39		
35	26.46	34.73	38.09	48.00	62.98		
36	27.81	36.50	40.05	50.43	65.70		
37	29.23	38.35	42.11	52.98	68.51		
38	30.72	40.29	44.26	55.60	71.46		
39	32.27	42.31	46.50	58.33	74.53		
40	33.91	44.43	48.86	61.20	77.71		
41	35.64	46.66	51.33	64.18	81.00		
42	37.45	49.00	53.94	67.31	84.40		
43	39.69	51.69	56.70	70.59	87.95		
44	42.05	54.51	59.58	74.03	91.59		
45	44.55	57.49	62.61	77.61	95.31		
46	47.18	60.60	65.78	81.34	99.10		
47	49.96	63.86	69.09	85.23	102.95		
48	52.84	67.34	72.70	89.45	107.03		
49	55.83	70.91	76.41	93.78	111.12		
50	58.90	74.55	80.18	98.17	115.13		
51	62.02	78.24	83.98	102.59	119.01		
52	65.14	81.91	87.75	106.97	122.71		
53	68.45	85.81	91.75	111.61	126.36		
54	71.64	89.56	95.55	116.03	129.67		
55	74.32	92.96	99.00	120.13	132.52		
56	76.74	96.02	102.05	123.76	134.82		
57	78.79	98.61	104.59	126.80	136.44		
58	79.78	99.93	105.90	128.31	136.46		
59	80.33	100.71	106.64	129.16	135.81		
60	80.49	100.99	106.86	129.47	134.58		
61	80.26	100.82	106.61	129.28	132.88		
62	79.67	100.21	105.96	128.71	130.82		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	16.66	21.59	23.58	29.56	41.68		
26	17.34	22.53	24.61	30.92	43.43		
27	18.09	23.57	25.76	32.40	45.26		
28	18.92	24.69	27.01	34.00	47.20		
29	19.81	25.90	28.36	35.73	49.21		
30	20.77	27.21	29.79	37.57	51.34		
31	21.79	28.59	31.34	39.52	53.56		
32	22.89	30.06	32.96	41.59	55.88		
33	24.04	31.58	34.67	43.73	58.29		
34	25.26	33.20	36.46	45.99	60.81		
35	26.54	34.89	38.34	48.34	63.43		
36	27.89	36.68	40.31	50.79	66.17		
37	29.32	38.54	42.39	53.36	69.01		
38	30.82	40.49	44.56	56.00	71.99		
39	32.37	42.52	46.81	58.76	75.09		
40	34.02	44.65	49.20	61.66	78.30		
41	35.76	46.90	51.69	64.66	81.62		
42	37.57	49.25	54.32	67.82	85.05		
43	39.82	51.96	57.10	71.13	88.64		
44	42.19	54.80	60.01	74.61	92.32		
45	44.71	57.79	63.06	78.22	96.08		
46	47.34	60.92	66.26	81.98	99.91		
47	50.13	64.20	69.60	85.91	103.80		
48	53.03	67.70	73.24	90.17	107.93		
49	56.03	71.30	76.98	94.54	112.06		
50	59.11	74.96	80.78	98.97	116.11		
51	62.24	78.67	84.60	103.42	120.02		
52	65.37	82.35	88.40	107.83	123.75		
53	68.69	86.27	92.42	112.50	127.43		
54	71.88	90.03	96.24	116.94	130.75		
55	74.57	93.44	99.69	121.05	133.60		
56	76.99	96.49	102.73	124.67	135.88		
57	79.03	99.07	105.25	127.68	137.46		
58	80.02	100.38	106.55	129.17	137.45		
59	80.55	101.14	107.25	129.98	136.74		
60	80.69	101.37	107.40	130.19	135.39		
61	80.41	101.12	107.03	129.84	133.51		
62	79.76	100.39	106.21	129.05	131.19		

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.73	21.73	23.78	29.84	42.07		
26	17.41	22.67	24.82	31.21	43.84		
27	18.16	23.72	25.98	32.71	45.70		
28	19.00	24.85	27.25	34.33	47.66		
29	19.89	26.07	28.61	36.08	49.70		
30	20.86	27.39	30.06	37.94	51.85		
31	21.89	28.78	31.63	39.92	54.10		
32	22.99	30.26	33.27	42.01	56.45		
33	24.15	31.80	35.00	44.18	58.90		
34	25.37	33.43	36.80	46.46	61.45		
35	26.66	35.14	38.71	48.84	64.10		
36	28.02	36.94	40.71	51.33	66.88		
37	29.46	38.82	42.81	53.93	69.76		
38	30.96	40.78	45.00	56.61	72.78		
39	32.53	42.84	47.28	59.41	75.92		
40	34.18	44.99	49.70	62.34	79.18		
41	35.93	47.25	52.22	65.39	82.55		
42	37.76	49.63	54.89	68.59	86.03		
43	40.02	52.36	57.71	71.95	89.67		
44	42.41	55.23	60.65	75.47	93.41		
45	44.94	58.25	63.74	79.14	97.23		
46	47.59	61.41	66.97	82.95	101.12		
47	50.39	64.72	70.36	86.93	105.07		
48	53.31	68.25	74.05	91.25	109.27		
49	56.33	71.88	77.83	95.69	113.46		
50	59.43	75.58	81.68	100.17	117.57		
51	62.57	79.31	85.54	104.67	121.54		
52	65.72	83.02	89.37	109.13	125.31		
53	69.06	86.96	93.43	113.84	129.03		
54	72.25	90.74	97.27	118.31	132.37		
55	74.95	94.16	100.73	122.42	135.22		
56	77.36	97.20	103.76	126.03	137.47		
57	79.40	99.77	106.25	129.00	138.99		
58	80.37	101.06	107.53	130.47	138.94		
59	80.89	101.78	108.17	131.20	138.13		
60	80.98	101.94	108.21	131.26	136.61		
61	80.64	101.56	107.67	130.69	134.45		
62	79.90	100.66	106.59	129.55	131.74		
63				126.33	127.07		
64				123.02	122.34		
65				120.06	117.98		
66				117.87	114.43		
67				116.90	112.12		
68				117.57	111.48		
69				120.34	112.95		

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	17.03	22.36	24.73	31.16	43.98		
26	17.73	23.34	25.82	32.60	45.84		
27	18.50	24.42	27.03	34.17	47.79		
28	19.35	25.59	28.35	35.87	49.85		
29	20.26	26.85	29.78	37.70	51.99		
30	21.25	28.21	31.29	39.65	54.24		
31	22.30	29.65	32.92	41.72	56.59		
32	23.43	31.17	34.63	43.90	59.05		
33	24.61	32.76	36.43	46.17	61.61		
34	25.85	34.44	38.31	48.55	64.27		
35	27.17	36.20	40.29	51.04	67.03		
36	28.56	38.05	42.37	53.63	69.93		
37	30.02	39.98	44.55	56.34	72.92		
38	31.55	42.00	46.82	59.13	76.06		
39	33.15	44.11	49.19	62.04	79.32		
40	34.83	46.32	51.69	65.08	82.70		
41	36.61	48.64	54.30	68.25	86.19		
42	38.47	51.08	57.06	71.56	89.79		
43	40.77	53.88	59.97	75.05	93.55		
44	43.19	56.82	63.01	78.69	97.40		
45	45.76	59.91	66.20	82.48	101.32		
46	48.46	63.14	69.53	86.41	105.31		
47	51.30	66.53	73.01	90.52	109.35		
48	54.26	70.13	76.80	94.97	113.64		
49	57.32	73.83	80.69	99.53	117.91		
50	60.46	77.60	84.63	104.13	122.09		
51	63.64	81.40	88.59	108.75	126.12		
52	66.83	85.18	92.51	113.33	129.93		
53	70.21	89.19	96.66	118.14	133.67		
54	73.45	93.03	100.58	122.71	137.02		
55	76.17	96.50	104.11	126.91	139.86		
56	78.61	99.60	107.21	130.61	142.11		
57	80.67	102.21	109.76	133.65	143.61		
58	81.65	103.51	111.04	135.13	143.47		
59	82.17	104.24	111.70	135.87	142.59		
60	82.27	104.42	111.77	135.97	141.03		
61	81.96	104.09	111.29	135.48	138.88		
62	81.25	103.26	110.31	134.48	136.25		
63	79.02	100.63	107.53				
64	76.70	97.89	104.65				
65	74.56	95.39	102.03				
66	72.85	93.48	100.06				
67	71.87	92.50	99.10				
68	71.88	92.81	99.53				
69	73.14	94.75	101.72				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.89	16.49	17.90	22.50	33.27		
26	13.41	17.21	18.68	23.54	34.70		
27	13.99	18.00	19.57	24.68	36.19		
28	14.63	18.86	20.51	25.90	37.77		
29	15.30	19.79	21.53	27.23	39.42		
30	16.04	20.77	22.62	28.62	41.16		
31	16.82	21.83	23.78	30.11	42.97		
32	17.65	22.94	25.01	31.68	44.86		
33	18.52	24.10	26.29	33.30	46.82		
34	19.46	25.33	27.65	35.02	48.89		
35	20.43	26.60	29.06	36.80	51.02		
36	21.46	27.95	30.56	38.66	53.26		
37	22.54	29.37	32.12	40.61	55.58		
38	23.68	30.83	33.74	42.62	58.02		
39	24.86	32.36	35.45	44.69	60.55		
40	26.11	33.98	37.22	46.87	63.17		
41	27.41	35.68	39.10	49.15	65.88		
42	28.79	37.44	41.06	51.52	68.68		
43	30.49	39.48	43.15	54.01	71.60		
44	32.29	41.61	45.32	56.62	74.58		
45	34.17	43.86	47.60	59.32	77.63		
46	36.16	46.21	49.98	62.14	80.74		
47	38.26	48.65	52.45	65.05	83.89		
48	40.42	51.26	55.14	68.23	87.20		
49	42.67	53.93	57.91	71.46	90.51		
50	44.96	56.64	60.71	74.75	93.76		
51	47.30	59.37	63.52	78.02	96.89		
52	49.62	62.09	66.31	81.26	99.85		
53	52.07	64.92	69.24	84.67	102.74		
54	54.32	67.59	72.01	87.91	105.36		
55	56.39	70.07	74.51	90.90	107.58		
56	58.27	72.28	76.71	93.54	109.35		
57	59.87	74.13	78.53	95.72	110.57		
58	60.62	74.99	79.36	96.68	110.42		
59	61.05	75.45	79.79	97.16	109.75		
60	61.17	75.55	79.84	97.28	108.63		
61	61.05	75.34	79.59	97.07	107.18		
62	60.65	74.85	79.07	96.63	105.51		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.92	16.57	18.02	22.66	33.51		
26	13.45	17.29	18.81	23.72	34.95		
27	14.03	18.09	19.70	24.86	36.45		
28	14.67	18.95	20.66	26.10	38.05		
29	15.35	19.89	21.68	27.43	39.71		
30	16.09	20.88	22.78	28.85	41.46		
31	16.88	21.93	23.95	30.35	43.29		
32	17.70	23.07	25.19	31.93	45.20		
33	18.59	24.23	26.49	33.57	47.18		
34	19.53	25.46	27.86	35.31	49.27		
35	20.50	26.75	29.29	37.11	51.43		
36	21.53	28.12	30.79	38.99	53.69		
37	22.62	29.54	32.37	40.95	56.03		
38	23.77	31.01	34.01	42.98	58.50		
39	24.95	32.55	35.73	45.08	61.06		
40	26.21	34.17	37.53	47.29	63.70		
41	27.52	35.89	39.42	49.58	66.44		
42	28.90	37.67	41.40	51.98	69.26		
43	30.61	39.73	43.51	54.50	72.22		
44	32.42	41.87	45.70	57.14	75.24		
45	34.32	44.13	48.01	59.87	78.33		
46	36.31	46.49	50.41	62.71	81.47		
47	38.41	48.95	52.91	65.66	84.65		
48	40.59	51.58	55.63	68.88	88.01		
49	42.85	54.28	58.42	72.14	91.36		
50	45.15	57.01	61.25	75.47	94.64		
51	47.49	59.76	64.08	78.77	97.79		
52	49.82	62.49	66.90	82.04	100.78		
53	52.28	65.35	69.84	85.47	103.71		
54	54.55	68.03	72.63	88.73	106.34		
55	56.64	70.52	75.13	91.73	108.55		
56	58.50	72.72	77.32	94.36	110.30		
57	60.10	74.57	79.12	96.51	111.48		
58	60.85	75.41	79.95	97.45	111.31		
59	61.26	75.84	80.33	97.90	110.58		
60	61.36	75.90	80.33	97.93	109.36		
61	61.20	75.62	79.97	97.57	107.75		
62	60.74	75.02	79.29	96.94	105.84		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.99	16.70	18.20	22.91	33.86		
26	13.51	17.42	19.00	23.98	35.32		
27	14.09	18.23	19.90	25.14	36.85		
28	14.74	19.10	20.87	26.40	38.47		
29	15.43	20.04	21.91	27.75	40.15		
30	16.17	21.04	23.02	29.18	41.92		
31	16.97	22.10	24.21	30.71	43.78		
32	17.79	23.25	25.47	32.31	45.71		
33	18.68	24.43	26.78	33.98	47.73		
34	19.63	25.67	28.16	35.73	49.84		
35	20.61	26.97	29.62	37.56	52.03		
36	21.65	28.35	31.15	39.47	54.32		
37	22.74	29.79	32.75	41.46	56.71		
38	23.90	31.28	34.41	43.52	59.21		
39	25.09	32.84	36.15	45.67	61.80		
40	26.35	34.48	37.98	47.90	64.49		
41	27.68	36.21	39.90	50.24	67.28		
42	29.07	38.01	41.91	52.67	70.15		
43	30.79	40.09	44.06	55.23	73.14		
44	32.62	42.26	46.28	57.92	76.22		
45	34.52	44.54	48.62	60.70	79.36		
46	36.53	46.94	51.05	63.59	82.56		
47	38.65	49.42	53.60	66.58	85.80		
48	40.84	52.07	56.36	69.85	89.22		
49	43.12	54.80	59.18	73.18	92.62		
50	45.44	57.56	62.06	76.55	95.96		
51	47.79	60.34	64.93	79.89	99.16		
52	50.14	63.09	67.77	83.21	102.19		
53	52.61	66.00	70.75	86.68	105.15		
54	54.91	68.70	73.56	89.96	107.79		
55	57.00	71.19	76.07	92.96	110.01		
56	58.86	73.39	78.25	95.58	111.74		
57	60.45	75.21	80.02	97.70	112.86		
58	61.19	76.05	80.83	98.62	112.65		
59	61.59	76.45	81.16	99.00	111.83		
60	61.65	76.43	81.05	98.89	110.46		
61	61.43	76.03	80.54	98.33	108.59		
62	60.88	75.27	79.63	97.39	106.34		
63				95.02	102.65		
64				92.63	98.96		
65				90.52	95.61		
66				89.02	92.93		
67				88.45	91.25		
68				89.11	90.93		
69				91.33	92.30		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.26	17.26	19.05	24.10	35.58		
26	13.80	18.02	19.90	25.23	37.12		
27	14.40	18.86	20.84	26.45	38.73		
28	15.06	19.76	21.86	27.78	40.44		
29	15.76	20.75	22.96	29.21	42.21		
30	16.52	21.78	24.13	30.72	44.07		
31	17.33	22.89	25.37	32.33	46.02		
32	18.19	24.07	26.69	34.01	48.05		
33	19.10	25.29	28.07	35.77	50.17		
34	20.06	26.58	29.52	37.61	52.38		
35	21.07	27.93	31.04	39.54	54.67		
36	22.13	29.35	32.64	41.54	57.07		
37	23.25	30.83	34.32	43.63	59.55		
38	24.43	32.37	36.05	45.79	62.16		
39	25.65	33.98	37.87	48.03	64.86		
40	26.94	35.68	39.77	50.36	67.66		
41	28.29	37.46	41.77	52.81	70.55		
42	29.71	39.31	43.87	55.34	73.53		
43	31.46	41.45	46.09	58.02	76.64		
44	33.32	43.69	48.40	60.81	79.81		
45	35.26	46.04	50.83	63.70	83.04		
46	37.31	48.49	53.35	66.70	86.33		
47	39.47	51.05	55.98	69.81	89.65		
48	41.70	53.77	58.83	73.20	93.15		
49	44.01	56.56	61.76	76.64	96.62		
50	46.37	59.38	64.72	80.11	100.03		
51	48.75	62.22	67.67	83.57	103.28		
52	51.14	65.03	70.60	86.99	106.34		
53	53.65	68.01	73.66	90.55	109.32		
54	56.06	70.83	76.54	93.92	111.98		
55	58.18	73.38	79.11	97.00	114.18		
56	60.08	75.63	81.35	99.70	115.91		
57	61.69	77.50	83.18	101.88	117.02		
58	62.43	78.35	83.99	102.82	116.73		
59	62.84	78.76	84.34	103.20	115.85		
60	62.92	78.77	84.26	103.13	114.44		
61	62.71	78.42	83.80	102.65	112.58		
62	62.21	77.72	82.98	101.83	110.39		
63	60.63	75.79	80.94				
64	59.00	73.80	78.85				
65	57.52	72.02	76.99				
66	56.39	70.70	75.63				
67	55.79	70.08	75.04				
68	55.96	70.44	75.49				
69	57.08	72.01	77.26				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	14.32	18.32	19.89	25.00	36.97		
26	14.90	19.12	20.76	26.16	38.55		
27	15.54	20.00	21.74	27.42	40.21		
28	16.25	20.96	22.79	28.78	41.97		
29	17.00	21.99	23.92	30.25	43.80		
30	17.82	23.08	25.13	31.80	45.73		
31	18.69	24.25	26.42	33.46	47.74		
32	19.61	25.49	27.79	35.20	49.84		
33	20.58	26.78	29.21	37.00	52.02		
34	21.62	28.14	30.72	38.91	54.32		
35	22.70	29.56	32.29	40.89	56.69		
36	23.84	31.06	33.95	42.96	59.18		
37	25.04	32.63	35.69	45.12	61.76		
38	26.31	34.26	37.49	47.35	64.47		
39	27.62	35.96	39.39	49.66	67.28		
40	29.01	37.75	41.36	52.08	70.19		
41	30.46	39.64	43.44	54.61	73.20		
42	31.99	41.60	45.62	57.24	76.31		
43	33.88	43.87	47.94	60.01	79.55		
44	35.88	46.23	50.35	62.91	82.87		
45	37.97	48.73	52.89	65.91	86.26		
46	40.18	51.34	55.53	69.04	89.71		
47	42.51	54.05	58.28	72.28	93.21		
48	44.91	56.95	61.27	75.81	96.89		
49	47.41	59.92	64.34	79.40	100.57		
50	49.96	62.93	67.46	83.05	104.18		
51	52.55	65.97	70.58	86.69	107.65		
52	55.13	68.99	73.68	90.29	110.94		
53	57.85	72.13	76.93	94.08	114.16		
54	60.35	75.10	80.01	97.68	117.07		
55	62.66	77.86	82.79	101.00	119.53		
56	64.74	80.31	85.23	103.93	121.50		
57	66.52	82.37	87.25	106.35	122.85		
58	67.35	83.32	88.18	107.42	122.69		
59	67.83	83.83	88.65	107.96	121.94		
60	67.97	83.94	88.71	108.09	120.70		
61	67.83	83.71	88.43	107.85	119.09		
62	67.39	83.17	87.85	107.37	117.23		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.36	18.41	20.02	25.18	37.23		
26	14.94	19.21	20.90	26.35	38.83		
27	15.59	20.10	21.89	27.62	40.50		
28	16.30	21.06	22.95	29.00	42.28		
29	17.06	22.10	24.09	30.48	44.12		
30	17.88	23.20	25.31	32.05	46.07		
31	18.75	24.37	26.61	33.72	48.10		
32	19.67	25.63	27.99	35.48	50.22		
33	20.65	26.92	29.43	37.30	52.42		
34	21.70	28.29	30.95	39.23	54.74		
35	22.78	29.72	32.54	41.23	57.14		
36	23.92	31.24	34.21	43.32	59.65		
37	25.13	32.82	35.97	45.50	62.26		
38	26.41	34.46	37.79	47.75	65.00		
39	27.72	36.17	39.70	50.09	67.84		
40	29.12	37.97	41.70	52.54	70.78		
41	30.58	39.88	43.80	55.09	73.82		
42	32.11	41.85	46.00	57.75	76.96		
43	34.01	44.14	48.34	60.55	80.24		
44	36.02	46.52	50.78	63.49	83.60		
45	38.13	49.03	53.34	66.52	87.03		
46	40.34	51.66	56.01	69.68	90.52		
47	42.68	54.39	58.79	72.96	94.06		
48	45.10	57.31	61.81	76.53	97.79		
49	47.61	60.31	64.91	80.16	101.51		
50	50.17	63.34	68.06	83.85	105.16		
51	52.77	66.40	71.20	87.52	108.66		
52	55.36	69.43	74.33	91.15	111.98		
53	58.09	72.61	77.60	94.97	115.23		
54	60.61	75.59	80.70	98.59	118.15		
55	62.93	78.36	83.48	101.92	120.61		
56	65.00	80.80	85.91	104.84	122.56		
57	66.78	82.85	87.91	107.23	123.87		
58	67.61	83.79	88.83	108.28	123.68		
59	68.07	84.27	89.26	108.78	122.87		
60	68.18	84.33	89.25	108.81	121.51		
61	68.00	84.02	88.85	108.41	119.72		
62	67.49	83.35	88.10	107.71	117.60		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.43	18.55	20.22	25.46	37.62		
26	15.01	19.35	21.11	26.64	39.24		
27	15.66	20.25	22.11	27.93	40.94		
28	16.38	21.22	23.19	29.33	42.74		
29	17.14	22.27	24.34	30.83	44.61		
30	17.97	23.38	25.58	32.42	46.58		
31	18.85	24.56	26.90	34.12	48.64		
32	19.77	25.83	28.30	35.90	50.79		
33	20.76	27.14	29.76	37.75	53.03		
34	21.81	28.52	31.29	39.70	55.38		
35	22.90	29.97	32.91	41.73	57.81		
36	24.05	31.50	34.61	43.86	60.36		
37	25.27	33.10	36.39	46.07	63.01		
38	26.55	34.75	38.23	48.36	65.79		
39	27.88	36.49	40.17	50.74	68.67		
40	29.28	38.31	42.20	53.22	71.66		
41	30.75	40.23	44.33	55.82	74.75		
42	32.30	42.23	46.57	58.52	77.94		
43	34.21	44.54	48.95	61.37	81.27		
44	36.24	46.95	51.42	64.35	84.69		
45	38.36	49.49	54.02	67.44	88.18		
46	40.59	52.15	56.72	70.65	91.73		
47	42.94	54.91	59.55	73.98	95.33		
48	45.38	57.86	62.62	77.61	99.13		
49	47.91	60.89	65.76	81.31	102.91		
50	50.49	63.96	68.96	85.05	106.62		
51	53.10	67.04	72.14	88.77	110.18		
52	55.71	70.10	75.30	92.45	113.54		
53	58.46	73.33	78.61	96.31	116.83		
54	61.01	76.33	81.73	99.96	119.77		
55	63.33	79.10	84.52	103.29	122.23		
56	65.40	81.54	86.94	106.20	124.15		
57	67.17	83.57	88.91	108.55	125.40		
58	67.99	84.50	89.81	109.58	125.17		
59	68.43	84.94	90.18	110.00	124.26		
60	68.50	84.92	90.06	109.88	122.73		
61	68.25	84.48	89.49	109.26	120.66		
62	67.64	83.63	88.48	108.21	118.15		
63				105.58	114.06		
64				102.92	109.95		
65				100.58	106.23		
66				98.91	103.25		
67				98.28	101.39		
68				99.01	101.03		
69				101.48	102.55		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	14.73	19.18	21.17	26.78	39.53		
26	15.33	20.02	22.11	28.03	41.24		
27	16.00	20.95	23.16	29.39	43.03		
28	16.73	21.96	24.29	30.87	44.93		
29	17.51	23.05	25.51	32.45	46.90		
30	18.36	24.20	26.81	34.13	48.97		
31	19.26	25.43	28.19	35.92	51.13		
32	20.21	26.74	29.66	37.79	53.39		
33	21.22	28.10	31.19	39.74	55.74		
34	22.29	29.53	32.80	41.79	58.20		
35	23.41	31.03	34.49	43.93	60.74		
36	24.59	32.61	36.27	46.16	63.41		
37	25.83	34.26	38.13	48.48	66.17		
38	27.14	35.97	40.05	50.88	69.07		
39	28.50	37.76	42.08	53.37	72.07		
40	29.93	39.64	44.19	55.96	75.18		
41	31.43	41.62	46.41	58.68	78.39		
42	33.01	43.68	48.74	61.49	81.70		
43	34.96	46.06	51.21	64.47	85.15		
44	37.02	48.54	53.78	67.57	88.68		
45	39.18	51.15	56.48	70.78	92.27		
46	41.46	53.88	59.28	74.11	95.92		
47	43.85	56.72	62.20	77.57	99.61		
48	46.33	59.74	65.37	81.33	103.50		
49	48.90	62.84	68.62	85.15	107.36		
50	51.52	65.98	71.91	89.01	111.14		
51	54.17	69.13	75.19	92.85	114.76		
52	56.82	72.26	78.44	96.65	118.16		
53	59.61	75.57	81.84	100.61	121.47		
54	62.29	78.70	85.04	104.36	124.42		
55	64.64	81.53	87.90	107.78	126.87		
56	66.75	84.03	90.39	110.78	128.79		
57	68.54	86.11	92.42	113.20	130.02		
58	69.37	87.05	93.32	114.24	129.70		
59	69.82	87.51	93.71	114.67	128.72		
60	69.91	87.52	93.62	114.59	127.15		
61	69.68	87.13	93.11	114.05	125.09		
62	69.12	86.36	92.20	113.14	122.66		
63	67.37	84.21	89.93				
64	65.56	82.00	87.61				
65	63.91	80.02	85.54				
66	62.65	78.55	84.03				
67	61.99	77.87	83.38				
68	62.18	78.27	83.88				
69	63.42	80.01	85.84				

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.93	15.18	16.43	20.71	30.51		
26	12.43	15.86	17.17	21.69	31.85		
27	12.96	16.60	17.98	22.74	33.26		
28	13.55	17.40	18.86	23.88	34.73		
29	14.18	18.25	19.80	25.10	36.28		
30	14.86	19.16	20.81	26.41	37.89		
31	15.59	20.13	21.88	27.78	39.57		
32	16.35	21.16	23.01	29.23	41.33		
33	17.16	22.23	24.19	30.74	43.15		
34	18.01	23.35	25.43	32.31	45.05		
35	18.91	24.53	26.73	33.96	47.03		
36	19.85	25.76	28.09	35.66	49.09		
37	20.84	27.05	29.52	37.45	51.21		
38	21.87	28.39	31.00	39.28	53.44		
39	22.94	29.78	32.54	41.17	55.76		
40	24.08	31.25	34.16	43.16	58.15		
41	25.27	32.78	35.85	45.22	60.61		
42	26.52	34.38	37.62	47.38	63.14		
43	28.06	36.22	39.49	49.63	65.77		
44	29.68	38.13	41.45	51.97	68.46		
45	31.38	40.15	43.48	54.40	71.19		
46	33.16	42.25	45.60	56.91	73.96		
47	35.04	44.42	47.79	59.50	76.74		
48	36.96	46.73	50.17	62.31	79.66		
49	38.94	49.08	52.59	65.14	82.55		
50	40.97	51.45	55.04	68.02	85.36		
51	43.00	53.84	57.47	70.87	88.03		
52	45.01	56.19	59.87	73.66	90.54		
53	47.12	58.59	62.35	76.55	92.93		
54	49.05	60.86	64.70	79.29	95.05		
55	50.81	62.93	66.78	81.78	96.80		
56	52.35	64.75	68.57	83.93	98.14		
57	53.66	66.24	70.02	85.69	98.97		
58	54.14	66.75	70.51	86.23	98.49		
59	54.33	66.93	70.64	86.38	97.55		
60	54.30	66.84	70.50	86.27	96.31		
61	54.09	66.54	70.15	85.94	94.87		
62	53.72	66.08	69.66	85.55	93.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.97	15.26	16.55	20.87	30.74		
26	12.47	15.94	17.30	21.86	32.10		
27	13.01	16.69	18.12	22.92	33.52		
28	13.60	17.49	19.01	24.08	35.01		
29	14.24	18.35	19.95	25.31	36.57		
30	14.91	19.27	20.97	26.63	38.20		
31	15.64	20.24	22.05	28.02	39.90		
32	16.41	21.29	23.19	29.48	41.67		
33	17.23	22.36	24.39	31.01	43.51		
34	18.08	23.48	25.64	32.60	45.43		
35	18.98	24.67	26.96	34.26	47.44		
36	19.92	25.92	28.32	35.98	49.51		
37	20.92	27.23	29.77	37.79	51.66		
38	21.96	28.57	31.27	39.64	53.92		
39	23.03	29.97	32.82	41.55	56.26		
40	24.18	31.45	34.46	43.58	58.68		
41	25.38	32.99	36.17	45.65	61.16		
42	26.63	34.61	37.96	47.84	63.72		
43	28.18	36.46	39.85	50.11	66.39		
44	29.81	38.39	41.83	52.49	69.12		
45	31.53	40.42	43.88	54.95	71.88		
46	33.30	42.53	46.04	57.48	74.69		
47	35.19	44.73	48.25	60.11	77.51		
48	37.13	47.05	50.65	62.96	80.47		
49	39.12	49.43	53.10	65.83	83.39		
50	41.16	51.82	55.58	68.74	86.24		
51	43.20	54.23	58.03	71.61	88.94		
52	45.22	56.58	60.45	74.43	91.48		
53	47.34	59.02	62.96	77.36	93.89		
54	49.28	61.30	65.32	80.11	96.02		
55	51.05	63.38	67.40	82.61	97.77		
56	52.59	65.19	69.18	84.75	99.09		
57	53.89	66.67	70.61	86.48	99.89		
58	54.37	67.18	71.09	87.00	99.38		
59	54.55	67.33	71.19	87.12	98.39		
60	54.49	67.19	70.98	86.91	97.04		
61	54.24	66.82	70.52	86.45	95.44		
62	53.81	66.24	69.89	85.85	93.69		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.03	15.39	16.73	21.12	31.10		
26	12.53	16.07	17.49	22.12	32.47		
27	13.07	16.82	18.32	23.20	33.91		
28	13.67	17.63	19.22	24.37	35.42		
29	14.31	18.50	20.18	25.62	37.01		
30	14.99	19.43	21.21	26.96	38.66		
31	15.73	20.41	22.31	28.38	40.38		
32	16.50	21.47	23.47	29.86	42.18		
33	17.33	22.55	24.69	31.41	44.06		
34	18.18	23.69	25.95	33.02	46.01		
35	19.09	24.89	27.29	34.71	48.04		
36	20.03	26.15	28.68	36.47	50.15		
37	21.04	27.48	30.15	38.30	52.34		
38	22.09	28.83	31.66	40.19	54.63		
39	23.18	30.26	33.25	42.14	57.01		
40	24.33	31.75	34.91	44.19	59.47		
41	25.53	33.31	36.65	46.31	62.00		
42	26.80	34.95	38.48	48.53	64.60		
43	28.36	36.82	40.40	50.85	67.32		
44	30.01	38.78	42.41	53.26	70.10		
45	31.73	40.83	44.50	55.77	72.92		
46	33.53	42.98	46.67	58.36	75.78		
47	35.42	45.20	48.93	61.03	78.65		
48	37.39	47.55	51.38	63.93	81.68		
49	39.39	49.95	53.87	66.86	84.65		
50	41.45	52.38	56.39	69.82	87.55		
51	43.50	54.80	58.88	72.74	90.31		
52	45.53	57.19	61.33	75.60	92.88		
53	47.67	59.67	63.86	78.56	95.33		
54	49.64	61.97	66.25	81.34	97.48		
55	51.41	64.04	68.34	83.84	99.23		
56	52.95	65.85	70.11	85.98	100.52		
57	54.24	67.32	71.51	87.67	101.27		
58	54.71	67.82	71.97	88.17	100.72		
59	54.87	67.93	72.02	88.22	99.64		
60	54.77	67.73	71.71	87.88	98.14		
61	54.47	67.23	71.10	87.21	96.28		
62	53.95	66.49	70.23	86.30	94.19		
63				84.56	91.28		
64				82.87	88.48		
65				81.50	86.03		
66				80.69	84.20		
67				80.66	83.21		
68				81.65	83.36		
69				83.93	84.88		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.30	15.96	17.59	22.31	32.81		
26	12.82	16.67	18.39	23.37	34.27		
27	13.37	17.45	19.26	24.52	35.79		
28	13.99	18.30	20.21	25.76	37.40		
29	14.64	19.21	21.23	27.08	39.07		
30	15.35	20.17	22.32	28.50	40.81		
31	16.10	21.20	23.47	30.00	42.62		
32	16.89	22.28	24.70	31.56	44.52		
33	17.74	23.42	25.97	33.20	46.49		
34	18.61	24.60	27.31	34.90	48.55		
35	19.55	25.85	28.71	36.69	50.68		
36	20.52	27.15	30.18	38.54	52.89		
37	21.55	28.52	31.72	40.47	55.18		
38	22.62	29.93	33.30	42.45	57.58		
39	23.73	31.40	34.97	44.51	60.07		
40	24.91	32.95	36.70	46.66	62.64		
41	26.15	34.56	38.52	48.88	65.28		
42	27.44	36.25	40.43	51.20	67.99		
43	29.03	38.19	42.44	53.64	70.81		
44	30.71	40.21	44.53	56.16	73.69		
45	32.47	42.33	46.71	58.78	76.60		
46	34.31	44.53	48.98	61.47	79.55		
47	36.24	46.83	51.32	64.26	82.50		
48	38.24	49.24	53.86	67.28	85.61		
49	40.28	51.71	56.44	70.32	88.66		
50	42.37	54.20	59.04	73.39	91.62		
51	44.46	56.68	61.62	76.41	94.43		
52	46.53	59.13	64.15	79.38	97.04		
53	48.71	61.68	66.77	82.43	99.50		
54	50.79	64.10	69.23	85.30	101.66		
55	52.59	66.23	71.38	87.89	103.40		
56	54.16	68.09	73.22	90.10	104.70		
57	55.48	69.61	74.67	91.85	105.43		
58	55.95	70.11	75.13	92.37	104.80		
59	56.12	70.25	75.20	92.42	103.65		
60	56.04	70.07	74.92	92.12	102.11		
61	55.76	69.62	74.36	91.52	100.27		
62	55.28	68.95	73.58	90.74	98.24		
63	54.09	67.50	72.06				
64	52.92	66.10	70.58				
65	51.90	64.90	69.35				
66	51.21	64.13	68.58				
67	50.99	63.96	68.45				
68	51.38	64.60	69.20				
69	52.56	66.23	71.02				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	13.26	16.87	18.26	23.01	33.90		
26	13.81	17.62	19.08	24.10	35.39		
27	14.40	18.44	19.98	25.27	36.95		
28	15.06	19.33	20.96	26.53	38.59		
29	15.76	20.28	22.00	27.89	40.31		
30	16.51	21.29	23.12	29.34	42.10		
31	17.32	22.37	24.31	30.87	43.97		
32	18.17	23.51	25.57	32.48	45.92		
33	19.07	24.70	26.88	34.15	47.94		
34	20.01	25.94	28.26	35.90	50.06		
35	21.01	27.25	29.70	37.73	52.26		
36	22.05	28.62	31.21	39.62	54.54		
37	23.15	30.06	32.80	41.61	56.90		
38	24.30	31.54	34.44	43.64	59.38		
39	25.49	33.09	36.16	45.74	61.95		
40	26.76	34.72	37.95	47.96	64.61		
41	28.08	36.42	39.83	50.24	67.34		
42	29.47	38.20	41.80	52.64	70.15		
43	31.18	40.24	43.88	55.14	73.08		
44	32.98	42.37	46.05	57.74	76.07		
45	34.87	44.61	48.31	60.44	79.10		
46	36.84	46.94	50.67	63.23	82.18		
47	38.93	49.36	53.10	66.11	85.27		
48	41.07	51.92	55.74	69.23	88.51		
49	43.27	54.53	58.43	72.38	91.72		
50	45.52	57.17	61.15	75.58	94.84		
51	47.78	59.82	63.86	78.74	97.81		
52	50.01	62.43	66.52	81.84	100.60		
53	52.36	65.10	69.28	85.06	103.25		
54	54.50	67.62	71.89	88.10	105.61		
55	56.45	69.92	74.20	90.87	107.55		
56	58.17	71.94	76.19	93.26	109.04		
57	59.62	73.60	77.80	95.21	109.97		
58	60.15	74.17	78.34	95.81	109.43		
59	60.37	74.37	78.49	95.98	108.39		
60	60.33	74.27	78.33	95.85	107.01		
61	60.10	73.93	77.94	95.49	105.41		
62	59.69	73.42	77.40	95.05	103.73		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.30	16.96	18.39	23.19	34.16		
26	13.85	17.71	19.22	24.29	35.67		
27	14.45	18.54	20.13	25.47	37.24		
28	15.11	19.43	21.12	26.75	38.90		
29	15.82	20.39	22.17	28.12	40.63		
30	16.57	21.41	23.30	29.59	42.44		
31	17.38	22.49	24.50	31.13	44.33		
32	18.23	23.65	25.77	32.76	46.30		
33	19.14	24.84	27.10	34.45	48.34		
34	20.09	26.09	28.49	36.22	50.48		
35	21.09	27.41	29.95	38.07	52.71		
36	22.13	28.80	31.47	39.98	55.01		
37	23.24	30.25	33.08	41.99	57.40		
38	24.40	31.74	34.74	44.04	59.91		
39	25.59	33.30	36.47	46.17	62.51		
40	26.87	34.94	38.29	48.42	65.20		
41	28.20	36.66	40.19	50.72	67.96		
42	29.59	38.45	42.18	53.15	70.80		
43	31.31	40.51	44.28	55.68	73.77		
44	33.12	42.66	46.48	58.32	76.80		
45	35.03	44.91	48.76	61.05	79.87		
46	37.00	47.26	51.15	63.87	82.99		
47	39.10	49.70	53.61	66.79	86.12		
48	41.26	52.28	56.28	69.95	89.41		
49	43.47	54.92	59.00	73.14	92.66		
50	45.73	57.58	61.75	76.38	95.82		
51	48.00	60.25	64.48	79.57	98.82		
52	50.24	62.87	67.17	82.70	101.64		
53	52.60	65.58	69.95	85.95	104.32		
54	54.76	68.11	72.58	89.01	106.69		
55	56.72	70.42	74.89	91.79	108.63		
56	58.43	72.43	76.87	94.17	110.10		
57	59.88	74.08	78.46	96.09	110.99		
58	60.41	74.64	78.99	96.67	110.42		
59	60.61	74.81	79.10	96.80	109.32		
60	60.54	74.66	78.87	96.57	107.82		
61	60.27	74.24	78.36	96.05	106.04		
62	59.79	73.60	77.65	95.39	104.10		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.37	17.10	18.59	23.47	34.55		
26	13.92	17.85	19.43	24.58	36.08		
27	14.52	18.69	20.35	25.78	37.68		
28	15.19	19.59	21.36	27.08	39.36		
29	15.90	20.56	22.42	28.47	41.12		
30	16.66	21.59	23.57	29.96	42.95		
31	17.48	22.68	24.79	31.53	44.87		
32	18.33	23.85	26.08	33.18	46.87		
33	19.25	25.06	27.43	34.90	48.95		
34	20.20	26.32	28.83	36.69	51.12		
35	21.21	27.66	30.32	38.57	53.38		
36	22.26	29.06	31.87	40.52	55.72		
37	23.38	30.53	33.50	42.56	58.15		
38	24.54	32.03	35.18	44.65	60.70		
39	25.75	33.62	36.94	46.82	63.34		
40	27.03	35.28	38.79	49.10	66.08		
41	28.37	37.01	40.72	51.45	68.89		
42	29.78	38.83	42.75	53.92	71.78		
43	31.51	40.91	44.89	56.50	74.80		
44	33.34	43.09	47.12	59.18	77.89		
45	35.26	45.37	49.44	61.97	81.02		
46	37.25	47.75	51.86	64.84	84.20		
47	39.36	50.22	54.37	67.81	87.39		
48	41.54	52.83	57.09	71.03	90.75		
49	43.77	55.50	59.85	74.29	94.06		
50	46.05	58.20	62.65	77.58	97.28		
51	48.33	60.89	65.42	80.82	100.34		
52	50.59	63.54	68.14	84.00	103.20		
53	52.97	66.30	70.96	87.29	105.92		
54	55.16	68.85	73.61	90.38	108.31		
55	57.12	71.16	75.93	93.16	110.25		
56	58.83	73.17	77.90	95.53	111.69		
57	60.27	74.80	79.46	97.41	112.52		
58	60.79	75.35	79.97	97.97	111.91		
59	60.97	75.48	80.02	98.02	110.71		
60	60.86	75.25	79.68	97.64	109.04		
61	60.52	74.70	79.00	96.90	106.98		
62	59.94	73.88	78.03	95.89	104.65		
63				93.95	101.42		
64				92.08	98.31		
65				90.56	95.59		
66				89.65	93.55		
67				89.62	92.46		
68				90.72	92.62		
69				93.25	94.31		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.67	17.73	19.54	24.79	36.46		
26	14.24	18.52	20.43	25.97	38.08		
27	14.86	19.39	21.40	27.24	39.77		
28	15.54	20.33	22.46	28.62	41.55		
29	16.27	21.34	23.59	30.09	43.41		
30	17.05	22.41	24.80	31.67	45.34		
31	17.89	23.55	26.08	33.33	47.36		
32	18.77	24.76	27.44	35.07	49.47		
33	19.71	26.02	28.86	36.89	51.66		
34	20.68	27.33	30.34	38.78	53.94		
35	21.72	28.72	31.90	40.77	56.31		
36	22.80	30.17	33.53	42.82	58.77		
37	23.94	31.69	35.24	44.97	61.31		
38	25.13	33.25	37.00	47.17	63.98		
39	26.37	34.89	38.85	49.45	66.74		
40	27.68	36.61	40.78	51.84	69.60		
41	29.05	38.40	42.80	54.31	72.53		
42	30.49	40.28	44.92	56.89	75.54		
43	32.26	42.43	47.15	59.60	78.68		
44	34.12	44.68	49.48	62.40	81.88		
45	36.08	47.03	51.90	65.31	85.11		
46	38.12	49.48	54.42	68.30	88.39		
47	40.27	52.03	57.02	71.40	91.67		
48	42.49	54.71	59.84	74.75	95.12		
49	44.76	57.45	62.71	78.13	98.51		
50	47.08	60.22	65.60	81.54	101.80		
51	49.40	62.98	68.47	84.90	104.92		
52	51.70	65.70	71.28	88.20	107.82		
53	54.12	68.53	74.19	91.59	110.56		
54	56.43	71.22	76.92	94.78	112.96		
55	58.43	73.59	79.31	97.65	114.89		
56	60.18	75.66	81.35	100.11	116.33		
57	61.64	77.34	82.97	102.06	117.14		
58	62.17	77.90	83.48	102.63	116.44		
59	62.36	78.05	83.55	102.69	115.17		
60	62.27	77.85	83.24	102.35	113.46		
61	61.95	77.35	82.62	101.69	111.41		
62	61.42	76.61	81.75	100.82	109.16		
63	60.10	75.00	80.07				
64	58.80	73.44	78.42				
65	57.67	72.11	77.05				
66	56.90	71.25	76.20				
67	56.66	71.07	76.06				
68	57.09	71.78	76.89				
69	58.40	73.59	78.91				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.71	13.51	14.56	18.42	27.03		
26	11.15	14.11	15.22	19.30	28.22		
27	11.62	14.76	15.93	20.24	29.48		
28	12.14	15.47	16.70	21.24	30.79		
29	12.69	16.21	17.51	22.32	32.16		
30	13.28	17.01	18.40	23.46	33.57		
31	13.91	17.86	19.32	24.66	35.05		
32	14.58	18.75	20.30	25.93	36.58		
33	15.27	19.67	21.31	27.23	38.16		
34	16.01	20.63	22.38	28.59	39.81		
35	16.78	21.64	23.49	30.02	41.52		
36	17.59	22.69	24.64	31.47	43.27		
37	18.42	23.79	25.85	33.00	45.10		
38	19.31	24.92	27.10	34.56	47.00		
39	20.21	26.09	28.40	36.16	48.95		
40	21.17	27.32	29.75	37.85	50.96		
41	22.17	28.60	31.16	39.57	53.01		
42	23.20	29.93	32.62	41.36	55.12		
43	24.50	31.46	34.16	43.24	57.29		
44	25.85	33.05	35.77	45.17	59.49		
45	27.25	34.70	37.43	47.15	61.71		
46	28.71	36.41	39.13	49.19	63.94		
47	30.24	38.16	40.88	51.27	66.14		
48	31.79	39.99	42.76	53.50	68.41		
49	33.36	41.84	44.65	55.72	70.63		
50	34.96	43.70	46.54	57.96	72.75		
51	36.55	45.54	48.39	60.15	74.73		
52	38.11	47.32	50.20	62.25	76.54		
53	39.68	49.10	52.00	64.37	78.14		
54	41.15	50.73	53.69	66.32	79.51		
55	42.42	52.21	55.19	68.09	80.58		
56	43.53	53.50	56.43	69.61	81.33		
57	44.46	54.54	57.42	70.83	81.73		
58	44.72	54.80	57.65	71.07	81.08		
59	44.81	54.85	57.65	71.07	80.15		
60	44.76	54.74	57.51	70.96	79.09		
61	44.62	54.55	57.29	70.79	78.01		
62	44.43	54.33	57.08	70.71	77.02		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.75	13.59	14.68	18.59	27.26		
26	11.19	14.19	15.35	19.47	28.48		
27	11.66	14.85	16.07	20.42	29.74		
28	12.19	15.56	16.84	21.44	31.07		
29	12.74	16.31	17.67	22.53	32.45		
30	13.34	17.12	18.56	23.69	33.88		
31	13.97	17.96	19.49	24.89	35.37		
32	14.63	18.87	20.48	26.18	36.92		
33	15.34	19.79	21.51	27.50	38.52		
34	16.08	20.76	22.59	28.88	40.19		
35	16.85	21.78	23.72	30.32	41.92		
36	17.66	22.85	24.88	31.80	43.70		
37	18.50	23.96	26.10	33.35	45.55		
38	19.40	25.10	27.37	34.92	47.48		
39	20.30	26.28	28.68	36.55	49.46		
40	21.27	27.52	30.06	38.26	51.49		
41	22.28	28.82	31.48	40.01	53.57		
42	23.31	30.16	32.96	41.81	55.70		
43	24.62	31.70	34.52	43.72	57.92		
44	25.97	33.31	36.15	45.69	60.15		
45	27.40	34.97	37.84	47.70	62.41		
46	28.85	36.69	39.56	49.77	64.67		
47	30.39	38.47	41.34	51.89	66.91		
48	31.96	40.31	43.25	54.14	69.22		
49	33.54	42.19	45.16	56.40	71.48		
50	35.15	44.06	47.08	58.68	73.63		
51	36.75	45.93	48.95	60.89	75.64		
52	38.31	47.72	50.79	63.03	77.47		
53	39.90	49.54	52.61	65.17	79.10		
54	41.38	51.17	54.32	67.14	80.48		
55	42.66	52.66	55.81	68.92	81.55		
56	43.77	53.94	57.04	70.43	82.29		
57	44.69	54.97	58.01	71.62	82.65		
58	44.96	55.22	58.23	71.85	81.97		
59	45.03	55.24	58.20	71.81	80.99		
60	44.95	55.09	58.00	71.60	79.82		
61	44.78	54.83	57.67	71.30	78.58		
62	44.52	54.50	57.30	71.02	77.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.81	13.72	14.86	18.84	27.61		
26	11.25	14.32	15.53	19.73	28.85		
27	11.73	14.99	16.26	20.70	30.13		
28	12.26	15.71	17.06	21.74	31.48		
29	12.82	16.46	17.89	22.84	32.89		
30	13.42	17.28	18.80	24.02	34.34		
31	14.06	18.14	19.76	25.25	35.86		
32	14.72	19.05	20.76	26.56	37.43		
33	15.44	19.99	21.81	27.90	39.07		
34	16.18	20.97	22.90	29.30	40.76		
35	16.96	22.01	24.05	30.77	42.53		
36	17.78	23.09	25.24	32.28	44.33		
37	18.63	24.21	26.48	33.86	46.22		
38	19.52	25.36	27.77	35.47	48.19		
39	20.45	26.57	29.11	37.13	50.20		
40	21.41	27.83	30.51	38.87	52.28		
41	22.43	29.13	31.96	40.66	54.41		
42	23.48	30.50	33.47	42.51	56.58		
43	24.80	32.06	35.07	44.46	58.84		
44	26.17	33.70	36.73	46.47	61.13		
45	27.60	35.38	38.45	48.53	63.44		
46	29.08	37.13	40.20	50.64	65.75		
47	30.63	38.93	42.02	52.80	68.05		
48	32.21	40.81	43.97	55.12	70.43		
49	33.81	42.71	45.93	57.44	72.74		
50	35.43	44.62	47.89	59.76	74.94		
51	37.04	46.50	49.80	62.02	77.00		
52	38.63	48.32	51.66	64.20	78.88		
53	40.23	50.16	53.51	66.38	80.54		
54	41.74	51.84	55.24	68.37	81.94		
55	43.02	53.33	56.75	70.16	83.01		
56	44.13	54.60	57.97	71.65	83.72		
57	45.05	55.62	58.91	72.81	84.02		
58	45.30	55.86	59.11	73.02	83.31		
59	45.35	55.85	59.03	72.91	82.24		
60	45.23	55.62	58.73	72.57	80.92		
61	45.00	55.24	58.25	72.06	79.43		
62	44.66	54.75	57.65	71.47	77.85		
63				70.61	76.07		
64				69.89	74.47		
65				69.46	73.20		
66				69.48	72.41		
67				70.07	72.26		
68				71.41	72.90		
69				73.62	74.49		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.08	14.28	15.71	20.03	29.33		
26	11.54	14.92	16.43	20.98	30.65		
27	12.03	15.62	17.21	22.01	32.01		
28	12.57	16.37	18.05	23.12	33.45		
29	13.15	17.16	18.95	24.30	34.95		
30	13.77	18.02	19.91	25.56	36.49		
31	14.43	18.92	20.92	26.87	38.10		
32	15.12	19.87	21.99	28.26	39.77		
33	15.85	20.85	23.09	29.69	41.51		
34	16.61	21.88	24.26	31.19	43.30		
35	17.42	22.96	25.47	32.75	45.16		
36	18.26	24.08	26.73	34.35	47.08		
37	19.13	25.25	28.04	36.03	49.07		
38	20.05	26.46	29.40	37.74	51.14		
39	21.01	27.71	30.83	39.50	53.26		
40	22.00	29.03	32.30	41.34	55.45		
41	23.04	30.38	33.83	43.24	57.68		
42	24.12	31.81	35.42	45.18	59.97		
43	25.47	33.43	37.11	47.25	62.33		
44	26.87	35.13	38.85	49.37	64.72		
45	28.34	36.87	40.66	51.53	67.12		
46	29.86	38.69	42.51	53.76	69.53		
47	31.45	40.56	44.41	56.03	71.90		
48	33.07	42.50	46.45	58.46	74.36		
49	34.70	44.47	48.50	60.89	76.74		
50	36.36	46.44	50.54	63.32	79.01		
51	38.01	48.38	52.54	65.69	81.13		
52	39.63	50.27	54.49	67.98	83.03		
53	41.27	52.16	56.42	70.25	84.72		
54	42.82	53.94	58.22	72.33	86.12		
55	44.20	55.51	59.79	74.20	87.18		
56	45.34	56.84	61.07	75.77	87.89		
57	46.28	57.91	62.07	77.00	88.18		
58	46.54	58.16	62.27	77.21	87.39		
59	46.60	58.16	62.21	77.11	86.26		
60	46.50	57.96	61.93	76.81	84.90		
61	46.29	57.63	61.51	76.37	83.41		
62	45.99	57.20	60.99	75.91	81.91		
63	45.37	56.48	60.23				
64	44.82	55.83	59.58				
65	44.42	55.40	59.16				
66	44.27	55.31	59.09				
67	44.47	55.66	59.53				
68	45.11	56.57	60.57				
69	46.28	58.18	62.35				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.90	15.01	16.18	20.47	30.03		
26	12.39	15.68	16.91	21.44	31.36		
27	12.91	16.40	17.70	22.49	32.75		
28	13.49	17.19	18.55	23.60	34.21		
29	14.10	18.01	19.46	24.80	35.73		
30	14.76	18.90	20.44	26.07	37.30		
31	15.46	19.84	21.47	27.40	38.94		
32	16.20	20.83	22.56	28.81	40.64		
33	16.97	21.85	23.68	30.25	42.40		
34	17.79	22.92	24.87	31.77	44.23		
35	18.64	24.04	26.10	33.35	46.13		
36	19.54	25.21	27.38	34.97	48.08		
37	20.47	26.43	28.72	36.67	50.11		
38	21.45	27.69	30.11	38.40	52.22		
39	22.46	28.99	31.56	40.18	54.39		
40	23.52	30.36	33.06	42.05	56.62		
41	24.63	31.78	34.62	43.97	58.90		
42	25.78	33.26	36.24	45.95	61.24		
43	27.22	34.95	37.96	48.04	63.66		
44	28.72	36.72	39.74	50.19	66.10		
45	30.28	38.55	41.59	52.39	68.57		
46	31.90	40.45	43.48	54.66	71.04		
47	33.60	42.40	45.42	56.97	73.49		
48	35.32	44.43	47.51	59.44	76.01		
49	37.07	46.49	49.61	61.91	78.48		
50	38.84	48.55	51.71	64.40	80.83		
51	40.61	50.60	53.77	66.83	83.03		
52	42.34	52.58	55.78	69.17	85.04		
53	44.09	54.56	57.78	71.52	86.82		
54	45.72	56.37	59.66	73.69	88.34		
55	47.13	58.01	61.32	75.66	89.53		
56	48.37	59.44	62.70	77.34	90.37		
57	49.40	60.60	63.80	78.70	90.81		
58	49.69	60.89	64.05	78.97	90.09		
59	49.79	60.94	64.06	78.97	89.06		
60	49.73	60.82	63.90	78.84	87.88		
61	49.58	60.61	63.66	78.66	86.68		
62	49.37	60.37	63.42	78.57	85.58		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.94	15.10	16.31	20.65	30.29		
26	12.43	15.77	17.05	21.63	31.64		
27	12.96	16.50	17.85	22.69	33.04		
28	13.54	17.29	18.71	23.82	34.52		
29	14.16	18.12	19.63	25.03	36.05		
30	14.82	19.02	20.62	26.32	37.64		
31	15.52	19.96	21.66	27.66	39.30		
32	16.26	20.97	22.76	29.09	41.02		
33	17.04	21.99	23.90	30.55	42.80		
34	17.87	23.07	25.10	32.09	44.65		
35	18.72	24.20	26.35	33.69	46.58		
36	19.62	25.39	27.64	35.33	48.55		
37	20.56	26.62	29.00	37.05	50.61		
38	21.55	27.89	30.41	38.80	52.75		
39	22.56	29.20	31.87	40.61	54.95		
40	23.63	30.58	33.40	42.51	57.21		
41	24.75	32.02	34.98	44.45	59.52		
42	25.90	33.51	36.62	46.46	61.89		
43	27.35	35.22	38.36	48.58	64.35		
44	28.86	37.01	40.17	50.77	66.83		
45	30.44	38.85	42.04	53.00	69.34		
46	32.06	40.77	43.96	55.30	71.85		
47	33.77	42.74	45.93	57.65	74.34		
48	35.51	44.79	48.05	60.16	76.91		
49	37.27	46.88	50.18	62.67	79.42		
50	39.05	48.96	52.31	65.20	81.81		
51	40.83	51.03	54.39	67.66	84.04		
52	42.57	53.02	56.43	70.03	86.08		
53	44.33	55.04	58.45	72.41	87.89		
54	45.98	56.86	60.35	74.60	89.42		
55	47.40	58.51	62.01	76.58	90.61		
56	48.63	59.93	63.38	78.25	91.43		
57	49.66	61.08	64.46	79.58	91.83		
58	49.95	61.36	64.70	79.83	91.08		
59	50.03	61.38	64.67	79.79	89.99		
60	49.94	61.21	64.44	79.56	88.69		
61	49.75	60.92	64.08	79.22	87.31		
62	49.47	60.55	63.67	78.91	85.95		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.01	15.24	16.51	20.93	30.68		
26	12.50	15.91	17.26	21.92	32.05		
27	13.03	16.65	18.07	23.00	33.48		
28	13.62	17.45	18.95	24.15	34.98		
29	14.24	18.29	19.88	25.38	36.54		
30	14.91	19.20	20.89	26.69	38.15		
31	15.62	20.15	21.95	28.06	39.84		
32	16.36	21.17	23.07	29.51	41.59		
33	17.15	22.21	24.23	31.00	43.41		
34	17.98	23.30	25.44	32.56	45.29		
35	18.84	24.45	26.72	34.19	47.25		
36	19.75	25.65	28.04	35.87	49.26		
37	20.70	26.90	29.42	37.62	51.36		
38	21.69	28.18	30.85	39.41	53.54		
39	22.72	29.52	32.34	41.26	55.78		
40	23.79	30.92	33.90	43.19	58.09		
41	24.92	32.37	35.51	45.18	60.45		
42	26.09	33.89	37.19	47.23	62.87		
43	27.55	35.62	38.97	49.40	65.38		
44	29.08	37.44	40.81	51.63	67.92		
45	30.67	39.31	42.72	53.92	70.49		
46	32.31	41.26	44.67	56.27	73.06		
47	34.03	43.26	46.69	58.67	75.61		
48	35.79	45.34	48.86	61.24	78.25		
49	37.57	47.46	51.03	63.82	80.82		
50	39.37	49.58	53.21	66.40	83.27		
51	41.16	51.67	55.33	68.91	85.56		
52	42.92	53.69	57.40	71.33	87.64		
53	44.70	55.73	59.46	73.75	89.49		
54	46.38	57.60	61.38	75.97	91.04		
55	47.80	59.25	63.05	77.95	92.23		
56	49.03	60.67	64.41	79.61	93.02		
57	50.05	61.80	65.46	80.90	93.36		
58	50.33	62.07	65.68	81.13	92.57		
59	50.39	62.05	65.59	81.01	91.38		
60	50.26	61.80	65.25	80.63	89.91		
61	50.00	61.38	64.72	80.07	88.25		
62	49.62	60.83	64.05	79.41	86.50		
63				78.45	84.52		
64				77.66	82.74		
65				77.18	81.33		
66				77.20	80.45		
67				77.86	80.29		
68				79.34	81.00		
69				81.80	82.77		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	12.31	15.87	17.46	22.25	32.59		
26	12.82	16.58	18.26	23.31	34.05		
27	13.37	17.35	19.12	24.46	35.57		
28	13.97	18.19	20.05	25.69	37.17		
29	14.61	19.07	21.05	27.00	38.83		
30	15.30	20.02	22.12	28.40	40.54		
31	16.03	21.02	23.24	29.86	42.33		
32	16.80	22.08	24.43	31.40	44.19		
33	17.61	23.17	25.66	32.99	46.12		
34	18.46	24.31	26.95	34.65	48.11		
35	19.35	25.51	28.30	36.39	50.18		
36	20.29	26.76	29.70	38.17	52.31		
37	21.26	28.06	31.16	40.03	54.52		
38	22.28	29.40	32.67	41.93	56.82		
39	23.34	30.79	34.25	43.89	59.18		
40	24.44	32.25	35.89	45.93	61.61		
41	25.60	33.76	37.59	48.04	64.09		
42	26.80	35.34	39.36	50.20	66.63		
43	28.30	37.14	41.23	52.50	69.26		
44	29.86	39.03	43.17	54.85	71.91		
45	31.49	40.97	45.18	57.26	74.58		
46	33.18	42.99	47.23	59.73	77.25		
47	34.94	45.07	49.34	62.26	79.89		
48	36.74	47.22	51.61	64.96	82.62		
49	38.56	49.41	53.89	67.66	85.27		
50	40.40	51.60	56.16	70.36	87.79		
51	42.23	53.76	58.38	72.99	90.14		
52	44.03	55.85	60.54	75.53	92.26		
53	45.85	57.96	62.69	78.05	94.13		
54	47.58	59.93	64.69	80.37	95.69		
55	49.11	61.68	66.43	82.44	96.87		
56	50.38	63.16	67.86	84.19	97.66		
57	51.42	64.34	68.97	85.55	97.98		
58	51.71	64.62	69.19	85.79	97.10		
59	51.78	64.62	69.12	85.68	95.84		
60	51.67	64.40	68.81	85.34	94.33		
61	51.43	64.03	68.34	84.86	92.68		
62	51.10	63.56	67.77	84.34	91.01		
63	50.41	62.75	66.92				
64	49.80	62.03	66.20				
65	49.35	61.56	65.73				
66	49.19	61.45	65.66				
67	49.41	61.84	66.14				
68	50.12	62.86	67.30				
69	51.42	64.64	69.28				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	39.76	53.45	59.19	73.81			
26	41.51	55.88	61.90	77.27			
27	43.35	58.46	64.79	80.96			
28	45.33	61.21	67.84	84.86			
29	47.41	64.08	71.04	88.94			
30	49.59	67.08	74.38	93.19			
31	51.85	70.17	77.82	97.55			
32	54.18	73.34	81.35	102.02			
33	56.57	76.57	84.95	106.54			
34	59.01	79.85	88.61	111.12			
35	61.50	83.16	92.30	115.73			
36	64.00	86.49	96.00	120.32			
37	66.51	89.80	99.72	124.88			
38	69.05	93.11	103.41	129.39			
39	71.56	96.40	107.07	133.82			
40	74.04	99.61	110.66	138.13			
41	76.48	102.74	114.16	142.29			
42	78.85	105.79	117.54	146.28			
43	81.80	109.14	120.83	150.07			
44	84.69	112.40	123.95	153.61			
45	87.48	115.49	126.87	156.88			
46	90.16	118.40	129.56	159.85			
47	92.70	121.08	132.00	162.47			
48	94.89	123.43	134.27	164.84			
49	96.85	125.48	136.19	166.76			
50	98.52	127.15	137.72	168.17			
51	99.88	128.40	138.77	169.02			
52	100.85	129.18	139.30	169.20			
53	101.35	129.35	139.20	168.60			
54	101.39	128.94	138.47	167.24			
55	100.89	127.89	137.05	165.08			
56	99.85	126.16	134.92	162.06			
57	98.23	123.70	132.03	158.15			
58	95.66	120.25	128.27	153.22			
59	92.45	115.98	123.64	147.32			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	39.80	53.53	59.31	73.97			
26	41.54	55.96	62.03	77.45			
27	43.40	58.55	64.93	81.14			
28	45.38	61.30	67.99	85.06			
29	47.47	64.18	71.19	89.15			
30	49.64	67.19	74.54	93.41			
31	51.90	70.29	77.99	97.79			
32	54.23	73.47	81.53	102.27			
33	56.64	76.70	85.15	106.81			
34	59.09	79.99	88.82	111.41			
35	61.57	83.30	92.53	116.04			
36	64.08	86.64	96.24	120.65			
37	66.59	89.96	99.97	125.23			
38	69.14	93.29	103.68	129.75			
39	71.65	96.59	107.35	134.21			
40	74.14	99.81	110.96	138.55			
41	76.59	102.96	114.48	142.72			
42	78.96	106.01	117.88	146.74			
43	81.92	109.39	121.19	150.55			
44	84.82	112.66	124.34	154.13			
45	87.62	115.76	127.28	157.43			
46	90.31	118.68	130.00	160.43			
47	92.85	121.38	132.46	163.08			
48	95.06	123.76	134.76	165.49			
49	97.03	125.83	136.70	167.45			
50	98.71	127.52	138.26	168.89			
51	100.08	128.79	139.33	169.77			
52	101.06	129.57	139.89	169.97			
53	101.57	129.76	139.81	169.40			
54	101.61	129.37	139.09	168.06			
55	101.12	128.32	137.67	165.91			
56	100.07	126.59	135.53	162.88			
57	98.44	124.11	132.62	158.94			
58	95.88	120.65	128.85	153.99			
59	92.65	116.37	124.19	148.06			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	39.85	53.65	59.49	74.22			
26	41.61	56.09	62.22	77.71			
27	43.46	58.68	65.12	81.42			
28	45.45	61.44	68.19	85.36			
29	47.54	64.33	71.42	89.46			
30	49.73	67.35	74.78	93.74			
31	51.99	70.46	78.26	98.15			
32	54.32	73.65	81.81	102.65			
33	56.73	76.90	85.45	107.22			
34	59.18	80.20	89.14	111.83			
35	61.68	83.53	92.86	116.49			
36	64.20	86.88	96.59	121.13			
37	66.72	90.22	100.34	125.74			
38	69.27	93.56	104.08	130.30			
39	71.79	96.88	107.78	134.79			
40	74.30	100.12	111.41	139.16			
41	76.74	103.28	114.96	143.38			
42	79.13	106.35	118.39	147.43			
43	82.10	109.76	121.73	151.29			
44	85.01	113.05	124.91	154.91			
45	87.83	116.17	127.89	158.26			
46	90.53	119.12	130.64	161.30			
47	93.09	121.85	133.15	164.00			
48	95.31	124.25	135.49	166.46			
49	97.29	126.35	137.47	168.48			
50	99.00	128.08	139.06	169.97			
51	100.38	129.37	140.18	170.89			
52	101.38	130.18	140.76	171.14			
53	101.89	130.39	140.72	170.60			
54	101.94	130.01	140.01	169.29			
55	101.46	128.96	138.61	167.14			
56	100.40	127.22	136.46	164.11			
57	98.77	124.73	133.52	160.13			
58	96.19	121.27	129.73	155.16			
59	92.95	116.95	125.02	149.16			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	40.28	54.52	60.80	76.05			
26	42.05	57.02	63.59	79.63			
27	43.93	59.66	66.58	83.46			
28	45.95	62.48	69.74	87.52			
29	48.06	65.43	73.05	91.75			
30	50.27	68.51	76.52	96.17			
31	52.58	71.69	80.09	100.71			
32	54.95	74.94	83.75	105.36			
33	57.38	78.27	87.50	110.09			
34	59.88	81.65	91.31	114.87			
35	62.41	85.06	95.15	119.68			
36	64.96	88.49	99.00	124.49			
37	67.53	91.91	102.87	129.26			
38	70.12	95.33	106.72	133.98			
39	72.68	98.72	110.55	138.64			
40	75.22	102.04	114.30	143.15			
41	77.71	105.28	117.95	147.52			
42	80.13	108.42	121.49	151.70			
43	83.14	111.90	124.94	155.70			
44	86.09	115.26	128.21	159.43			
45	88.95	118.45	131.26	162.87			
46	91.68	121.45	134.07	165.98			
47	94.27	124.21	136.61	168.72			
48	96.50	126.63	138.97	171.20			
49	98.49	128.73	140.95	173.20			
50	100.19	130.44	142.51	174.63			
51	101.56	131.69	143.56	175.45			
52	102.53	132.44	144.05	175.55			
53	103.00	132.54	143.83	174.79			
54	102.99	132.03	142.94	173.21			
55	102.44	130.84	141.32	170.75			
56	101.31	128.94	138.92	167.38			
57	99.58	126.27	135.73	163.05			
58	96.90	122.62	131.66	157.73			
59	93.56	118.10	126.68	151.35			

** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	44.18	59.39	65.77	82.01			
26	46.12	62.09	68.78	85.86			
27	48.17	64.96	71.99	89.96			
28	50.37	68.01	75.38	94.29			
29	52.68	71.20	78.93	98.82			
30	55.10	74.53	82.64	103.54			
31	57.61	77.97	86.47	108.39			
32	60.20	81.49	90.39	113.35			
33	62.86	85.08	94.39	118.38			
34	65.57	88.72	98.46	123.47			
35	68.33	92.40	102.56	128.59			
36	71.11	96.10	106.67	133.69			
37	73.90	99.78	110.80	138.76			
38	76.72	103.46	114.90	143.77			
39	79.51	107.11	118.97	148.69			
40	82.27	110.68	122.96	153.48			
41	84.98	114.16	126.84	158.10			
42	87.61	117.54	130.60	162.53			
43	90.89	121.27	134.26	166.74			
44	94.10	124.89	137.72	170.68			
45	97.20	128.32	140.97	174.31			
46	100.18	131.55	143.96	177.61			
47	103.00	134.53	146.67	180.52			
48	105.43	137.14	149.19	183.16			
49	107.61	139.42	151.32	185.29			
50	109.47	141.28	153.02	186.86			
51	110.98	142.67	154.19	187.80			
52	112.06	143.53	154.78	188.00			
53	112.61	143.72	154.67	187.33			
54	112.65	143.27	153.85	185.82			
55	112.10	142.10	152.28	183.42			
56	110.94	140.18	149.91	180.07			
57	109.14	137.44	146.70	175.72			
58	106.29	133.61	142.52	170.24			
59	102.72	128.87	137.38	163.69			

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** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	44.22	59.48	65.90	82.19			
26	46.16	62.18	68.92	86.05			
27	48.22	65.06	72.14	90.16			
28	50.42	68.11	75.54	94.51			
29	52.74	71.31	79.10	99.05			
30	55.16	74.65	82.82	103.79			
31	57.67	78.10	86.66	108.65			
32	60.26	81.63	90.59	113.63			
33	62.93	85.22	94.61	118.68			
34	65.65	88.88	98.69	123.79			
35	68.41	92.56	102.81	128.93			
36	71.20	96.27	106.93	134.05			
37	73.99	99.96	111.08	139.14			
38	76.82	103.66	115.20	144.17			
39	79.61	107.32	119.28	149.12			
40	82.38	110.90	123.29	153.94			
41	85.10	114.40	127.20	158.58			
42	87.73	117.79	130.98	163.04			
43	91.02	121.54	134.66	167.28			
44	94.24	125.18	138.15	171.26			
45	97.36	128.62	141.42	174.92			
46	100.34	131.87	144.44	178.25			
47	103.17	134.87	147.18	181.20			
48	105.62	137.51	149.73	183.88			
49	107.81	139.81	151.89	186.05			
50	109.68	141.69	153.62	187.66			
51	111.20	143.10	154.81	188.63			
52	112.29	143.97	155.43	188.86			
53	112.85	144.18	155.34	188.22			
54	112.90	143.74	154.54	186.73			
55	112.35	142.58	152.97	184.34			
56	111.19	140.65	150.59	180.98			
57	109.38	137.90	147.36	176.60			
58	106.53	134.06	143.17	171.10			
59	102.94	129.30	137.99	164.51			

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	44.28	59.61	66.10	82.47			
26	46.23	62.32	69.13	86.34			
27	48.29	65.20	72.36	90.47			
28	50.50	68.27	75.77	94.84			
29	52.82	71.48	79.35	99.40			
30	55.25	74.83	83.09	104.16			
31	57.77	78.29	86.95	109.05			
32	60.36	81.83	90.90	114.05			
33	63.03	85.44	94.94	119.13			
34	65.76	89.11	99.04	124.26			
35	68.53	92.81	103.18	129.43			
36	71.33	96.53	107.32	134.59			
37	74.13	100.24	111.49	139.71			
38	76.97	103.95	115.64	144.78			
39	79.77	107.64	119.75	149.77			
40	82.55	111.24	123.79	154.62			
41	85.27	114.76	127.73	159.31			
42	87.92	118.17	131.54	163.81			
43	91.22	121.95	135.26	168.10			
44	94.46	125.61	138.79	172.12			
45	97.59	129.08	142.10	175.84			
46	100.59	132.36	145.16	179.22			
47	103.43	135.39	147.94	182.22			
48	105.90	138.06	150.54	184.96			
49	108.10	140.39	152.74	187.20			
50	110.00	142.31	154.51	188.86			
51	111.53	143.74	155.75	189.88			
52	112.64	144.64	156.40	190.16			
53	113.21	144.88	156.35	189.56			
54	113.27	144.45	155.57	188.10			
55	112.73	143.29	154.01	185.71			
56	111.56	141.36	151.62	182.34			
57	109.74	138.59	148.36	177.92			
58	106.88	134.74	144.14	172.40			
59	103.28	129.94	138.91	165.73			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	44.75	60.58	67.55	84.50			
26	46.72	63.35	70.66	88.48			
27	48.81	66.29	73.98	92.73			
28	51.05	69.42	77.49	97.24			
29	53.40	72.70	81.17	101.94			
30	55.86	76.12	85.02	106.85			
31	58.42	79.65	88.99	111.90			
32	61.05	83.27	93.06	117.07			
33	63.76	86.97	97.22	122.32			
34	66.53	90.72	101.45	127.63			
35	69.34	94.51	105.72	132.98			
36	72.18	98.32	110.00	138.32			
37	75.03	102.12	114.30	143.62			
38	77.91	105.92	118.58	148.87			
39	80.76	109.69	122.83	154.04			
40	83.58	113.38	127.00	159.06			
41	86.34	116.98	131.06	163.91			
42	89.03	120.47	134.99	168.56			
43	92.38	124.33	138.82	173.00			
44	95.66	128.07	142.45	177.14			
45	98.83	131.61	145.84	180.97			
46	101.87	134.94	148.97	184.42			
47	104.74	138.01	151.79	187.47			
48	107.22	140.70	154.41	190.22			
49	109.43	143.03	156.61	192.44			
50	111.32	144.93	158.34	194.03			
51	112.84	146.32	159.51	194.94			
52	113.92	147.15	160.05	195.06			
53	114.44	147.27	159.81	194.21			
54	114.43	146.70	158.82	192.45			
55	113.82	145.38	157.02	189.72			
56	112.57	143.27	154.36	185.98			
57	110.64	140.30	150.81	181.17			
58	107.67	136.24	146.29	175.25			
59	103.95	131.22	140.75	168.17			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.44	24.12	26.33	33.50			
26	19.27	25.26	27.59	35.17			
27	20.17	26.52	28.99	37.01			
28	21.16	27.90	30.51	39.00			
29	22.25	29.39	32.14	41.15			
30	23.41	30.98	33.89	43.43			
31	24.65	32.66	35.76	45.86			
32	25.97	34.45	37.73	48.40			
33	27.37	36.32	39.81	51.08			
34	28.82	38.27	41.97	53.86			
35	30.35	40.30	44.22	56.72			
36	31.92	42.41	46.55	59.66			
37	33.57	44.57	48.94	62.69			
38	35.27	46.81	51.43	65.78			
39	37.02	49.09	53.96	68.91			
40	38.80	51.41	56.53	72.08			
41	40.62	53.75	59.13	75.24			
42	42.44	56.11	61.74	78.39			
43	44.65	58.74	64.41	81.58			
44	46.89	61.38	67.07	84.69			
45	49.12	63.99	69.67	87.71			
46	51.35	66.54	72.18	90.60			
47	53.53	69.00	74.61	93.32			
48	55.58	71.36	77.02	95.99			
49	57.53	73.58	79.24	98.40			
50	59.30	75.55	81.22	100.47			
51	60.88	77.25	82.89	102.15			
52	62.19	78.62	84.20	103.36			
53	63.15	79.52	85.02	103.92			
54	63.79	80.02	85.39	103.91			
55	64.04	80.03	85.25	103.30			
56	63.82	79.52	84.56	102.04			
57	62.86	78.37	83.19	100.10			
58	61.24	76.49	81.16	97.35			
59	59.16	74.01	78.50	93.87			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.48	24.20	26.45	33.66			
26	19.31	25.34	27.72	35.34			
27	20.21	26.61	29.12	37.19			
28	21.20	27.99	30.65	39.20			
29	22.30	29.48	32.29	41.36			
30	23.46	31.09	34.06	43.66			
31	24.71	32.78	35.93	46.09			
32	26.02	34.58	37.91	48.65			
33	27.43	36.44	40.01	51.35			
34	28.89	38.41	42.17	54.14			
35	30.42	40.45	44.44	57.02			
36	32.00	42.56	46.78	59.99			
37	33.65	44.73	49.19	63.03			
38	35.36	46.99	51.70	66.14			
39	37.11	49.28	54.23	69.30			
40	38.90	51.61	56.83	72.50			
41	40.73	53.96	59.45	75.67			
42	42.54	56.33	62.08	78.85			
43	44.77	58.99	64.77	82.06			
44	47.02	61.64	67.46	85.21			
45	49.27	64.26	70.07	88.25			
46	51.49	66.83	72.61	91.18			
47	53.69	69.31	75.07	93.93			
48	55.76	71.69	77.51	96.64			
49	57.71	73.93	79.75	99.08			
50	59.49	75.92	81.76	101.19			
51	61.07	77.63	83.45	102.90			
52	62.40	79.02	84.79	104.13			
53	63.37	79.94	85.63	104.72			
54	64.02	80.44	86.01	104.73			
55	64.26	80.46	85.87	104.13			
56	64.04	79.94	85.17	102.86			
57	63.07	78.79	83.78	100.89			
58	61.45	76.90	81.75	98.13			
59	59.36	74.39	79.05	94.61			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.53	24.32	26.63	33.91			
26	19.37	25.47	27.91	35.60			
27	20.28	26.74	29.32	37.47			
28	21.28	28.13	30.86	39.49			
29	22.37	29.64	32.52	41.67			
30	23.54	31.25	34.30	43.99			
31	24.80	32.95	36.19	46.45			
32	26.11	34.76	38.19	49.03			
33	27.52	36.64	40.30	51.75			
34	28.99	38.62	42.49	54.57			
35	30.53	40.67	44.78	57.47			
36	32.12	42.80	47.13	60.47			
37	33.78	44.98	49.56	63.54			
38	35.50	47.25	52.09	66.69			
39	37.25	49.56	54.66	69.89			
40	39.05	51.91	57.28	73.11			
41	40.88	54.29	59.93	76.33			
42	42.71	56.67	62.59	79.54			
43	44.95	59.36	65.31	82.80			
44	47.21	62.03	68.03	85.99			
45	49.47	64.67	70.69	89.08			
46	51.71	67.27	73.26	92.05			
47	53.92	69.78	75.75	94.85			
48	56.01	72.19	78.24	97.61			
49	57.97	74.45	80.51	100.12			
50	59.78	76.47	82.56	102.27			
51	61.37	78.21	84.29	104.02			
52	62.71	79.62	85.66	105.30			
53	63.69	80.57	86.54	105.93			
54	64.35	81.08	86.94	105.97			
55	64.60	81.10	86.81	105.36			
56	64.38	80.58	86.09	104.09			
57	63.40	79.41	84.68	102.08			
58	61.77	77.51	82.62	99.30			
59	59.66	74.97	79.88	95.71			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.95	25.19	27.94	35.74			
26	19.81	26.40	29.29	37.53			
27	20.75	27.72	30.78	39.50			
28	21.77	29.17	32.41	41.65			
29	22.90	30.74	34.16	43.96			
30	24.09	32.41	36.04	46.41			
31	25.38	34.17	38.03	49.01			
32	26.73	36.05	40.13	51.75			
33	28.18	38.02	42.35	54.62			
34	29.68	40.07	44.66	57.60			
35	31.26	42.20	47.06	60.67			
36	32.89	44.41	49.55	63.83			
37	34.59	46.67	52.09	67.06			
38	36.34	49.02	54.74	70.37			
39	38.14	51.41	57.43	73.73			
40	39.98	53.84	60.17	77.10			
41	41.84	56.29	62.93	80.47			
42	43.71	58.74	65.69	83.82			
43	45.99	61.50	68.52	87.21			
44	48.29	64.24	71.33	90.50			
45	50.59	66.95	74.05	93.70			
46	52.87	69.59	76.69	96.73			
47	55.10	72.14	79.22	99.58			
48	57.20	74.57	81.72	102.35			
49	59.17	76.82	84.00	104.83			
50	60.97	78.83	86.00	106.92			
51	62.55	80.53	87.68	108.58			
52	63.86	81.88	88.95	109.71			
53	64.80	82.72	89.65	110.12			
54	65.39	83.11	89.87	109.88			
55	65.58	82.98	89.51	108.97			
56	65.29	82.30	88.56	107.36			
57	64.21	80.95	86.89	105.00			
58	62.48	78.86	84.56	101.86			
59	60.26	76.12	81.53	97.90			

** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.49	26.80	29.26	37.22			
26	21.41	28.07	30.66	39.08			
27	22.41	29.47	32.21	41.12			
28	23.51	31.00	33.90	43.33			
29	24.72	32.65	35.71	45.72			
30	26.01	34.42	37.66	48.26			
31	27.39	36.29	39.73	50.95			
32	28.85	38.28	41.92	53.78			
33	30.41	40.35	44.23	56.75			
34	32.02	42.52	46.63	59.84			
35	33.72	44.78	49.13	63.02			
36	35.47	47.12	51.72	66.29			
37	37.30	49.52	54.38	69.65			
38	39.19	52.01	57.14	73.09			
39	41.13	54.54	59.95	76.57			
40	43.11	57.12	62.81	80.09			
41	45.13	59.72	65.70	83.60			
42	47.15	62.34	68.60	87.10			
43	49.61	65.27	71.57	90.64			
44	52.10	68.20	74.52	94.10			
45	54.58	71.10	77.41	97.45			
46	57.05	73.93	80.20	100.67			
47	59.48	76.67	82.90	103.69			
48	61.76	79.29	85.58	106.66			
49	63.92	81.75	88.04	109.33			
50	65.89	83.94	90.24	111.63			
51	67.64	85.83	92.10	113.50			
52	69.10	87.36	93.56	114.84			
53	70.17	88.36	94.47	115.47			
54	70.88	88.91	94.88	115.46			
55	71.15	88.92	94.72	114.78			
56	70.91	88.35	93.95	113.38			
57	69.84	87.08	92.43	111.22			
58	68.04	84.99	90.18	108.17			
59	65.73	82.23	87.22	104.30			

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.53	26.89	29.39	37.40			
26	21.45	28.16	30.80	39.27			
27	22.46	29.57	32.36	41.32			
28	23.56	31.10	34.06	43.55			
29	24.78	32.76	35.88	45.95			
30	26.07	34.54	37.84	48.51			
31	27.45	36.42	39.92	51.21			
32	28.91	38.42	42.12	54.06			
33	30.48	40.49	44.45	57.05			
34	32.10	42.68	46.86	60.16			
35	33.80	44.94	49.38	63.36			
36	35.56	47.29	51.98	66.65			
37	37.39	49.70	54.66	70.03			
38	39.29	52.21	57.44	73.49			
39	41.23	54.75	60.26	77.00			
40	43.22	57.34	63.14	80.55			
41	45.25	59.96	66.06	84.08			
42	47.27	62.59	68.98	87.61			
43	49.74	65.54	71.97	91.18			
44	52.24	68.49	74.95	94.68			
45	54.74	71.40	77.86	98.06			
46	57.21	74.25	80.68	101.31			
47	59.65	77.01	83.41	104.37			
48	61.95	79.66	86.12	107.38			
49	64.12	82.14	88.61	110.09			
50	66.10	84.35	90.84	112.43			
51	67.86	86.26	92.72	114.33			
52	69.33	87.80	94.21	115.70			
53	70.41	88.82	95.14	116.36			
54	71.13	89.38	95.57	116.37			
55	71.40	89.40	95.41	115.70			
56	71.16	88.82	94.63	114.29			
57	70.08	87.54	93.09	112.10			
58	68.28	85.44	90.83	109.03			
59	65.95	82.66	87.83	105.12			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.59	27.02	29.59	37.68			
26	21.52	28.30	31.01	39.56			
27	22.53	29.71	32.58	41.63			
28	23.64	31.26	34.29	43.88			
29	24.86	32.93	36.13	46.30			
30	26.16	34.72	38.11	48.88			
31	27.55	36.61	40.21	51.61			
32	29.01	38.62	42.43	54.48			
33	30.58	40.71	44.78	57.50			
34	32.21	42.91	47.21	60.63			
35	33.92	45.19	49.75	63.86			
36	35.69	47.55	52.37	67.19			
37	37.53	49.98	55.07	70.60			
38	39.44	52.50	57.88	74.10			
39	41.39	55.07	60.73	77.65			
40	43.39	57.68	63.64	81.23			
41	45.42	60.32	66.59	84.81			
42	47.46	62.97	69.54	88.38			
43	49.94	65.95	72.57	92.00			
44	52.46	68.92	75.59	95.54			
45	54.97	71.86	78.54	98.98			
46	57.46	74.74	81.40	102.28			
47	59.91	77.53	84.17	105.39			
48	62.23	80.21	86.93	108.46			
49	64.41	82.72	89.46	111.24			
50	66.42	84.97	91.73	113.63			
51	68.19	86.90	93.66	115.58			
52	69.68	88.47	95.18	117.00			
53	70.77	89.52	96.15	117.70			
54	71.50	90.09	96.60	117.74			
55	71.78	90.11	96.45	117.07			
56	71.53	89.53	95.66	115.65			
57	70.44	88.23	94.09	113.42			
58	68.63	86.12	91.80	110.33			
59	66.29	83.30	88.75	106.34			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	21.06	27.99	31.04	39.71			
26	22.01	29.33	32.54	41.70			
27	23.05	30.80	34.20	43.89			
28	24.19	32.41	36.01	46.28			
29	25.44	34.15	37.95	48.84			
30	26.77	36.01	40.04	51.57			
31	28.20	37.97	42.25	54.46			
32	29.70	40.06	44.59	57.50			
33	31.31	42.24	47.06	60.69			
34	32.98	44.52	49.62	64.00			
35	34.73	46.89	52.29	67.41			
36	36.54	49.34	55.05	70.92			
37	38.43	51.86	57.88	74.51			
38	40.38	54.47	60.82	78.19			
39	42.38	57.12	63.81	81.92			
40	44.42	59.82	66.85	85.67			
41	46.49	62.54	69.92	89.41			
42	48.57	65.27	72.99	93.13			
43	51.10	68.33	76.13	96.90			
44	53.66	71.38	79.25	100.56			
45	56.21	74.39	82.28	104.11			
46	58.74	77.32	85.21	107.48			
47	61.22	80.15	88.02	110.64			
48	63.55	82.85	90.80	113.72			
49	65.74	85.36	93.33	116.48			
50	67.74	87.59	95.56	118.80			
51	69.50	89.48	97.42	120.64			
52	70.96	90.98	98.83	121.90			
53	72.00	91.91	99.61	122.35			
54	72.66	92.34	99.85	122.09			
55	72.87	92.20	99.46	121.08			
56	72.54	91.44	98.40	119.29			
57	71.34	89.94	96.54	116.67			
58	69.42	87.62	93.95	113.18			
59	66.96	84.58	90.59	108.78			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.87	20.57	22.36	28.58			
26	16.58	21.56	23.43	30.04			
27	17.36	22.64	24.62	31.63			
28	18.22	23.82	25.92	33.34			
29	19.14	25.08	27.32	35.19			
30	20.14	26.43	28.81	37.16			
31	21.20	27.89	30.40	39.24			
32	22.34	29.40	32.08	41.43			
33	23.53	31.00	33.84	43.72			
34	24.77	32.67	35.69	46.11			
35	26.08	34.41	37.59	48.56			
36	27.43	36.20	39.57	51.09			
37	28.83	38.03	41.61	53.68			
38	30.29	39.94	43.72	56.33			
39	31.77	41.90	45.87	59.00			
40	33.29	43.87	48.05	61.71			
41	34.83	45.85	50.25	64.41			
42	36.38	47.84	52.45	67.10			
43	38.26	50.07	54.71	69.79			
44	40.16	52.29	56.93	72.42			
45	42.04	54.48	59.11	74.96			
46	43.91	56.62	61.21	77.38			
47	45.75	58.68	63.23	79.65			
48	47.45	60.63	65.21	81.85			
49	49.06	62.46	67.03	83.80			
50	50.53	64.06	68.65	85.46			
51	51.80	65.45	69.99	86.80			
52	52.87	66.53	71.02	87.71			
53	53.61	67.20	71.63	88.04			
54	54.07	67.53	71.84	87.88			
55	54.20	67.41	71.63	87.21			
56	53.87	66.82	70.96	86.00			
57	53.12	65.77	69.73	84.22			
58	51.81	64.11	67.95	81.77			
59	50.11	61.97	65.66	78.72			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.90	20.65	22.47	28.75			
26	16.61	21.64	23.55	30.21			
27	17.41	22.73	24.76	31.81			
28	18.26	23.91	26.06	33.53			
29	19.20	25.18	27.47	35.40			
30	20.20	26.54	28.97	37.39			
31	21.26	28.01	30.57	39.47			
32	22.39	29.53	32.26	41.68			
33	23.59	31.12	34.04	43.99			
34	24.84	32.81	35.89	46.40			
35	26.15	34.55	37.82	48.87			
36	27.51	36.35	39.81	51.42			
37	28.91	38.20	41.86	54.02			
38	30.38	40.12	43.99	56.69			
39	31.86	42.08	46.15	59.39			
40	33.39	44.06	48.35	62.13			
41	34.94	46.06	50.57	64.85			
42	36.49	48.06	52.79	67.55			
43	38.38	50.31	55.07	70.27			
44	40.28	52.55	57.32	72.95			
45	42.18	54.75	59.52	75.51			
46	44.06	56.91	61.64	77.96			
47	45.90	58.99	63.68	80.26			
48	47.62	60.97	65.70	82.49			
49	49.24	62.81	67.55	84.48			
50	50.72	64.43	69.19	86.18			
51	52.00	65.84	70.55	87.54			
52	53.07	66.92	71.60	88.48			
53	53.83	67.62	72.23	88.84			
54	54.30	67.95	72.46	88.70			
55	54.42	67.86	72.25	88.04			
56	54.11	67.27	71.57	86.81			
57	53.35	66.20	70.33	85.01			
58	52.05	64.53	68.54	82.55			
59	50.33	62.36	66.20	79.46			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.96	20.76	22.65	29.00			
26	16.68	21.76	23.74	30.47			
27	17.47	22.85	24.96	32.09			
28	18.33	24.06	26.27	33.83			
29	19.27	25.34	27.69	35.71			
30	20.28	26.70	29.21	37.72			
31	21.35	28.18	30.83	39.83			
32	22.48	29.71	32.54	42.06			
33	23.68	31.32	34.34	44.40			
34	24.94	33.02	36.21	46.82			
35	26.26	34.78	38.15	49.32			
36	27.63	36.59	40.16	51.90			
37	29.03	38.45	42.23	54.53			
38	30.51	40.38	44.39	57.24			
39	32.00	42.37	46.58	59.98			
40	33.54	44.37	48.80	62.74			
41	35.09	46.39	51.05	65.50			
42	36.66	48.40	53.30	68.25			
43	38.56	50.68	55.61	71.01			
44	40.48	52.94	57.90	73.72			
45	42.39	55.16	60.13	76.34			
46	44.28	57.35	62.29	78.83			
47	46.13	59.45	64.37	81.18			
48	47.87	61.46	66.43	83.47			
49	49.50	63.33	68.31	85.52			
50	51.00	64.99	69.99	87.26			
51	52.30	66.41	71.40	88.67			
52	53.39	67.53	72.48	89.65			
53	54.15	68.25	73.14	90.05			
54	54.63	68.59	73.39	89.93			
55	54.77	68.52	73.19	89.27			
56	54.47	67.93	72.50	88.04			
57	53.70	66.85	71.23	86.20			
58	52.39	65.17	69.41	83.72			
59	50.65	62.96	67.03	80.56			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.38	21.64	23.96	30.83			
26	17.12	22.69	25.12	32.40			
27	17.94	23.83	26.42	34.12			
28	18.83	25.09	27.82	35.99			
29	19.79	26.43	29.33	38.00			
30	20.83	27.86	30.95	40.14			
31	21.93	29.40	32.67	42.40			
32	23.10	31.01	34.48	44.78			
33	24.34	32.70	36.39	47.27			
34	25.63	34.47	38.38	49.85			
35	26.99	36.31	40.44	52.52			
36	28.40	38.20	42.57	55.26			
37	29.84	40.14	44.76	58.05			
38	31.36	42.16	47.03	60.92			
39	32.90	44.22	49.35	63.82			
40	34.47	46.30	51.69	66.74			
41	36.05	48.38	54.05	69.64			
42	37.66	50.47	56.40	72.52			
43	39.60	52.82	58.82	75.42			
44	41.56	55.15	61.19	78.24			
45	43.51	57.44	63.50	80.96			
46	45.43	59.67	65.72	83.51			
47	47.31	61.81	67.83	85.91			
48	49.06	63.84	69.91	88.20			
49	50.70	65.71	71.79	90.23			
50	52.19	67.35	73.44	91.92			
51	53.48	68.73	74.78	93.22			
52	54.54	69.79	75.76	94.06			
53	55.26	70.40	76.26	94.23			
54	55.67	70.61	76.31	93.84			
55	55.75	70.40	75.90	92.88			
56	55.44	69.71	74.96	91.31			
57	54.58	68.45	73.43	89.13			
58	53.15	66.57	71.34	86.28			
59	51.31	64.17	68.69	82.76			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.63	22.85	24.84	31.76			
26	18.42	23.95	26.03	33.38			
27	19.29	25.15	27.36	35.14			
28	20.24	26.47	28.80	37.04			
29	21.27	27.87	30.35	39.10			
30	22.38	29.37	32.01	41.29			
31	23.56	30.99	33.78	43.60			
32	24.82	32.67	35.64	46.03			
33	26.14	34.44	37.60	48.58			
34	27.52	36.30	39.65	51.23			
35	28.98	38.23	41.77	53.96			
36	30.48	40.22	43.97	56.77			
37	32.03	42.26	46.23	59.64			
38	33.65	44.38	48.58	62.59			
39	35.30	46.55	50.97	65.56			
40	36.99	48.74	53.39	68.57			
41	38.70	50.94	55.83	71.57			
42	40.42	53.15	58.28	74.55			
43	42.51	55.63	60.79	77.54			
44	44.62	58.10	63.26	80.47			
45	46.71	60.53	65.68	83.29			
46	48.79	62.91	68.01	85.98			
47	50.83	65.20	70.25	88.50			
48	52.72	67.37	72.46	90.94			
49	54.51	69.40	74.48	93.11			
50	56.14	71.18	76.28	94.96			
51	57.56	72.72	77.77	96.44			
52	58.74	73.92	78.91	97.45			
53	59.57	74.67	79.59	97.82			
54	60.08	75.03	79.82	97.64			
55	60.22	74.90	79.59	96.90			
56	59.85	74.24	78.84	95.55			
57	59.02	73.08	77.48	93.58			
58	57.57	71.23	75.50	90.86			
59	55.68	68.85	72.95	87.47			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.67	22.94	24.97	31.94			
26	18.46	24.04	26.17	33.57			
27	19.34	25.25	27.51	35.34			
28	20.29	26.57	28.96	37.26			
29	21.33	27.98	30.52	39.33			
30	22.44	29.49	32.19	41.54			
31	23.62	31.12	33.97	43.86			
32	24.88	32.81	35.84	46.31			
33	26.21	34.58	37.82	48.88			
34	27.60	36.46	39.88	51.55			
35	29.06	38.39	42.02	54.30			
36	30.57	40.39	44.23	57.13			
37	32.12	42.44	46.51	60.02			
38	33.75	44.58	48.88	62.99			
39	35.40	46.76	51.28	65.99			
40	37.10	48.96	53.72	69.03			
41	38.82	51.18	56.19	72.05			
42	40.54	53.40	58.66	75.06			
43	42.64	55.90	61.19	78.08			
44	44.76	58.39	63.69	81.05			
45	46.87	60.83	66.13	83.90			
46	48.95	63.23	68.49	86.62			
47	51.00	65.54	70.76	89.18			
48	52.91	67.74	73.00	91.66			
49	54.71	69.79	75.05	93.87			
50	56.35	71.59	76.88	95.76			
51	57.78	73.15	78.39	97.27			
52	58.97	74.36	79.56	98.31			
53	59.81	75.13	80.26	98.71			
54	60.33	75.50	80.51	98.55			
55	60.47	75.40	80.28	97.82			
56	60.12	74.74	79.52	96.46			
57	59.28	73.56	78.14	94.46			
58	57.83	71.70	76.15	91.72			
59	55.92	69.29	73.56	88.29			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.73	23.07	25.17	32.22			
26	18.53	24.18	26.38	33.86			
27	19.41	25.39	27.73	35.65			
28	20.37	26.73	29.19	37.59			
29	21.41	28.15	30.77	39.68			
30	22.53	29.67	32.46	41.91			
31	23.72	31.31	34.26	44.26			
32	24.98	33.01	36.15	46.73			
33	26.31	34.80	38.15	49.33			
34	27.71	36.69	40.23	52.02			
35	29.18	38.64	42.39	54.80			
36	30.70	40.65	44.62	57.67			
37	32.26	42.72	46.92	60.59			
38	33.90	44.87	49.32	63.60			
39	35.56	47.08	51.75	66.64			
40	37.27	49.30	54.22	69.71			
41	38.99	51.54	56.72	72.78			
42	40.73	53.78	59.22	75.83			
43	42.84	56.31	61.79	78.90			
44	44.98	58.82	64.33	81.91			
45	47.10	61.29	66.81	84.82			
46	49.20	63.72	69.21	87.59			
47	51.26	66.06	71.52	90.20			
48	53.19	68.29	73.81	92.74			
49	55.00	70.37	75.90	95.02			
50	56.67	72.21	77.77	96.96			
51	58.11	73.79	79.33	98.52			
52	59.32	75.03	80.53	99.61			
53	60.17	75.83	81.27	100.05			
54	60.70	76.21	81.54	99.92			
55	60.85	76.13	81.32	99.19			
56	60.52	75.48	80.55	97.82			
57	59.67	74.28	79.14	95.78			
58	58.21	72.41	77.12	93.02			
59	56.28	69.96	74.48	89.51			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.20	24.04	26.62	34.25			
26	19.02	25.21	27.91	36.00			
27	19.93	26.48	29.35	37.91			
28	20.92	27.88	30.91	39.99			
29	21.99	29.37	32.59	42.22			
30	23.14	30.96	34.39	44.60			
31	24.37	32.67	36.30	47.11			
32	25.67	34.45	38.31	49.75			
33	27.04	36.33	40.43	52.52			
34	28.48	38.30	42.64	55.39			
35	29.99	40.34	44.93	58.35			
36	31.55	42.44	47.30	61.40			
37	33.16	44.60	49.73	64.50			
38	34.84	46.84	52.26	67.69			
39	36.55	49.13	54.83	70.91			
40	38.30	51.44	57.43	74.15			
41	40.06	53.76	60.05	77.38			
42	41.84	56.08	62.67	80.58			
43	44.00	58.69	65.35	83.80			
44	46.18	61.28	67.99	86.93			
45	48.34	63.82	70.55	89.95			
46	50.48	66.30	73.02	92.79			
47	52.57	68.68	75.37	95.45			
48	54.51	70.93	77.68	98.00			
49	56.33	73.01	79.77	100.26			
50	57.99	74.83	81.60	102.13			
51	59.42	76.37	83.09	103.58			
52	60.60	77.54	84.18	104.51			
53	61.40	78.22	84.73	104.70			
54	61.86	78.46	84.79	104.27			
55	61.94	78.22	84.33	103.20			
56	61.60	77.46	83.29	101.46			
57	60.64	76.06	81.59	99.03			
58	59.06	73.97	79.27	95.87			
59	57.01	71.30	76.32	91.95			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.76	19.05	20.65	26.51			
26	15.44	19.97	21.67	27.87			
27	16.17	21.01	22.80	29.38			
28	16.98	22.11	24.01	30.99			
29	17.86	23.30	25.33	32.74			
30	18.79	24.57	26.72	34.59			
31	19.78	25.93	28.21	36.54			
32	20.84	27.35	29.77	38.59			
33	21.95	28.85	31.41	40.73			
34	23.11	30.39	33.14	42.98			
35	24.34	32.00	34.91	45.28			
36	25.59	33.68	36.75	47.63			
37	26.89	35.39	38.65	50.04			
38	28.24	37.16	40.59	52.52			
39	29.63	38.96	42.59	55.00			
40	31.02	40.78	44.60	57.51			
41	32.45	42.62	46.61	60.01			
42	33.88	44.44	48.64	62.48			
43	35.60	46.48	50.70	64.94			
44	37.33	48.51	52.72	67.34			
45	39.05	50.50	54.69	69.64			
46	40.75	52.43	56.58	71.82			
47	42.40	54.28	58.37	73.85			
48	43.91	56.01	60.12	75.77			
49	45.34	57.60	61.70	77.45			
50	46.62	58.99	63.09	78.87			
51	47.74	60.17	64.22	79.95			
52	48.63	61.07	65.06	80.64			
53	49.22	61.57	65.49	80.78			
54	49.55	61.75	65.57	80.47			
55	49.58	61.54	65.27	79.70			
56	49.22	60.89	64.57	78.46			
57	48.47	59.87	63.37	76.73			
58	47.24	58.30	61.70	74.40			
59	45.67	56.32	59.58	71.58			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.80	19.13	20.76	26.67			
26	15.47	20.05	21.80	28.04			
27	16.22	21.10	22.93	29.56			
28	17.03	22.20	24.16	31.19			
29	17.91	23.40	25.48	32.95			
30	18.85	24.68	26.88	34.81			
31	19.84	26.05	28.38	36.77			
32	20.90	27.48	29.95	38.84			
33	22.01	28.97	31.61	41.00			
34	23.18	30.54	33.35	43.26			
35	24.41	32.15	35.14	45.59			
36	25.67	33.83	36.98	47.95			
37	26.97	35.55	38.90	50.38			
38	28.33	37.34	40.86	52.88			
39	29.72	39.15	42.87	55.39			
40	31.12	40.98	44.89	57.92			
41	32.56	42.83	46.94	60.44			
42	33.98	44.67	48.98	62.94			
43	35.71	46.72	51.06	65.43			
44	37.46	48.77	53.11	67.86			
45	39.20	50.77	55.10	70.19			
46	40.90	52.72	57.02	72.40			
47	42.55	54.59	58.83	74.46			
48	44.08	56.34	60.61	76.42			
49	45.52	57.95	62.22	78.13			
50	46.81	59.36	63.63	79.59			
51	47.93	60.55	64.77	80.69			
52	48.83	61.46	65.65	81.41			
53	49.44	61.98	66.10	81.58			
54	49.78	62.17	66.19	81.29			
55	49.81	61.99	65.89	80.53			
56	49.46	61.34	65.18	79.28			
57	48.71	60.30	63.96	77.52			
58	47.48	58.73	62.29	75.18			
59	45.88	56.72	60.13	72.32			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.85	19.25	20.94	26.92			
26	15.53	20.18	21.99	28.31			
27	16.28	21.22	23.13	29.84			
28	17.10	22.35	24.36	31.48			
29	17.98	23.55	25.70	33.26			
30	18.93	24.84	27.13	35.15			
31	19.93	26.22	28.64	37.13			
32	20.99	27.66	30.23	39.22			
33	22.10	29.17	31.91	41.41			
34	23.28	30.74	33.66	43.69			
35	24.52	32.37	35.47	46.04			
36	25.79	34.07	37.33	48.44			
37	27.10	35.80	39.27	50.90			
38	28.47	37.60	41.26	53.42			
39	29.86	39.44	43.29	55.97			
40	31.28	41.28	45.34	58.54			
41	32.72	43.16	47.41	61.10			
42	34.16	45.01	49.48	63.63			
43	35.89	47.09	51.60	66.17			
44	37.66	49.16	53.69	68.63			
45	39.40	51.18	55.71	71.02			
46	41.12	53.16	57.66	73.27			
47	42.79	55.05	59.52	75.38			
48	44.33	56.84	61.34	77.39			
49	45.78	58.47	62.98	79.16			
50	47.10	59.91	64.43	80.67			
51	48.23	61.13	65.62	81.82			
52	49.15	62.06	66.52	82.58			
53	49.76	62.61	67.01	82.78			
54	50.11	62.81	67.11	82.52			
55	50.15	62.64	66.83	81.77			
56	49.82	62.01	66.11	80.51			
57	49.06	60.95	64.86	78.71			
58	47.82	59.36	63.16	76.35			
59	46.21	57.32	60.96	73.41			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.27	20.12	22.25	28.75			
26	15.98	21.11	23.36	30.23			
27	16.75	22.20	24.59	31.87			
28	17.60	23.38	25.91	33.64			
29	18.50	24.65	27.34	35.55			
30	19.48	26.00	28.86	37.57			
31	20.51	27.44	30.47	39.70			
32	21.61	28.95	32.18	41.94			
33	22.76	30.55	33.96	44.28			
34	23.98	32.19	35.83	46.72			
35	25.25	33.90	37.76	49.23			
36	26.55	35.68	39.74	51.80			
37	27.91	37.49	41.80	54.41			
38	29.31	39.38	43.90	57.11			
39	30.75	41.28	46.06	59.81			
40	32.20	43.21	48.23	62.53			
41	33.68	45.15	50.41	65.24			
42	35.15	47.08	52.59	67.91			
43	36.94	49.23	54.80	70.58			
44	38.74	51.37	56.98	73.15			
45	40.52	53.46	59.08	75.64			
46	42.27	55.49	61.09	77.95			
47	43.97	57.41	62.98	80.10			
48	45.52	59.21	64.82	82.13			
49	46.98	60.85	66.47	83.88			
50	48.29	62.27	67.88	85.32			
51	49.41	63.45	69.00	86.37			
52	50.30	64.32	69.80	86.99			
53	50.87	64.76	70.12	86.97			
54	51.16	64.84	70.04	86.44			
55	51.13	64.52	69.53	85.37			
56	50.79	63.79	68.57	83.78			
57	49.93	62.55	67.07	81.63			
58	48.58	60.77	65.10	78.91			
59	46.86	58.53	62.61	75.61			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.40	21.17	22.94	29.45			
26	17.15	22.19	24.08	30.97			
27	17.97	23.34	25.33	32.64			
28	18.87	24.57	26.68	34.43			
29	19.84	25.89	28.14	36.38			
30	20.88	27.30	29.69	38.43			
31	21.98	28.81	31.34	40.60			
32	23.16	30.39	33.08	42.88			
33	24.39	32.05	34.90	45.26			
34	25.68	33.77	36.82	47.75			
35	27.04	35.56	38.79	50.31			
36	28.43	37.42	40.83	52.92			
37	29.88	39.32	42.94	55.60			
38	31.38	41.29	45.10	58.35			
39	32.92	43.29	47.32	61.11			
40	34.47	45.31	49.55	63.90			
41	36.06	47.35	51.79	66.68			
42	37.64	49.38	54.04	69.42			
43	39.55	51.64	56.33	72.16			
44	41.48	53.90	58.58	74.82			
45	43.39	56.11	60.77	77.38			
46	45.28	58.26	62.87	79.80			
47	47.11	60.31	64.86	82.05			
48	48.79	62.23	66.80	84.19			
49	50.38	64.00	68.56	86.05			
50	51.80	65.54	70.10	87.63			
51	53.04	66.85	71.35	88.83			
52	54.03	67.85	72.29	89.60			
53	54.69	68.41	72.77	89.75			
54	55.06	68.61	72.85	89.41			
55	55.09	68.38	72.52	88.56			
56	54.69	67.66	71.74	87.18			
57	53.86	66.52	70.41	85.25			
58	52.49	64.78	68.56	82.67			
59	50.74	62.58	66.20	79.53			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.44	21.26	23.07	29.63			
26	17.19	22.28	24.22	31.16			
27	18.02	23.44	25.48	32.84			
28	18.92	24.67	26.84	34.65			
29	19.90	26.00	28.31	36.61			
30	20.94	27.42	29.87	38.68			
31	22.04	28.94	31.53	40.86			
32	23.22	30.53	33.28	43.16			
33	24.46	32.19	35.12	45.56			
34	25.76	33.93	37.05	48.07			
35	27.12	35.72	39.04	50.65			
36	28.52	37.59	41.09	53.28			
37	29.97	39.50	43.22	55.98			
38	31.48	41.49	45.40	58.75			
39	33.02	43.50	47.63	61.54			
40	34.58	45.53	49.88	64.36			
41	36.18	47.59	52.15	67.16			
42	37.76	49.63	54.42	69.93			
43	39.68	51.91	56.73	72.70			
44	41.62	54.19	59.01	75.40			
45	43.55	56.41	61.22	77.99			
46	45.44	58.58	63.35	80.44			
47	47.28	60.65	65.37	82.73			
48	48.98	62.60	67.34	84.91			
49	50.58	64.39	69.13	86.81			
50	52.01	65.95	70.70	88.43			
51	53.26	67.28	71.97	89.66			
52	54.26	68.29	72.94	90.46			
53	54.93	68.87	73.44	90.64			
54	55.31	69.08	73.54	90.32			
55	55.34	68.88	73.21	89.48			
56	54.96	68.16	72.42	88.09			
57	54.12	67.00	71.07	86.13			
58	52.75	65.25	69.21	83.53			
59	50.98	63.02	66.81	80.35			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.50	21.39	23.27	29.91			
26	17.26	22.42	24.43	31.45			
27	18.09	23.58	25.70	33.15			
28	19.00	24.83	27.07	34.98			
29	19.98	26.17	28.56	36.96			
30	21.03	27.60	30.14	39.05			
31	22.14	29.13	31.82	41.26			
32	23.32	30.73	33.59	43.58			
33	24.56	32.41	35.45	46.01			
34	25.87	34.16	37.40	48.54			
35	27.24	35.97	39.41	51.15			
36	28.65	37.85	41.48	53.82			
37	30.11	39.78	43.63	56.55			
38	31.63	41.78	45.84	59.36			
39	33.18	43.82	48.10	62.19			
40	34.75	45.87	50.38	65.04			
41	36.35	47.95	52.68	67.89			
42	37.95	50.01	54.98	70.70			
43	39.88	52.32	57.33	73.52			
44	41.84	54.62	59.65	76.26			
45	43.78	56.87	61.90	78.91			
46	45.69	59.07	64.07	81.41			
47	47.54	61.17	66.13	83.75			
48	49.26	63.15	68.15	85.99			
49	50.87	64.97	69.98	87.96			
50	52.33	66.57	71.59	89.63			
51	53.59	67.92	72.91	90.91			
52	54.61	68.96	73.91	91.76			
53	55.29	69.57	74.45	91.98			
54	55.68	69.79	74.57	91.69			
55	55.72	69.60	74.25	90.85			
56	55.36	68.90	73.45	89.45			
57	54.51	67.72	72.07	87.45			
58	53.13	65.96	70.18	84.83			
59	51.34	63.69	67.73	81.57			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.97	22.36	24.72	31.94			
26	17.75	23.45	25.96	33.59			
27	18.61	24.67	27.32	35.41			
28	19.55	25.98	28.79	37.38			
29	20.56	27.39	30.38	39.50			
30	21.64	28.89	32.07	41.74			
31	22.79	30.49	33.86	44.11			
32	24.01	32.17	35.75	46.60			
33	25.29	33.94	37.73	49.20			
34	26.64	35.77	39.81	51.91			
35	28.05	37.67	41.95	54.70			
36	29.50	39.64	44.16	57.55			
37	31.01	41.66	46.44	60.46			
38	32.57	43.75	48.78	63.45			
39	34.17	45.87	51.18	66.46			
40	35.78	48.01	53.59	69.48			
41	37.42	50.17	56.01	72.49			
42	39.06	52.31	58.43	75.45			
43	41.04	54.70	60.89	78.42			
44	43.04	57.08	63.31	81.28			
45	45.02	59.40	65.64	84.04			
46	46.97	61.65	67.88	86.61			
47	48.85	63.79	69.98	89.00			
48	50.58	65.79	72.02	91.25			
49	52.20	67.61	73.85	93.20			
50	53.65	69.19	75.42	94.80			
51	54.90	70.50	76.67	95.97			
52	55.89	71.47	77.56	96.66			
53	56.52	71.96	77.91	96.63			
54	56.84	72.04	77.82	96.04			
55	56.81	71.69	77.26	94.86			
56	56.43	70.88	76.19	93.09			
57	55.48	69.50	74.52	90.70			
58	53.98	67.52	72.33	87.68			
59	52.07	65.03	69.57	84.01			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.36	17.14	18.50	23.89			
26	13.98	17.98	19.43	25.14			
27	14.64	18.91	20.45	26.51			
28	15.37	19.91	21.55	27.97			
29	16.16	20.98	22.73	29.55			
30	17.00	22.12	23.98	31.22			
31	17.89	23.34	25.30	32.98			
32	18.84	24.61	26.69	34.83			
33	19.84	25.93	28.16	36.76			
34	20.87	27.32	29.68	38.76			
35	21.95	28.76	31.26	40.82			
36	23.07	30.23	32.89	42.91			
37	24.21	31.74	34.55	45.05			
38	25.41	33.30	36.26	47.25			
39	26.62	34.89	38.01	49.45			
40	27.86	36.48	39.76	51.65			
41	29.09	38.06	41.51	53.83			
42	30.31	39.65	43.25	55.97			
43	31.82	41.40	45.01	58.08			
44	33.31	43.13	46.72	60.13			
45	34.77	44.81	48.37	62.06			
46	36.21	46.42	49.93	63.86			
47	37.59	47.96	51.41	65.51			
48	38.84	49.34	52.79	67.02			
49	39.98	50.60	54.04	68.31			
50	41.00	51.68	55.10	69.36			
51	41.86	52.57	55.94	70.13			
52	42.55	53.24	56.54	70.56			
53	43.01	53.60	56.83	70.55			
54	43.25	53.69	56.83	70.17			
55	43.24	53.49	56.52	69.43			
56	42.95	52.90	55.91	68.28			
57	42.30	52.01	54.91	66.74			
58	41.24	50.67	53.49	64.72			
59	39.90	49.01	51.71	62.30			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.39	17.22	18.61	24.05			
26	14.01	18.06	19.56	25.31			
27	14.69	19.00	20.58	26.69			
28	15.42	20.00	21.69	28.17			
29	16.22	21.08	22.88	29.75			
30	17.06	22.23	24.14	31.45			
31	17.95	23.45	25.47	33.21			
32	18.89	24.73	26.87	35.08			
33	19.90	26.06	28.36	37.03			
34	20.94	27.47	29.89	39.05			
35	22.02	28.90	31.48	41.12			
36	23.15	30.38	33.12	43.24			
37	24.29	31.91	34.80	45.40			
38	25.50	33.48	36.53	47.61			
39	26.71	35.08	38.29	49.83			
40	27.95	36.68	40.06	52.07			
41	29.20	38.28	41.83	54.26			
42	30.42	39.88	43.60	56.43			
43	31.93	41.64	45.37	58.56			
44	33.44	43.39	47.11	60.65			
45	34.91	45.08	48.77	62.60			
46	36.35	46.71	50.36	64.44			
47	37.75	48.27	51.87	66.12			
48	39.01	49.67	53.28	67.67			
49	40.16	50.95	54.55	68.99			
50	41.18	52.05	55.64	70.08			
51	42.06	52.96	56.49	70.88			
52	42.76	53.64	57.12	71.33			
53	43.23	54.01	57.43	71.35			
54	43.47	54.12	57.45	70.99			
55	43.46	53.92	57.14	70.25			
56	43.19	53.35	56.52	69.10			
57	42.53	52.44	55.50	67.54			
58	41.47	51.09	54.07	65.49			
59	40.11	49.40	52.26	63.04			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.45	17.33	18.79	24.30			
26	14.08	18.19	19.75	25.57			
27	14.75	19.13	20.78	26.96			
28	15.49	20.14	21.90	28.47			
29	16.29	21.23	23.10	30.07			
30	17.14	22.39	24.38	31.78			
31	18.04	23.63	25.73	33.57			
32	18.98	24.91	27.15	35.46			
33	19.99	26.25	28.66	37.43			
34	21.04	27.68	30.20	39.47			
35	22.13	29.12	31.82	41.57			
36	23.27	30.62	33.47	43.72			
37	24.42	32.16	35.17	45.91			
38	25.63	33.74	36.93	48.16			
39	26.86	35.37	38.71	50.42			
40	28.11	36.98	40.51	52.68			
41	29.35	38.60	42.31	54.92			
42	30.59	40.22	44.10	57.12			
43	32.11	42.01	45.91	59.30			
44	33.63	43.78	47.68	61.43			
45	35.12	45.50	49.38	63.43			
46	36.58	47.15	51.01	65.31			
47	37.98	48.74	52.55	67.04			
48	39.26	50.17	54.01	68.64			
49	40.42	51.47	55.31	70.03			
50	41.47	52.61	56.44	71.16			
51	42.35	53.53	57.34	72.00			
52	43.07	54.24	58.00	72.50			
53	43.55	54.64	58.34	72.56			
54	43.80	54.76	58.37	72.23			
55	43.80	54.56	58.08	71.49			
56	43.54	54.02	57.45	70.33			
57	42.89	53.09	56.40	68.72			
58	41.81	51.73	54.95	66.66			
59	40.44	50.00	53.09	64.13			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.87	18.21	20.10	26.13			
26	14.52	19.12	21.12	27.50			
27	15.22	20.11	22.24	29.00			
28	15.98	21.18	23.45	30.63			
29	16.81	22.33	24.74	32.36			
30	17.69	23.55	26.12	34.20			
31	18.62	24.85	27.57	36.14			
32	19.60	26.21	29.10	38.18			
33	20.65	27.63	30.71	40.30			
34	21.74	29.12	32.37	42.51			
35	22.86	30.65	34.10	44.77			
36	24.03	32.23	35.88	47.08			
37	25.23	33.85	37.70	49.43			
38	26.48	35.51	39.57	51.84			
39	27.75	37.22	41.48	54.26			
40	29.03	38.91	43.40	56.67			
41	30.31	40.60	45.31	59.06			
42	31.59	42.29	47.21	61.40			
43	33.16	44.15	49.11	63.71			
44	34.71	45.99	50.98	65.94			
45	36.23	47.77	52.75	68.05			
46	37.73	49.47	54.44	69.99			
47	39.16	51.09	56.02	71.77			
48	40.45	52.54	57.49	73.38			
49	41.62	53.85	58.80	74.75			
50	42.66	54.96	59.89	75.82			
51	43.53	55.85	60.72	76.55			
52	44.23	56.50	61.28	76.91			
53	44.66	56.79	61.45	76.74			
54	44.85	56.78	61.30	76.14			
55	44.78	56.44	60.79	75.10			
56	44.45	55.76	59.91	73.60			
57	43.76	54.69	58.61	71.65			
58	42.58	53.14	56.88	69.23			
59	41.09	51.21	54.75	66.33			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.84	19.04	20.55	26.54			
26	15.53	19.98	21.59	27.93			
27	16.27	21.01	22.72	29.45			
28	17.08	22.12	23.94	31.08			
29	17.96	23.31	25.25	32.83			
30	18.89	24.58	26.64	34.69			
31	19.88	25.93	28.11	36.64			
32	20.93	27.34	29.66	38.70			
33	22.04	28.81	31.29	40.84			
34	23.19	30.36	32.98	43.07			
35	24.39	31.95	34.73	45.35			
36	25.63	33.59	36.54	47.68			
37	26.90	35.27	38.39	50.06			
38	28.23	37.00	40.29	52.50			
39	29.58	38.77	42.23	54.94			
40	30.95	40.53	44.18	57.39			
41	32.32	42.29	46.12	59.81			
42	33.68	44.06	48.06	62.19			
43	35.35	46.00	50.01	64.53			
44	37.01	47.92	51.91	66.81			
45	38.63	49.79	53.74	68.95			
46	40.23	51.58	55.48	70.96			
47	41.77	53.29	57.12	72.79			
48	43.15	54.82	58.66	74.47			
49	44.42	56.22	60.04	75.90			
50	45.55	57.42	61.22	77.07			
51	46.51	58.41	62.15	77.92			
52	47.28	59.16	62.82	78.40			
53	47.79	59.55	63.14	78.39			
54	48.05	59.66	63.14	77.97			
55	48.04	59.43	62.80	77.14			
56	47.72	58.78	62.12	75.87			
57	47.00	57.79	61.01	74.16			
58	45.82	56.30	59.43	71.91			
59	44.33	54.45	57.46	69.22			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.88	19.13	20.68	26.72			
26	15.57	20.07	21.73	28.12			
27	16.32	21.11	22.87	29.65			
28	17.13	22.22	24.10	31.30			
29	18.02	23.42	25.42	33.06			
30	18.95	24.70	26.82	34.94			
31	19.94	26.06	28.30	36.90			
32	20.99	27.48	29.86	38.98			
33	22.11	28.95	31.51	41.14			
34	23.27	30.52	33.21	43.39			
35	24.47	32.11	34.98	45.69			
36	25.72	33.76	36.80	48.04			
37	26.99	35.45	38.67	50.44			
38	28.33	37.20	40.59	52.90			
39	29.68	38.98	42.54	55.37			
40	31.06	40.75	44.51	57.85			
41	32.44	42.53	46.48	60.29			
42	33.80	44.31	48.44	62.70			
43	35.48	46.27	50.41	65.07			
44	37.15	48.21	52.34	67.39			
45	38.79	50.09	54.19	69.56			
46	40.39	51.90	55.96	71.60			
47	41.94	53.63	57.63	73.47			
48	43.34	55.19	59.20	75.19			
49	44.62	56.61	60.61	76.66			
50	45.76	57.83	61.82	77.87			
51	46.73	58.84	62.77	78.75			
52	47.51	59.60	63.47	79.26			
53	48.03	60.01	63.81	79.28			
54	48.30	60.13	63.83	78.88			
55	48.29	59.91	63.49	78.06			
56	47.99	59.28	62.80	76.78			
57	47.26	58.27	61.67	75.04			
58	46.08	56.77	60.08	72.77			
59	44.57	54.89	58.07	70.04			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.94	19.26	20.88	27.00			
26	15.64	20.21	21.94	28.41			
27	16.39	21.25	23.09	29.96			
28	17.21	22.38	24.33	31.63			
29	18.10	23.59	25.67	33.41			
30	19.04	24.88	27.09	35.31			
31	20.04	26.25	28.59	37.30			
32	21.09	27.68	30.17	39.40			
33	22.21	29.17	31.84	41.59			
34	23.38	30.75	33.56	43.86			
35	24.59	32.36	35.35	46.19			
36	25.85	34.02	37.19	48.58			
37	27.13	35.73	39.08	51.01			
38	28.48	37.49	41.03	53.51			
39	29.84	39.30	43.01	56.02			
40	31.23	41.09	45.01	58.53			
41	32.61	42.89	47.01	61.02			
42	33.99	44.69	49.00	63.47			
43	35.68	46.68	51.01	65.89			
44	37.37	48.64	52.98	68.25			
45	39.02	50.55	54.87	70.48			
46	40.64	52.39	56.68	72.57			
47	42.20	54.15	58.39	74.49			
48	43.62	55.74	60.01	76.27			
49	44.91	57.19	61.46	77.81			
50	46.08	58.45	62.71	79.07			
51	47.06	59.48	63.71	80.00			
52	47.86	60.27	64.44	80.56			
53	48.39	60.71	64.82	80.62			
54	48.67	60.84	64.86	80.25			
55	48.67	60.62	64.53	79.43			
56	48.38	60.02	63.83	78.14			
57	47.65	58.99	62.67	76.36			
58	46.46	57.48	61.05	74.07			
59	44.93	55.56	58.99	71.26			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.41	20.23	22.33	29.03			
26	16.13	21.24	23.47	30.55			
27	16.91	22.34	24.71	32.22			
28	17.76	23.53	26.05	34.03			
29	18.68	24.81	27.49	35.95			
30	19.65	26.17	29.02	38.00			
31	20.69	27.61	30.63	40.15			
32	21.78	29.12	32.33	42.42			
33	22.94	30.70	34.12	44.78			
34	24.15	32.36	35.97	47.23			
35	25.40	34.06	37.89	49.74			
36	26.70	35.81	39.87	52.31			
37	28.03	37.61	41.89	54.92			
38	29.42	39.46	43.97	57.60			
39	30.83	41.35	46.09	60.29			
40	32.26	43.23	48.22	62.97			
41	33.68	45.11	50.34	65.62			
42	35.10	46.99	52.45	68.22			
43	36.84	49.06	54.57	70.79			
44	38.57	51.10	56.64	73.27			
45	40.26	53.08	58.61	75.61			
46	41.92	54.97	60.49	77.77			
47	43.51	56.77	62.24	79.74			
48	44.94	58.38	63.88	81.53			
49	46.24	59.83	65.33	83.05			
50	47.40	61.07	66.54	84.24			
51	48.37	62.06	67.47	85.06			
52	49.14	62.78	68.09	85.46			
53	49.62	63.10	68.28	85.27			
54	49.83	63.09	68.11	84.60			
55	49.76	62.71	67.54	83.44			
56	49.39	61.96	66.57	81.78			
57	48.62	60.77	65.12	79.61			
58	47.31	59.04	63.20	76.92			
59	45.66	56.90	60.83	73.70			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.48	0.64	0.70	0.86	1.22	2.66	4.84
26	0.50	0.68	0.75	0.90	1.28	2.77	5.02
27	0.54	0.72	0.78	0.95	1.35	2.89	5.24
28	0.56	0.77	0.84	1.01	1.42	3.01	5.44
29	0.60	0.81	0.88	1.07	1.50	3.14	5.66
30	0.64	0.86	0.95	1.14	1.58	3.27	5.90
31	0.68	0.92	1.01	1.22	1.67	3.42	6.14
32	0.73	0.97	1.07	1.30	1.76	3.56	6.39
33	0.77	1.04	1.14	1.38	1.86	3.73	6.67
34	0.82	1.10	1.21	1.47	1.95	3.89	6.96
35	0.88	1.17	1.30	1.56	2.06	4.07	7.26
36	0.94	1.25	1.38	1.66	2.18	4.26	7.60
37	0.99	1.33	1.46	1.76	2.30	4.46	7.94
38	1.06	1.41	1.55	1.86	2.42	4.67	8.32
39	1.13	1.49	1.65	1.98	2.56	4.90	8.71
40	1.20	1.59	1.75	2.10	2.69	5.13	9.13
41	1.28	1.69	1.86	2.23	2.84	5.38	9.57
42	1.36	1.79	1.97	2.36	2.99	5.64	10.05
43	1.46	1.91	2.11	2.50	3.16	5.93	10.58
44	1.57	2.04	2.22	2.66	3.34	6.23	11.12
45	1.67	2.18	2.36	2.81	3.52	6.53	11.68
46	1.78	2.31	2.50	2.96	3.71	6.84	12.27
47	1.91	2.46	2.65	3.13	3.89	7.16	12.86
48	2.03	2.61	2.81	3.32	4.10	7.52	13.55
49	2.16	2.76	2.96	3.50	4.30	7.88	14.23
50	2.29	2.91	3.12	3.68	4.49	8.22	14.86
51	2.41	3.05	3.26	3.83	4.65	8.51	15.42
52	2.51	3.18	3.38	3.97	4.78	8.77	15.90
53	2.62	3.29	3.51	4.10	4.90	8.98	16.32
54	2.70	3.38	3.59	4.19	4.96	9.12	16.56
55	2.74	3.43	3.64	4.24	4.98	9.15	16.64
56	2.74	3.44	3.63	4.24	4.92	9.07	16.49
57	2.70	3.38	3.57	4.17	4.79	8.86	16.08
58	2.60	3.27	3.44	4.01	4.59	8.48	15.39
59	2.45	3.08	3.24	3.78	4.28	7.93	14.36
60	2.24	2.81	2.95	3.45	3.86	7.18	12.97
61	1.95	2.46	2.57	3.01	3.32	6.22	11.18
62	1.59	2.01	2.11	2.45	2.68	5.03	8.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.49	0.66	0.73	0.89	1.27	2.76	5.04
26	0.51	0.69	0.77	0.94	1.33	2.88	5.22
27	0.55	0.74	0.81	0.99	1.40	3.01	5.45
28	0.57	0.78	0.86	1.04	1.48	3.12	5.65
29	0.61	0.83	0.92	1.12	1.56	3.27	5.89
30	0.65	0.88	0.98	1.19	1.65	3.39	6.13
31	0.69	0.94	1.04	1.27	1.74	3.56	6.38
32	0.74	1.00	1.11	1.35	1.84	3.71	6.64
33	0.78	1.07	1.18	1.43	1.94	3.87	6.94
34	0.84	1.13	1.25	1.52	2.03	4.04	7.24
35	0.90	1.20	1.34	1.62	2.14	4.23	7.55
36	0.95	1.29	1.42	1.72	2.27	4.43	7.90
37	1.01	1.37	1.51	1.83	2.39	4.64	8.25
38	1.08	1.45	1.60	1.94	2.52	4.86	8.65
39	1.15	1.53	1.70	2.06	2.66	5.09	9.06
40	1.22	1.63	1.81	2.18	2.80	5.34	9.49
41	1.30	1.74	1.93	2.32	2.95	5.60	9.95
42	1.38	1.84	2.04	2.45	3.11	5.87	10.46
43	1.49	1.96	2.18	2.60	3.29	6.17	11.00
44	1.59	2.10	2.30	2.76	3.47	6.48	11.57
45	1.70	2.23	2.44	2.92	3.66	6.79	12.15
46	1.81	2.37	2.59	3.08	3.85	7.11	12.75
47	1.94	2.52	2.74	3.26	4.04	7.45	13.37
48	2.07	2.67	2.91	3.45	4.26	7.83	14.09
49	2.20	2.84	3.07	3.64	4.47	8.20	14.80
50	2.32	2.98	3.23	3.83	4.67	8.54	15.45
51	2.45	3.13	3.38	3.99	4.83	8.86	16.03
52	2.56	3.26	3.50	4.13	4.97	9.12	16.54
53	2.66	3.38	3.64	4.27	5.09	9.34	16.97
54	2.75	3.47	3.72	4.36	5.16	9.48	17.23
55	2.78	3.52	3.76	4.41	5.18	9.52	17.31
56	2.78	3.53	3.75	4.41	5.12	9.43	17.15
57	2.75	3.47	3.70	4.33	4.98	9.21	16.73
58	2.65	3.35	3.56	4.18	4.77	8.82	16.00
59	2.48	3.16	3.35	3.92	4.45	8.24	14.94
60	2.28	2.88	3.06	3.58	4.01	7.47	13.49
61	1.99	2.52	2.66	3.12	3.46	6.47	11.63
62	1.62	2.06	2.18	2.55	2.79	5.23	9.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.50	0.68	0.77	0.94	1.34	2.93	5.33
26	0.52	0.72	0.81	0.99	1.40	3.05	5.53
27	0.56	0.77	0.86	1.04	1.49	3.18	5.76
28	0.59	0.81	0.91	1.11	1.57	3.30	5.98
29	0.63	0.86	0.96	1.18	1.65	3.46	6.23
30	0.67	0.92	1.03	1.26	1.74	3.59	6.49
31	0.71	0.97	1.10	1.34	1.84	3.76	6.75
32	0.76	1.04	1.16	1.42	1.94	3.92	7.03
33	0.80	1.11	1.24	1.51	2.04	4.10	7.34
34	0.86	1.17	1.31	1.61	2.15	4.28	7.65
35	0.92	1.24	1.40	1.71	2.27	4.47	7.99
36	0.97	1.33	1.49	1.82	2.39	4.68	8.35
37	1.04	1.41	1.58	1.93	2.53	4.91	8.73
38	1.11	1.50	1.68	2.05	2.66	5.14	9.14
39	1.18	1.59	1.79	2.18	2.81	5.38	9.59
40	1.25	1.69	1.90	2.30	2.96	5.64	10.04
41	1.33	1.80	2.03	2.45	3.12	5.92	10.52
42	1.41	1.91	2.14	2.59	3.29	6.21	11.06
43	1.52	2.03	2.29	2.75	3.47	6.53	11.64
44	1.63	2.18	2.42	2.92	3.67	6.85	12.24
45	1.75	2.31	2.57	3.09	3.87	7.18	12.85
46	1.85	2.46	2.72	3.26	4.08	7.52	13.49
47	1.99	2.61	2.88	3.44	4.28	7.88	14.15
48	2.12	2.77	3.05	3.65	4.50	8.28	14.91
49	2.25	2.94	3.22	3.84	4.73	8.68	15.65
50	2.39	3.10	3.39	4.04	4.93	9.04	16.34
51	2.51	3.25	3.55	4.21	5.11	9.37	16.96
52	2.62	3.38	3.68	4.37	5.26	9.64	17.50
53	2.73	3.50	3.82	4.51	5.38	9.88	17.95
54	2.81	3.60	3.91	4.61	5.45	10.03	18.22
55	2.85	3.65	3.95	4.66	5.47	10.07	18.31
56	2.85	3.65	3.94	4.66	5.41	9.98	18.14
57	2.82	3.60	3.88	4.58	5.27	9.74	17.69
58	2.71	3.47	3.74	4.41	5.04	9.32	16.93
59	2.55	3.28	3.52	4.15	4.70	8.72	15.80
60	2.33	2.99	3.21	3.79	4.24	7.90	14.27
61	2.03	2.61	2.80	3.30	3.65	6.84	12.29
62	1.66	2.13	2.29	2.69	2.94	5.54	9.86

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.53	0.71	0.78	0.95	1.36	2.95	5.38
26	0.56	0.75	0.83	1.00	1.42	3.08	5.58
27	0.60	0.80	0.87	1.06	1.50	3.21	5.82
28	0.62	0.85	0.93	1.12	1.58	3.34	6.04
29	0.67	0.90	0.98	1.19	1.67	3.49	6.29
30	0.71	0.96	1.05	1.27	1.76	3.63	6.55
31	0.76	1.02	1.12	1.36	1.86	3.80	6.82
32	0.81	1.08	1.19	1.44	1.96	3.96	7.10
33	0.85	1.16	1.27	1.53	2.07	4.14	7.41
34	0.91	1.22	1.34	1.63	2.17	4.32	7.73
35	0.98	1.30	1.44	1.73	2.29	4.52	8.07
36	1.04	1.39	1.53	1.84	2.42	4.73	8.44
37	1.10	1.48	1.62	1.95	2.56	4.96	8.82
38	1.18	1.57	1.72	2.07	2.69	5.19	9.24
39	1.26	1.66	1.83	2.20	2.84	5.44	9.68
40	1.33	1.77	1.94	2.33	2.99	5.70	10.14
41	1.42	1.88	2.07	2.48	3.16	5.98	10.63
42	1.51	1.99	2.19	2.62	3.32	6.27	11.17
43	1.62	2.12	2.34	2.78	3.51	6.59	11.75
44	1.74	2.27	2.47	2.95	3.71	6.92	12.36
45	1.86	2.42	2.62	3.12	3.91	7.25	12.98
46	1.98	2.57	2.78	3.29	4.12	7.60	13.63
47	2.12	2.73	2.94	3.48	4.32	7.96	14.29
48	2.26	2.90	3.12	3.69	4.55	8.36	15.06
49	2.40	3.07	3.29	3.89	4.78	8.76	15.81
50	2.54	3.23	3.47	4.09	4.99	9.13	16.51
51	2.68	3.39	3.62	4.26	5.17	9.46	17.13
52	2.79	3.53	3.76	4.41	5.31	9.74	17.67
53	2.91	3.66	3.90	4.56	5.44	9.98	18.13
54	3.00	3.76	3.99	4.66	5.51	10.13	18.40
55	3.04	3.81	4.04	4.71	5.53	10.17	18.49
56	3.04	3.82	4.03	4.71	5.47	10.08	18.32
57	3.00	3.76	3.97	4.63	5.32	9.84	17.87
58	2.89	3.63	3.82	4.46	5.10	9.42	17.10
59	2.72	3.42	3.60	4.20	4.75	8.81	15.96
60	2.49	3.12	3.28	3.83	4.29	7.98	14.41
61	2.17	2.73	2.86	3.34	3.69	6.91	12.42
62	1.77	2.23	2.34	2.72	2.98	5.59	9.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.54	0.73	0.81	0.99	1.41	3.07	5.60
26	0.57	0.77	0.86	1.04	1.48	3.20	5.80
27	0.61	0.82	0.90	1.10	1.56	3.34	6.05
28	0.63	0.87	0.96	1.16	1.64	3.47	6.28
29	0.68	0.92	1.02	1.24	1.73	3.63	6.54
30	0.72	0.98	1.09	1.32	1.83	3.77	6.81
31	0.77	1.04	1.16	1.41	1.93	3.95	7.09
32	0.82	1.11	1.23	1.50	2.04	4.12	7.38
33	0.87	1.19	1.31	1.59	2.15	4.30	7.71
34	0.93	1.25	1.39	1.69	2.26	4.49	8.04
35	1.00	1.33	1.49	1.80	2.38	4.70	8.39
36	1.06	1.43	1.58	1.91	2.52	4.92	8.78
37	1.12	1.52	1.68	2.03	2.66	5.16	9.17
38	1.20	1.61	1.78	2.15	2.80	5.40	9.61
39	1.28	1.70	1.89	2.29	2.95	5.66	10.07
40	1.35	1.81	2.01	2.42	3.11	5.93	10.54
41	1.44	1.93	2.14	2.58	3.28	6.22	11.05
42	1.53	2.04	2.27	2.72	3.45	6.52	11.62
43	1.65	2.18	2.42	2.89	3.65	6.85	12.22
44	1.77	2.33	2.56	3.07	3.86	7.20	12.86
45	1.89	2.48	2.71	3.24	4.07	7.54	13.50
46	2.01	2.63	2.88	3.42	4.28	7.90	14.17
47	2.16	2.80	3.04	3.62	4.49	8.28	14.86
48	2.30	2.97	3.23	3.83	4.73	8.70	15.66
49	2.44	3.15	3.41	4.04	4.97	9.11	16.44
50	2.58	3.31	3.59	4.25	5.19	9.49	17.17
51	2.72	3.48	3.75	4.43	5.37	9.84	17.81
52	2.84	3.62	3.89	4.59	5.52	10.13	18.38
53	2.96	3.75	4.04	4.74	5.66	10.38	18.85
54	3.05	3.86	4.13	4.84	5.73	10.53	19.14
55	3.09	3.91	4.18	4.90	5.75	10.58	19.23
56	3.09	3.92	4.17	4.90	5.69	10.48	19.05
57	3.05	3.86	4.11	4.81	5.53	10.23	18.59
58	2.94	3.72	3.95	4.64	5.30	9.80	17.78
59	2.76	3.51	3.72	4.36	4.94	9.16	16.60
60	2.53	3.20	3.40	3.98	4.46	8.30	14.99
61	2.21	2.80	2.96	3.47	3.84	7.19	12.92
62	1.80	2.29	2.42	2.83	3.10	5.81	10.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.55	0.75	0.85	1.04	1.49	3.25	5.92
26	0.58	0.80	0.90	1.10	1.56	3.39	6.14
27	0.62	0.85	0.95	1.16	1.65	3.53	6.40
28	0.65	0.90	1.01	1.23	1.74	3.67	6.64
29	0.70	0.96	1.07	1.31	1.83	3.84	6.92
30	0.74	1.02	1.14	1.40	1.93	3.99	7.21
31	0.79	1.08	1.22	1.49	2.04	4.18	7.50
32	0.84	1.15	1.29	1.58	2.15	4.36	7.81
33	0.89	1.23	1.38	1.68	2.27	4.55	8.15
34	0.95	1.30	1.46	1.79	2.39	4.75	8.50
35	1.02	1.38	1.56	1.90	2.52	4.97	8.88
36	1.08	1.48	1.66	2.02	2.66	5.20	9.28
37	1.15	1.57	1.76	2.14	2.81	5.46	9.70
38	1.23	1.67	1.87	2.28	2.96	5.71	10.16
39	1.31	1.77	1.99	2.42	3.12	5.98	10.65
40	1.39	1.88	2.11	2.56	3.29	6.27	11.15
41	1.48	2.00	2.25	2.72	3.47	6.58	11.69
42	1.57	2.12	2.38	2.88	3.65	6.90	12.29
43	1.69	2.26	2.54	3.05	3.86	7.25	12.93
44	1.81	2.42	2.69	3.24	4.08	7.61	13.60
45	1.94	2.57	2.85	3.43	4.30	7.98	14.28
46	2.06	2.73	3.02	3.62	4.53	8.36	14.99
47	2.21	2.90	3.20	3.82	4.75	8.76	15.72
48	2.35	3.08	3.39	4.05	5.00	9.20	16.57
49	2.50	3.27	3.58	4.27	5.25	9.64	17.39
50	2.65	3.44	3.77	4.49	5.48	10.04	18.16
51	2.79	3.61	3.94	4.68	5.68	10.41	18.84
52	2.91	3.75	4.09	4.85	5.84	10.71	19.44
53	3.03	3.89	4.24	5.01	5.98	10.98	19.94
54	3.12	4.00	4.34	5.12	6.06	11.14	20.24
55	3.17	4.05	4.39	5.18	6.08	11.19	20.34
56	3.17	4.06	4.38	5.18	6.01	11.09	20.15
57	3.13	4.00	4.31	5.09	5.85	10.82	19.66
58	3.01	3.86	4.15	4.90	5.60	10.36	18.81
59	2.83	3.64	3.91	4.61	5.22	9.69	17.56
60	2.59	3.32	3.57	4.21	4.71	8.78	15.85
61	2.26	2.90	3.11	3.67	4.06	7.60	13.66
62	1.84	2.37	2.54	2.99	3.27	6.15	10.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.65	7.78	8.53	11.45	17.28	35.39	64.40
26	5.74	7.89	8.65	11.63	17.50	35.49	64.46
27	5.81	8.02	8.79	11.83	17.70	35.51	64.40
28	5.92	8.16	8.94	12.04	17.88	35.49	64.19
29	6.02	8.30	9.11	12.26	18.05	35.40	63.88
30	6.12	8.46	9.27	12.48	18.18	35.26	63.44
31	6.22	8.59	9.44	12.70	18.28	35.06	62.89
32	6.33	8.74	9.60	12.89	18.37	34.81	62.26
33	6.43	8.86	9.72	13.06	18.42	34.49	61.56
34	6.51	8.98	9.84	13.22	18.43	34.14	60.78
35	6.59	9.07	9.95	13.34	18.40	33.74	59.93
36	6.66	9.14	10.04	13.43	18.35	33.28	59.02
37	6.71	9.20	10.11	13.49	18.27	32.79	58.05
38	6.74	9.23	10.13	13.49	18.14	32.27	57.07
39	6.77	9.24	10.14	13.46	17.98	31.71	56.04
40	6.77	9.21	10.12	13.40	17.77	31.09	54.95
41	6.75	9.17	10.08	13.30	17.52	30.43	53.81
42	6.72	9.10	10.00	13.14	17.22	29.72	52.59
43	6.72	9.04	9.91	12.97	16.89	28.99	51.35
44	6.70	8.96	9.78	12.74	16.51	28.19	50.02
45	6.66	8.84	9.61	12.45	16.07	27.33	48.58
46	6.58	8.68	9.40	12.13	15.57	26.39	47.01
47	6.46	8.47	9.15	11.75	14.99	25.37	45.28
48	6.29	8.20	8.83	11.28	14.31	24.20	43.31
49	6.08	7.89	8.47	10.75	13.55	22.95	41.17
50	5.83	7.52	8.07	10.17	12.72	21.62	38.87
51	5.56	7.12	7.62	9.54	11.85	20.20	36.41
52	5.24	6.68	7.12	8.86	10.91	18.70	33.80
53	4.85	6.15	6.54	8.07	9.85	16.99	30.79
54	4.43	5.59	5.93	7.26	8.77	15.25	27.67
55	4.00	5.02	5.32	6.44	7.69	13.52	24.56
56	3.57	4.45	4.71	5.64	6.66	11.82	21.50
57	3.13	3.90	4.11	4.88	5.66	10.22	18.59
58	2.71	3.39	3.57	4.20	4.81	8.79	15.97
59	2.33	2.92	3.07	3.59	4.05	7.51	13.59
60	2.00	2.51	2.64	3.05	3.42	6.40	11.53
61	1.73	2.16	2.27	2.63	2.90	5.47	9.80
62	1.50	1.90	1.99	2.31	2.53	4.75	8.46
63						4.47	7.96
64						4.39	7.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.66	7.79	8.55	11.48	17.32	35.49	64.58
26	5.75	7.91	8.68	11.66	17.55	35.59	64.65
27	5.82	8.03	8.81	11.87	17.75	35.62	64.59
28	5.92	8.18	8.98	12.07	17.93	35.60	64.40
29	6.03	8.32	9.14	12.30	18.10	35.52	64.09
30	6.13	8.47	9.31	12.52	18.24	35.38	63.66
31	6.24	8.62	9.47	12.74	18.34	35.19	63.12
32	6.34	8.76	9.63	12.95	18.44	34.94	62.50
33	6.43	8.88	9.77	13.12	18.49	34.63	61.81
34	6.53	9.00	9.89	13.27	18.50	34.29	61.04
35	6.60	9.10	10.00	13.40	18.48	33.89	60.20
36	6.67	9.17	10.09	13.49	18.44	33.44	59.30
37	6.72	9.23	10.16	13.56	18.35	32.96	58.34
38	6.76	9.27	10.18	13.56	18.23	32.44	57.38
39	6.78	9.27	10.19	13.54	18.07	31.89	56.37
40	6.78	9.25	10.18	13.48	17.87	31.29	55.29
41	6.77	9.21	10.14	13.39	17.62	30.63	54.16
42	6.73	9.15	10.07	13.23	17.33	29.94	52.97
43	6.74	9.10	9.98	13.06	17.01	29.21	51.75
44	6.72	9.01	9.85	12.84	16.63	28.43	50.45
45	6.68	8.89	9.69	12.55	16.21	27.57	49.02
46	6.60	8.73	9.49	12.24	15.71	26.65	47.46
47	6.49	8.53	9.23	11.87	15.14	25.64	45.76
48	6.32	8.27	8.93	11.40	14.46	24.49	43.82
49	6.11	7.96	8.57	10.88	13.71	23.25	41.71
50	5.87	7.59	8.17	10.31	12.89	21.92	39.43
51	5.59	7.20	7.73	9.68	12.02	20.52	36.99
52	5.28	6.76	7.23	9.01	11.09	19.03	34.41
53	4.89	6.22	6.66	8.22	10.04	17.33	31.40
54	4.47	5.68	6.05	7.41	8.96	15.59	28.30
55	4.04	5.10	5.44	6.60	7.88	13.87	25.19
56	3.61	4.54	4.83	5.80	6.84	12.16	22.12
57	3.17	3.99	4.23	5.03	5.84	10.55	19.20
58	2.75	3.47	3.68	4.35	4.98	9.11	16.55
59	2.36	2.99	3.17	3.72	4.22	7.81	14.14
60	2.03	2.58	2.74	3.18	3.56	6.67	12.02
61	1.76	2.22	2.35	2.74	3.03	5.71	10.23
62	1.53	1.95	2.06	2.41	2.64	4.94	8.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.67	7.81	8.59	11.53	17.39	35.64	64.86
26	5.75	7.93	8.71	11.71	17.62	35.75	64.94
27	5.84	8.06	8.86	11.92	17.82	35.79	64.89
28	5.94	8.20	9.02	12.13	18.01	35.77	64.70
29	6.04	8.35	9.18	12.36	18.18	35.70	64.41
30	6.15	8.51	9.35	12.59	18.33	35.56	64.00
31	6.26	8.65	9.51	12.81	18.44	35.39	63.47
32	6.36	8.80	9.68	13.01	18.53	35.15	62.87
33	6.45	8.93	9.83	13.19	18.59	34.84	62.19
34	6.55	9.04	9.95	13.35	18.62	34.51	61.43
35	6.62	9.14	10.06	13.48	18.60	34.12	60.61
36	6.70	9.21	10.16	13.58	18.56	33.68	59.73
37	6.75	9.27	10.23	13.65	18.48	33.22	58.79
38	6.78	9.32	10.26	13.67	18.37	32.71	57.85
39	6.81	9.32	10.28	13.65	18.22	32.16	56.87
40	6.81	9.31	10.27	13.60	18.02	31.58	55.81
41	6.80	9.27	10.23	13.51	17.78	30.94	54.71
42	6.77	9.21	10.17	13.36	17.50	30.26	53.54
43	6.77	9.16	10.08	13.20	17.19	29.55	52.35
44	6.76	9.08	9.96	12.99	16.82	28.78	51.08
45	6.72	8.97	9.80	12.72	16.41	27.95	49.68
46	6.65	8.81	9.61	12.41	15.92	27.04	48.16
47	6.54	8.63	9.37	12.04	15.36	26.05	46.50
48	6.38	8.36	9.06	11.59	14.69	24.91	44.59
49	6.16	8.05	8.71	11.08	13.95	23.70	42.52
50	5.92	7.70	8.32	10.51	13.14	22.39	40.27
51	5.65	7.31	7.89	9.89	12.28	21.00	37.87
52	5.34	6.87	7.40	9.23	11.36	19.52	35.31
53	4.95	6.34	6.83	8.45	10.31	17.84	32.33
54	4.54	5.80	6.23	7.65	9.24	16.11	29.23
55	4.11	5.23	5.62	6.84	8.16	14.39	26.13
56	3.67	4.66	5.01	6.04	7.11	12.68	23.05
57	3.23	4.11	4.40	5.27	6.11	11.05	20.11
58	2.81	3.59	3.85	4.57	5.24	9.59	17.43
59	2.42	3.10	3.33	3.94	4.45	8.26	14.95
60	2.09	2.68	2.88	3.37	3.77	7.08	12.75
61	1.80	2.30	2.48	2.91	3.21	6.06	10.85
62	1.56	2.01	2.16	2.54	2.78	5.23	9.31
63				2.41	2.61		
64				2.38	2.58		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.89	8.27	9.27	12.49	18.84	38.92	70.84
26	5.98	8.39	9.40	12.68	19.09	39.04	70.91
27	6.06	8.53	9.55	12.90	19.30	39.07	70.84
28	6.16	8.68	9.72	13.12	19.50	39.04	70.61
29	6.26	8.83	9.90	13.37	19.68	38.95	70.27
30	6.38	8.99	10.08	13.62	19.83	38.79	69.78
31	6.49	9.15	10.25	13.85	19.94	38.57	69.18
32	6.60	9.30	10.43	14.07	20.03	38.29	68.49
33	6.69	9.43	10.57	14.25	20.09	37.94	67.71
34	6.78	9.55	10.70	14.42	20.11	37.56	66.85
35	6.86	9.65	10.82	14.55	20.08	37.11	65.92
36	6.94	9.72	10.91	14.65	20.03	36.61	64.91
37	6.99	9.78	10.98	14.71	19.92	36.07	63.85
38	7.02	9.82	11.02	14.72	19.80	35.50	62.77
39	7.05	9.83	11.02	14.70	19.62	34.88	61.64
40	7.05	9.80	11.01	14.63	19.39	34.20	60.45
41	7.03	9.76	10.96	14.52	19.12	33.47	59.19
42	7.00	9.68	10.87	14.35	18.79	32.70	57.85
43	7.00	9.62	10.77	14.15	18.44	31.89	56.48
44	6.98	9.53	10.63	13.91	18.02	31.02	55.03
45	6.94	9.40	10.45	13.60	17.55	30.06	53.44
46	6.85	9.23	10.22	13.25	17.01	29.04	51.71
47	6.73	9.02	9.95	12.83	16.38	27.91	49.81
48	6.55	8.73	9.60	12.32	15.63	26.62	47.64
49	6.33	8.39	9.21	11.75	14.80	25.25	45.29
50	6.08	8.01	8.76	11.12	13.91	23.77	42.76
51	5.79	7.58	8.28	10.43	12.95	22.22	40.05
52	5.46	7.11	7.74	9.69	11.94	20.57	37.19
53	5.05	6.54	7.11	8.82	10.78	18.69	33.86
54	4.62	5.95	6.45	7.95	9.61	16.77	30.44
55	4.17	5.34	5.78	7.06	8.43	14.88	27.01
56	3.71	4.73	5.12	6.18	7.29	13.01	23.65
57	3.26	4.15	4.47	5.36	6.21	11.24	20.45
58	2.82	3.60	3.88	4.61	5.28	9.66	17.57
59	2.42	3.10	3.33	3.94	4.45	8.26	14.95
60	2.08	2.67	2.86	3.36	3.76	7.04	12.68
61	1.79	2.30	2.47	2.89	3.19	6.02	10.78
62	1.56	2.01	2.16	2.54	2.78	5.23	9.31
63	1.48	1.90	2.04				
64	1.45	1.88	2.01				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.65	9.15	10.03	13.47	20.33	41.63	75.76
26	6.75	9.28	10.18	13.68	20.59	41.75	75.84
27	6.84	9.43	10.34	13.92	20.82	41.78	75.76
28	6.96	9.60	10.52	14.16	21.03	41.75	75.52
29	7.08	9.77	10.72	14.42	21.23	41.65	75.15
30	7.20	9.95	10.91	14.68	21.39	41.48	74.63
31	7.32	10.11	11.10	14.94	21.51	41.25	73.99
32	7.45	10.28	11.29	15.17	21.61	40.95	73.25
33	7.56	10.42	11.44	15.37	21.67	40.58	72.42
34	7.66	10.56	11.58	15.55	21.68	40.17	71.50
35	7.75	10.67	11.71	15.69	21.65	39.69	70.50
36	7.83	10.75	11.81	15.80	21.59	39.15	69.43
37	7.89	10.82	11.89	15.87	21.49	38.58	68.29
38	7.93	10.86	11.92	15.87	21.34	37.96	67.14
39	7.96	10.87	11.93	15.84	21.15	37.30	65.93
40	7.96	10.84	11.91	15.77	20.90	36.58	64.65
41	7.94	10.79	11.86	15.65	20.61	35.80	63.30
42	7.90	10.71	11.77	15.46	20.26	34.97	61.87
43	7.90	10.64	11.66	15.26	19.87	34.11	60.41
44	7.88	10.54	11.50	14.99	19.42	33.17	58.85
45	7.83	10.40	11.31	14.65	18.91	32.15	57.15
46	7.74	10.21	11.06	14.27	18.32	31.05	55.30
47	7.60	9.97	10.76	13.82	17.64	29.85	53.27
48	7.40	9.65	10.39	13.27	16.83	28.47	50.95
49	7.15	9.28	9.96	12.65	15.94	27.00	48.44
50	6.86	8.85	9.49	11.97	14.97	25.43	45.73
51	6.54	8.38	8.96	11.22	13.94	23.76	42.84
52	6.16	7.86	8.38	10.42	12.84	22.00	39.77
53	5.70	7.23	7.69	9.49	11.59	19.99	36.22
54	5.21	6.58	6.98	8.54	10.32	17.94	32.55
55	4.70	5.90	6.26	7.58	9.05	15.91	28.89
56	4.20	5.24	5.54	6.63	7.83	13.91	25.29
57	3.68	4.59	4.84	5.74	6.66	12.02	21.87
58	3.19	3.99	4.20	4.94	5.66	10.34	18.79
59	2.74	3.43	3.61	4.22	4.77	8.84	15.99
60	2.35	2.95	3.10	3.59	4.02	7.53	13.56
61	2.03	2.54	2.67	3.09	3.41	6.44	11.53
62	1.77	2.23	2.34	2.72	2.98	5.59	9.95
63						5.26	9.37
64						5.17	9.24

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.66	9.17	10.06	13.51	20.38	41.75	75.98
26	6.76	9.30	10.21	13.72	20.65	41.87	76.06
27	6.85	9.45	10.37	13.96	20.88	41.91	75.99
28	6.97	9.62	10.56	14.20	21.09	41.88	75.76
29	7.09	9.79	10.75	14.47	21.29	41.79	75.40
30	7.21	9.97	10.95	14.73	21.46	41.62	74.89
31	7.34	10.14	11.14	14.99	21.58	41.40	74.26
32	7.46	10.31	11.33	15.23	21.69	41.11	73.53
33	7.57	10.45	11.49	15.43	21.75	40.74	72.72
34	7.68	10.59	11.63	15.61	21.77	40.34	71.81
35	7.77	10.70	11.76	15.76	21.74	39.87	70.82
36	7.85	10.79	11.87	15.87	21.69	39.34	69.77
37	7.91	10.86	11.95	15.95	21.59	38.78	68.64
38	7.95	10.90	11.98	15.95	21.45	38.17	67.51
39	7.98	10.91	11.99	15.93	21.26	37.52	66.32
40	7.98	10.88	11.98	15.86	21.02	36.81	65.05
41	7.96	10.84	11.93	15.75	20.73	36.04	63.72
42	7.92	10.76	11.85	15.56	20.39	35.22	62.32
43	7.93	10.70	11.74	15.37	20.01	34.37	60.88
44	7.91	10.60	11.59	15.11	19.57	33.45	59.35
45	7.86	10.46	11.40	14.77	19.07	32.44	57.67
46	7.77	10.27	11.16	14.40	18.48	31.35	55.84
47	7.64	10.04	10.86	13.96	17.81	30.17	53.84
48	7.44	9.73	10.50	13.41	17.01	28.81	51.55
49	7.19	9.36	10.08	12.80	16.13	27.35	49.07
50	6.90	8.93	9.61	12.13	15.17	25.79	46.39
51	6.58	8.47	9.09	11.39	14.14	24.14	43.52
52	6.21	7.95	8.51	10.60	13.05	22.39	40.48
53	5.75	7.32	7.83	9.67	11.81	20.39	36.94
54	5.26	6.68	7.12	8.72	10.54	18.34	33.29
55	4.75	6.00	6.40	7.77	9.27	16.32	29.63
56	4.25	5.34	5.68	6.82	8.05	14.31	26.02
57	3.73	4.69	4.98	5.92	6.87	12.41	22.59
58	3.24	4.08	4.33	5.12	5.86	10.72	19.47
59	2.78	3.52	3.73	4.38	4.96	9.19	16.63
60	2.39	3.03	3.22	3.74	4.19	7.85	14.14
61	2.07	2.61	2.77	3.22	3.56	6.72	12.03
62	1.80	2.29	2.42	2.83	3.10	5.81	10.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.67	9.19	10.10	13.56	20.46	41.93	76.30
26	6.77	9.33	10.25	13.78	20.73	42.06	76.40
27	6.87	9.48	10.42	14.02	20.97	42.10	76.34
28	6.99	9.65	10.61	14.27	21.19	42.08	76.12
29	7.10	9.82	10.80	14.54	21.39	42.00	75.78
30	7.23	10.01	11.00	14.81	21.56	41.84	75.29
31	7.36	10.18	11.19	15.07	21.69	41.63	74.67
32	7.48	10.35	11.39	15.31	21.80	41.35	73.96
33	7.59	10.50	11.56	15.52	21.87	40.99	73.16
34	7.70	10.63	11.70	15.71	21.90	40.60	72.27
35	7.79	10.75	11.84	15.86	21.88	40.14	71.31
36	7.88	10.84	11.95	15.98	21.83	39.62	70.27
37	7.94	10.91	12.03	16.06	21.74	39.08	69.17
38	7.98	10.96	12.07	16.08	21.61	38.48	68.06
39	8.01	10.97	12.09	16.06	21.43	37.84	66.90
40	8.01	10.95	12.08	16.00	21.20	37.15	65.66
41	8.00	10.91	12.04	15.89	20.92	36.40	64.36
42	7.96	10.83	11.96	15.72	20.59	35.60	62.99
43	7.97	10.78	11.86	15.53	20.22	34.77	61.59
44	7.95	10.68	11.72	15.28	19.79	33.86	60.09
45	7.91	10.55	11.53	14.96	19.30	32.88	58.45
46	7.82	10.37	11.30	14.60	18.73	31.81	56.66
47	7.69	10.15	11.02	14.16	18.07	30.65	54.70
48	7.50	9.84	10.66	13.63	17.28	29.31	52.46
49	7.25	9.47	10.25	13.03	16.41	27.88	50.02
50	6.97	9.06	9.79	12.37	15.46	26.34	47.38
51	6.65	8.60	9.28	11.64	14.45	24.71	44.55
52	6.28	8.08	8.71	10.86	13.37	22.97	41.54
53	5.82	7.46	8.03	9.94	12.13	20.99	38.03
54	5.34	6.82	7.33	9.00	10.87	18.95	34.39
55	4.83	6.15	6.61	8.05	9.60	16.93	30.74
56	4.32	5.48	5.89	7.10	8.37	14.92	27.12
57	3.80	4.83	5.18	6.20	7.19	13.00	23.66
58	3.31	4.22	4.53	5.38	6.16	11.28	20.50
59	2.85	3.65	3.92	4.63	5.24	9.72	17.59
60	2.46	3.15	3.39	3.97	4.44	8.33	15.00
61	2.12	2.71	2.92	3.42	3.78	7.13	12.77
62	1.84	2.37	2.54	2.99	3.27	6.15	10.95
63				2.83	3.07		
64				2.80	3.03		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.93	9.73	10.90	14.69	22.17	45.79	83.34
26	7.03	9.87	11.06	14.92	22.46	45.93	83.42
27	7.13	10.03	11.24	15.18	22.71	45.96	83.34
28	7.25	10.21	11.44	15.44	22.94	45.93	83.07
29	7.37	10.39	11.65	15.73	23.15	45.82	82.67
30	7.50	10.58	11.86	16.02	23.33	45.63	82.09
31	7.63	10.76	12.06	16.29	23.46	45.38	81.39
32	7.76	10.94	12.27	16.55	23.57	45.05	80.58
33	7.87	11.09	12.44	16.77	23.63	44.64	79.66
34	7.98	11.23	12.59	16.96	23.66	44.19	78.65
35	8.07	11.35	12.73	17.12	23.62	43.66	77.55
36	8.16	11.44	12.84	17.24	23.56	43.07	76.37
37	8.22	11.51	12.92	17.31	23.44	42.44	75.12
38	8.26	11.55	12.96	17.32	23.29	41.76	73.85
39	8.29	11.56	12.97	17.29	23.08	41.03	72.52
40	8.29	11.53	12.95	17.21	22.81	40.24	71.12
41	8.27	11.48	12.89	17.08	22.49	39.38	69.63
42	8.23	11.39	12.79	16.88	22.11	38.47	68.06
43	8.23	11.32	12.67	16.65	21.69	37.52	66.45
44	8.21	11.21	12.50	16.36	21.20	36.49	64.74
45	8.16	11.06	12.29	16.00	20.65	35.37	62.87
46	8.06	10.86	12.02	15.59	20.01	34.16	60.83
47	7.92	10.61	11.70	15.09	19.27	32.84	58.60
48	7.71	10.27	11.29	14.49	18.39	31.32	56.05
49	7.45	9.87	10.83	13.82	17.41	29.70	53.28
50	7.15	9.42	10.31	13.08	16.36	27.97	50.30
51	6.81	8.92	9.74	12.27	15.24	26.14	47.12
52	6.42	8.36	9.11	11.40	14.05	24.20	43.75
53	5.94	7.69	8.36	10.38	12.68	21.99	39.84
54	5.43	7.00	7.59	9.35	11.30	19.73	35.81
55	4.90	6.28	6.80	8.31	9.92	17.50	31.78
56	4.37	5.57	6.02	7.27	8.58	15.30	27.82
57	3.83	4.88	5.26	6.30	7.31	13.22	24.06
58	3.32	4.24	4.56	5.42	6.21	11.37	20.67
59	2.85	3.65	3.92	4.63	5.24	9.72	17.59
60	2.45	3.14	3.37	3.95	4.42	8.28	14.92
61	2.11	2.70	2.90	3.40	3.75	7.08	12.68
62	1.84	2.37	2.54	2.99	3.27	6.15	10.95
63	1.74	2.24	2.40				
64	1.71	2.21	2.37				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.20	8.52	9.33	12.55	18.87	38.44	69.84
26	6.29	8.66	9.50	12.78	19.16	38.64	70.10
27	6.41	8.83	9.69	13.04	19.43	38.79	70.22
28	6.54	9.01	9.89	13.31	19.69	38.87	70.21
29	6.67	9.21	10.10	13.59	19.93	38.89	70.07
30	6.82	9.40	10.31	13.88	20.15	38.86	69.82
31	6.95	9.60	10.52	14.18	20.34	38.78	69.47
32	7.09	9.79	10.74	14.46	20.50	38.63	69.03
33	7.23	9.96	10.94	14.71	20.64	38.45	68.52
34	7.35	10.12	11.12	14.93	20.73	38.21	67.93
35	7.47	10.28	11.29	15.12	20.80	37.93	67.29
36	7.59	10.41	11.43	15.30	20.84	37.60	66.58
37	7.68	10.52	11.56	15.44	20.84	37.22	65.82
38	7.77	10.61	11.66	15.53	20.80	36.83	65.08
39	7.83	10.68	11.73	15.59	20.73	36.40	64.28
40	7.88	10.72	11.78	15.61	20.61	35.92	63.43
41	7.91	10.74	11.80	15.60	20.46	35.39	62.52
42	7.92	10.73	11.80	15.53	20.26	34.82	61.56
43	8.00	10.75	11.78	15.44	20.03	34.23	60.60
44	8.04	10.74	11.71	15.31	19.76	33.59	59.54
45	8.06	10.69	11.63	15.11	19.42	32.86	58.37
46	8.05	10.60	11.48	14.87	19.01	32.05	57.05
47	8.00	10.46	11.29	14.57	18.53	31.14	55.56
48	7.87	10.26	11.04	14.17	17.91	30.08	53.81
49	7.71	10.00	10.73	13.70	17.20	28.91	51.84
50	7.50	9.67	10.36	13.17	16.41	27.62	49.65
51	7.25	9.29	9.94	12.55	15.52	26.21	47.24
52	6.95	8.86	9.45	11.87	14.56	24.68	44.58
53	6.55	8.30	8.85	11.04	13.41	22.84	41.34
54	6.10	7.71	8.19	10.17	12.21	20.93	37.93
55	5.64	7.08	7.50	9.24	10.99	18.96	34.40
56	5.14	6.43	6.79	8.32	9.78	16.99	30.87
57	4.62	5.78	6.09	7.42	8.59	15.08	27.39
58	4.10	5.13	5.40	6.55	7.47	13.25	24.03
59	3.59	4.51	4.74	5.73	6.43	11.53	20.89
60	3.14	3.94	4.15	4.98	5.53	9.99	18.03
61	2.74	3.43	3.61	4.34	4.75	8.65	15.53
62	2.40	3.02	3.16	3.82	4.17	7.57	13.46
63						6.77	11.89
64						6.31	10.92
65						6.21	10.61
66						6.54	11.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.21	8.53	9.36	12.59	18.91	38.54	70.02
26	6.30	8.68	9.53	12.81	19.21	38.74	70.29
27	6.42	8.85	9.72	13.07	19.48	38.90	70.41
28	6.55	9.03	9.91	13.35	19.74	38.98	70.41
29	6.68	9.22	10.12	13.63	19.98	39.01	70.28
30	6.83	9.43	10.34	13.92	20.20	38.98	70.04
31	6.96	9.61	10.56	14.22	20.40	38.90	69.70
32	7.11	9.81	10.78	14.51	20.57	38.77	69.27
33	7.24	9.99	10.97	14.76	20.71	38.58	68.77
34	7.37	10.15	11.16	14.98	20.81	38.35	68.20
35	7.49	10.30	11.33	15.18	20.88	38.08	67.56
36	7.61	10.45	11.48	15.36	20.93	37.76	66.87
37	7.69	10.56	11.61	15.50	20.93	37.39	66.12
38	7.79	10.64	11.71	15.60	20.89	37.01	65.39
39	7.85	10.71	11.78	15.67	20.83	36.58	64.61
40	7.90	10.75	11.83	15.69	20.71	36.12	63.77
41	7.93	10.78	11.86	15.68	20.56	35.60	62.87
42	7.94	10.77	11.87	15.61	20.37	35.04	61.94
43	8.02	10.80	11.85	15.54	20.15	34.45	61.00
44	8.07	10.80	11.79	15.41	19.89	33.83	59.97
45	8.08	10.74	11.70	15.22	19.56	33.11	58.81
46	8.08	10.66	11.57	14.98	19.15	32.31	57.51
47	8.03	10.52	11.37	14.69	18.67	31.42	56.05
48	7.91	10.32	11.14	14.29	18.06	30.37	54.32
49	7.74	10.06	10.83	13.83	17.36	29.21	52.38
50	7.53	9.74	10.46	13.30	16.58	27.92	50.21
51	7.29	9.37	10.05	12.70	15.69	26.53	47.82
52	7.00	8.93	9.56	12.03	14.74	25.01	45.19
53	6.60	8.38	8.96	11.19	13.60	23.18	41.95
54	6.15	7.79	8.30	10.32	12.40	21.27	38.56
55	5.68	7.17	7.62	9.40	11.18	19.30	35.03
56	5.19	6.52	6.91	8.48	9.96	17.33	31.49
57	4.67	5.87	6.21	7.57	8.76	15.41	28.00
58	4.14	5.21	5.51	6.70	7.64	13.57	24.61
59	3.63	4.59	4.85	5.87	6.60	11.83	21.44
60	3.17	4.01	4.24	5.11	5.67	10.26	18.52
61	2.77	3.49	3.70	4.45	4.88	8.89	15.95
62	2.42	3.07	3.23	3.91	4.28	7.75	13.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.21	8.56	9.39	12.63	18.98	38.69	70.30
26	6.31	8.70	9.56	12.86	19.28	38.90	70.58
27	6.43	8.87	9.75	13.12	19.56	39.06	70.71
28	6.56	9.06	9.95	13.40	19.82	39.15	70.72
29	6.70	9.26	10.17	13.69	20.07	39.19	70.60
30	6.84	9.46	10.40	13.99	20.29	39.17	70.38
31	6.98	9.65	10.61	14.29	20.49	39.10	70.05
32	7.12	9.84	10.83	14.58	20.66	38.97	69.63
33	7.26	10.03	11.03	14.83	20.81	38.79	69.15
34	7.39	10.19	11.22	15.06	20.92	38.57	68.59
35	7.51	10.34	11.39	15.27	21.00	38.31	67.97
36	7.62	10.49	11.54	15.45	21.05	38.00	67.29
37	7.72	10.60	11.68	15.60	21.05	37.65	66.57
38	7.81	10.69	11.79	15.71	21.03	37.27	65.86
39	7.87	10.76	11.87	15.78	20.97	36.86	65.10
40	7.93	10.81	11.92	15.81	20.87	36.41	64.29
41	7.96	10.84	11.95	15.80	20.72	35.90	63.42
42	7.97	10.84	11.96	15.75	20.54	35.36	62.51
43	8.06	10.87	11.95	15.67	20.33	34.79	61.60
44	8.10	10.87	11.90	15.56	20.08	34.18	60.60
45	8.13	10.82	11.82	15.38	19.75	33.48	59.47
46	8.12	10.74	11.69	15.15	19.36	32.70	58.21
47	8.08	10.62	11.51	14.86	18.90	31.82	56.78
48	7.96	10.41	11.27	14.48	18.29	30.80	55.09
49	7.79	10.17	10.97	14.03	17.60	29.66	53.18
50	7.59	9.85	10.62	13.51	16.82	28.39	51.05
51	7.35	9.48	10.21	12.91	15.95	27.01	48.70
52	7.06	9.05	9.73	12.25	15.01	25.50	46.09
53	6.66	8.50	9.13	11.42	13.87	23.69	42.87
54	6.21	7.91	8.48	10.56	12.68	21.79	39.49
55	5.75	7.28	7.79	9.64	11.46	19.82	35.97
56	5.24	6.64	7.10	8.72	10.23	17.85	32.43
57	4.73	5.98	6.38	7.81	9.04	15.91	28.91
58	4.20	5.33	5.68	6.92	7.90	14.05	25.48
59	3.69	4.70	5.02	6.08	6.83	12.28	22.25
60	3.22	4.11	4.39	5.30	5.88	10.67	19.25
61	2.81	3.59	3.83	4.62	5.07	9.24	16.58
62	2.47	3.15	3.33	4.05	4.42	8.04	14.31
63				3.60	3.96		
64				3.30	3.72		
65				3.17	3.74		
66				3.22	4.02		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.45	9.06	10.15	13.69	20.58	42.28	76.82
26	6.55	9.21	10.33	13.93	20.89	42.51	77.11
27	6.67	9.39	10.53	14.22	21.19	42.66	77.24
28	6.81	9.59	10.74	14.52	21.47	42.76	77.23
29	6.95	9.79	10.97	14.82	21.73	42.78	77.07
30	7.10	10.00	11.21	15.15	21.96	42.75	76.80
31	7.24	10.21	11.44	15.46	22.19	42.65	76.42
32	7.39	10.41	11.68	15.77	22.36	42.50	75.93
33	7.53	10.60	11.89	16.04	22.51	42.29	75.37
34	7.66	10.77	12.09	16.28	22.62	42.03	74.72
35	7.79	10.93	12.27	16.50	22.70	41.72	74.02
36	7.91	11.08	12.43	16.69	22.74	41.35	73.24
37	8.00	11.19	12.56	16.84	22.74	40.94	72.40
38	8.09	11.29	12.67	16.95	22.70	40.51	71.59
39	8.15	11.36	12.75	17.01	22.62	40.04	70.70
40	8.21	11.40	12.80	17.03	22.49	39.52	69.77
41	8.25	11.42	12.83	17.02	22.32	38.93	68.77
42	8.25	11.42	12.83	16.95	22.11	38.31	67.71
43	8.33	11.44	12.80	16.86	21.87	37.66	66.66
44	8.37	11.43	12.73	16.71	21.57	36.95	65.50
45	8.40	11.37	12.64	16.50	21.20	36.15	64.21
46	8.38	11.28	12.48	16.24	20.76	35.26	62.76
47	8.33	11.14	12.27	15.90	20.23	34.26	61.12
48	8.20	10.91	12.00	15.47	19.56	33.09	59.19
49	8.03	10.63	11.66	14.96	18.78	31.80	57.03
50	7.81	10.29	11.26	14.38	17.92	30.38	54.61
51	7.56	9.89	10.80	13.72	16.96	28.82	51.97
52	7.24	9.43	10.28	12.98	15.91	27.14	49.05
53	6.83	8.83	9.61	12.07	14.66	25.13	45.47
54	6.36	8.20	8.90	11.12	13.36	23.02	41.72
55	5.87	7.53	8.15	10.11	12.03	20.85	37.84
56	5.36	6.84	7.39	9.11	10.69	18.69	33.96
57	4.82	6.15	6.61	8.13	9.40	16.58	30.12
58	4.27	5.46	5.87	7.17	8.18	14.58	26.44
59	3.74	4.80	5.16	6.27	7.05	12.69	22.98
60	3.26	4.20	4.51	5.46	6.05	10.99	19.83
61	2.85	3.66	3.93	4.76	5.21	9.52	17.09
62	2.50	3.21	3.43	4.18	4.56	8.32	14.80
63	2.22	2.86	3.05				
64	2.05	2.61	2.80				
65	1.98	2.51	2.69				
66	1.98	2.53	2.71				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.29	10.02	10.98	14.77	22.20	45.22	82.16
26	7.40	10.19	11.18	15.03	22.54	45.46	82.47
27	7.54	10.39	11.40	15.34	22.86	45.63	82.61
28	7.69	10.60	11.63	15.66	23.16	45.73	82.60
29	7.85	10.83	11.88	15.99	23.45	45.75	82.43
30	8.02	11.06	12.13	16.33	23.70	45.72	82.14
31	8.18	11.29	12.38	16.68	23.93	45.62	81.73
32	8.34	11.52	12.64	17.01	24.12	45.45	81.21
33	8.51	11.72	12.87	17.30	24.28	45.23	80.61
34	8.65	11.91	13.08	17.56	24.39	44.95	79.92
35	8.79	12.09	13.28	17.79	24.47	44.62	79.16
36	8.93	12.25	13.45	18.00	24.52	44.23	78.33
37	9.03	12.38	13.60	18.16	24.52	43.79	77.44
38	9.14	12.48	13.72	18.27	24.47	43.33	76.56
39	9.21	12.56	13.80	18.34	24.39	42.82	75.62
40	9.27	12.61	13.86	18.37	24.25	42.26	74.62
41	9.31	12.63	13.88	18.35	24.07	41.64	73.55
42	9.32	12.62	13.88	18.27	23.83	40.97	72.42
43	9.41	12.65	13.86	18.17	23.57	40.27	71.29
44	9.46	12.64	13.78	18.01	23.25	39.52	70.05
45	9.48	12.58	13.68	17.78	22.85	38.66	68.67
46	9.47	12.47	13.51	17.49	22.37	37.71	67.12
47	9.41	12.31	13.28	17.14	21.80	36.64	65.37
48	9.26	12.07	12.99	16.67	21.07	35.39	63.30
49	9.07	11.76	12.62	16.12	20.23	34.01	60.99
50	8.82	11.38	12.19	15.49	19.30	32.49	58.41
51	8.53	10.93	11.69	14.77	18.26	30.83	55.58
52	8.18	10.42	11.12	13.97	17.13	29.03	52.45
53	7.71	9.77	10.41	12.99	15.78	26.87	48.63
54	7.18	9.07	9.63	11.96	14.37	24.62	44.62
55	6.63	8.33	8.82	10.87	12.93	22.30	40.47
56	6.05	7.57	7.99	9.79	11.50	19.99	36.32
57	5.44	6.80	7.16	8.73	10.10	17.74	32.22
58	4.82	6.03	6.35	7.70	8.79	15.59	28.27
59	4.22	5.31	5.58	6.74	7.57	13.57	24.58
60	3.69	4.64	4.88	5.86	6.50	11.75	21.21
61	3.22	4.04	4.25	5.11	5.59	10.18	18.27
62	2.82	3.55	3.72	4.49	4.91	8.90	15.83
63						7.96	13.99
64						7.42	12.85
65						7.31	12.48
66						7.69	12.99

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.30	10.04	11.01	14.81	22.25	45.34	82.38
26	7.41	10.21	11.21	15.07	22.60	45.58	82.69
27	7.55	10.41	11.43	15.38	22.92	45.76	82.84
28	7.70	10.62	11.66	15.70	23.22	45.86	82.84
29	7.86	10.85	11.91	16.04	23.51	45.89	82.68
30	8.03	11.09	12.17	16.38	23.77	45.86	82.40
31	8.19	11.31	12.42	16.73	24.00	45.77	82.00
32	8.36	11.54	12.68	17.07	24.20	45.61	81.49
33	8.52	11.75	12.91	17.36	24.36	45.39	80.91
34	8.67	11.94	13.13	17.62	24.48	45.12	80.23
35	8.81	12.12	13.33	17.86	24.56	44.80	79.48
36	8.95	12.29	13.50	18.07	24.62	44.42	78.67
37	9.05	12.42	13.66	18.24	24.62	43.99	77.79
38	9.16	12.52	13.78	18.35	24.58	43.54	76.93
39	9.23	12.60	13.86	18.43	24.50	43.04	76.01
40	9.29	12.65	13.92	18.46	24.37	42.49	75.02
41	9.33	12.68	13.95	18.45	24.19	41.88	73.97
42	9.34	12.67	13.96	18.37	23.96	41.22	72.87
43	9.44	12.71	13.94	18.28	23.71	40.53	71.76
44	9.49	12.70	13.87	18.13	23.40	39.80	70.55
45	9.51	12.64	13.77	17.90	23.01	38.95	69.19
46	9.50	12.54	13.61	17.62	22.53	38.01	67.66
47	9.45	12.38	13.38	17.28	21.97	36.96	65.94
48	9.30	12.14	13.10	16.81	21.25	35.73	63.90
49	9.11	11.84	12.74	16.27	20.42	34.36	61.62
50	8.86	11.46	12.31	15.65	19.50	32.85	59.07
51	8.58	11.02	11.82	14.94	18.46	31.21	56.26
52	8.23	10.51	11.25	14.15	17.34	29.42	53.16
53	7.76	9.86	10.54	13.17	16.00	27.27	49.35
54	7.23	9.17	9.77	12.14	14.59	25.02	45.36
55	6.68	8.43	8.96	11.06	13.15	22.71	41.21
56	6.10	7.67	8.13	9.98	11.72	20.39	37.05
57	5.49	6.90	7.30	8.91	10.31	18.13	32.94
58	4.87	6.13	6.48	7.88	8.99	15.97	28.95
59	4.27	5.40	5.71	6.90	7.76	13.92	25.22
60	3.73	4.72	4.99	6.01	6.67	12.07	21.79
61	3.26	4.11	4.35	5.24	5.74	10.46	18.77
62	2.85	3.61	3.80	4.60	5.03	9.12	16.23

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.31	10.07	11.05	14.86	22.33	45.52	82.70
26	7.42	10.24	11.25	15.13	22.68	45.77	83.03
27	7.56	10.44	11.47	15.44	23.01	45.95	83.19
28	7.72	10.66	11.71	15.77	23.32	46.06	83.20
29	7.88	10.89	11.96	16.11	23.61	46.10	83.06
30	8.05	11.13	12.23	16.46	23.87	46.08	82.80
31	8.21	11.35	12.48	16.81	24.11	46.00	82.41
32	8.38	11.58	12.74	17.15	24.31	45.85	81.92
33	8.54	11.80	12.98	17.45	24.48	45.64	81.35
34	8.69	11.99	13.20	17.72	24.61	45.38	80.69
35	8.83	12.17	13.40	17.96	24.70	45.07	79.97
36	8.97	12.34	13.58	18.18	24.76	44.70	79.17
37	9.08	12.47	13.74	18.35	24.77	44.29	78.32
38	9.19	12.58	13.87	18.48	24.74	43.85	77.48
39	9.26	12.66	13.96	18.56	24.67	43.36	76.59
40	9.33	12.72	14.02	18.60	24.55	42.83	75.63
41	9.37	12.75	14.06	18.59	24.38	42.24	74.61
42	9.38	12.75	14.07	18.53	24.16	41.60	73.54
43	9.48	12.79	14.06	18.44	23.92	40.93	72.47
44	9.53	12.79	14.00	18.30	23.62	40.21	71.29
45	9.56	12.73	13.91	18.09	23.24	39.39	69.97
46	9.55	12.64	13.75	17.82	22.78	38.47	68.48
47	9.50	12.49	13.54	17.48	22.23	37.44	66.80
48	9.36	12.25	13.26	17.03	21.52	36.23	64.81
49	9.17	11.96	12.91	16.50	20.70	34.89	62.57
50	8.93	11.59	12.49	15.89	19.79	33.40	60.06
51	8.65	11.15	12.01	15.19	18.77	31.78	57.29
52	8.30	10.65	11.45	14.41	17.66	30.00	54.22
53	7.83	10.00	10.74	13.44	16.32	27.87	50.44
54	7.31	9.31	9.98	12.42	14.92	25.63	46.46
55	6.76	8.57	9.17	11.34	13.48	23.32	42.32
56	6.17	7.81	8.35	10.26	12.04	21.00	38.15
57	5.57	7.04	7.50	9.19	10.63	18.72	34.01
58	4.94	6.27	6.68	8.14	9.29	16.53	29.98
59	4.34	5.53	5.90	7.15	8.04	14.45	26.18
60	3.79	4.84	5.16	6.24	6.92	12.55	22.65
61	3.31	4.22	4.50	5.44	5.96	10.87	19.51
62	2.90	3.70	3.92	4.76	5.20	9.46	16.83
63				4.24	4.66		
64				3.88	4.38		
65				3.73	4.40		
66				3.79	4.73		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.59	10.66	11.94	16.10	24.21	49.74	90.38
26	7.71	10.84	12.15	16.39	24.58	50.01	90.72
27	7.85	11.05	12.39	16.73	24.93	50.19	90.87
28	8.01	11.28	12.64	17.08	25.26	50.30	90.86
29	8.18	11.52	12.91	17.44	25.57	50.33	90.67
30	8.35	11.77	13.19	17.82	25.84	50.29	90.35
31	8.52	12.01	13.46	18.19	26.10	50.18	89.90
32	8.69	12.25	13.74	18.55	26.30	50.00	89.33
33	8.86	12.47	13.99	18.87	26.48	49.75	88.67
34	9.01	12.67	14.22	19.15	26.61	49.45	87.91
35	9.16	12.86	14.43	19.41	26.70	49.08	87.08
36	9.30	13.03	14.62	19.63	26.75	48.65	86.16
37	9.41	13.17	14.78	19.81	26.75	48.17	85.18
38	9.52	13.28	14.91	19.94	26.70	47.66	84.22
39	9.59	13.36	15.00	20.01	26.61	47.10	83.18
40	9.66	13.41	15.06	20.04	26.46	46.49	82.08
41	9.70	13.44	15.09	20.02	26.26	45.80	80.91
42	9.71	13.43	15.09	19.94	26.01	45.07	79.66
43	9.80	13.46	15.06	19.83	25.73	44.30	78.42
44	9.85	13.45	14.98	19.66	25.38	43.47	77.06
45	9.88	13.38	14.87	19.41	24.94	42.53	75.54
46	9.86	13.27	14.68	19.10	24.42	41.48	73.83
47	9.80	13.10	14.44	18.71	23.80	40.30	71.91
48	9.65	12.84	14.12	18.20	23.01	38.93	69.63
49	9.45	12.51	13.72	17.60	22.09	37.41	67.09
50	9.19	12.11	13.25	16.92	21.08	35.74	64.25
51	8.89	11.63	12.71	16.14	19.95	33.91	61.14
52	8.52	11.09	12.09	15.27	18.72	31.93	57.70
53	8.03	10.39	11.31	14.20	17.25	29.56	53.49
54	7.48	9.65	10.47	13.08	15.72	27.08	49.08
55	6.91	8.86	9.59	11.89	14.15	24.53	44.52
56	6.30	8.05	8.69	10.72	12.58	21.99	39.95
57	5.67	7.23	7.78	9.56	11.06	19.51	35.44
58	5.02	6.42	6.90	8.43	9.62	17.15	31.10
59	4.40	5.65	6.07	7.38	8.29	14.93	27.04
60	3.84	4.94	5.30	6.42	7.12	12.93	23.33
61	3.35	4.30	4.62	5.60	6.13	11.20	20.10
62	2.94	3.78	4.04	4.92	5.37	9.79	17.41
63	2.61	3.36	3.59				
64	2.41	3.07	3.29				
65	2.33	2.95	3.16				
66	2.33	2.98	3.19				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.89	9.47	10.39	13.97	20.92		
26	7.02	9.66	10.60	14.26	21.30		
27	7.17	9.89	10.84	14.60	21.67		
28	7.34	10.12	11.10	14.95	22.02		
29	7.51	10.36	11.38	15.33	22.36		
30	7.70	10.63	11.66	15.70	22.69		
31	7.89	10.89	11.94	16.08	22.98		
32	8.08	11.14	12.23	16.46	23.26		
33	8.26	11.38	12.49	16.80	23.49		
34	8.45	11.62	12.75	17.13	23.70		
35	8.61	11.82	12.99	17.43	23.88		
36	8.78	12.04	13.22	17.71	24.03		
37	8.93	12.22	13.43	17.95	24.14		
38	9.07	12.38	13.61	18.15	24.23		
39	9.19	12.53	13.76	18.31	24.28		
40	9.30	12.65	13.91	18.45	24.28		
41	9.39	12.74	14.01	18.53	24.24		
42	9.48	12.82	14.09	18.57	24.15		
43	9.62	12.93	14.15	18.61	24.02		
44	9.74	13.01	14.20	18.59	23.83		
45	9.85	13.06	14.20	18.51	23.55		
46	9.90	13.06	14.14	18.36	23.20		
47	9.94	13.01	14.03	18.16	22.75		
48	9.89	12.89	13.87	17.87	22.18		
49	9.80	12.70	13.63	17.49	21.50		
50	9.66	12.45	13.34	17.03	20.71		
51	9.47	12.12	12.96	16.49	19.81		
52	9.20	11.74	12.52	15.84	18.81		
53	8.81	11.19	11.90	15.00	17.57		
54	8.37	10.57	11.23	14.08	16.26		
55	7.89	9.92	10.51	13.12	14.91		
56	7.39	9.24	9.76	12.12	13.56		
57	6.83	8.53	8.99	11.14	12.22		
58	6.30	7.88	8.30	10.26	11.08		
59	5.78	7.24	7.62	9.41	10.00		
60	5.28	6.61	6.96	8.59	8.99		
61	4.79	6.02	6.32	7.81	8.05		
62	4.34	5.44	5.71	7.09	7.19		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.89	9.49	10.41	14.00	20.96		
26	7.03	9.68	10.63	14.30	21.35		
27	7.18	9.90	10.86	14.64	21.72		
28	7.35	10.13	11.13	14.99	22.07		
29	7.52	10.38	11.41	15.37	22.41		
30	7.71	10.64	11.70	15.74	22.75		
31	7.90	10.91	11.98	16.12	23.04		
32	8.09	11.16	12.27	16.51	23.32		
33	8.28	11.41	12.52	16.86	23.56		
34	8.46	11.65	12.78	17.18	23.77		
35	8.63	11.85	13.03	17.48	23.95		
36	8.80	12.07	13.26	17.77	24.11		
37	8.95	12.26	13.48	18.02	24.23		
38	9.09	12.42	13.66	18.22	24.32		
39	9.21	12.56	13.81	18.39	24.37		
40	9.32	12.68	13.97	18.52	24.38		
41	9.41	12.78	14.07	18.62	24.34		
42	9.49	12.86	14.16	18.66	24.26		
43	9.65	12.97	14.22	18.70	24.14		
44	9.77	13.06	14.27	18.69	23.95		
45	9.88	13.11	14.27	18.62	23.69		
46	9.94	13.12	14.22	18.47	23.33		
47	9.97	13.07	14.12	18.28	22.90		
48	9.93	12.95	13.97	17.99	22.33		
49	9.83	12.77	13.74	17.62	21.66		
50	9.69	12.52	13.44	17.17	20.88		
51	9.50	12.20	13.07	16.63	19.98		
52	9.24	11.82	12.63	15.99	18.99		
53	8.86	11.26	12.02	15.16	17.76		
54	8.42	10.66	11.35	14.24	16.45		
55	7.93	10.00	10.63	13.28	15.10		
56	7.43	9.32	9.88	12.28	13.74		
57	6.88	8.62	9.11	11.30	12.40		
58	6.34	7.96	8.41	10.41	11.25		
59	5.81	7.31	7.72	9.55	10.17		
60	5.31	6.68	7.06	8.71	9.14		
61	4.83	6.08	6.40	7.92	8.18		
62	4.36	5.49	5.78	7.18	7.29		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.90	9.50	10.45	14.04	21.03		
26	7.04	9.71	10.66	14.35	21.42		
27	7.19	9.93	10.91	14.69	21.79		
28	7.37	10.16	11.17	15.05	22.16		
29	7.54	10.41	11.45	15.43	22.50		
30	7.73	10.68	11.74	15.81	22.83		
31	7.91	10.95	12.03	16.19	23.14		
32	8.11	11.19	12.32	16.58	23.42		
33	8.30	11.44	12.58	16.93	23.66		
34	8.47	11.69	12.84	17.26	23.89		
35	8.64	11.89	13.10	17.57	24.07		
36	8.81	12.11	13.33	17.86	24.23		
37	8.98	12.31	13.55	18.11	24.35		
38	9.10	12.47	13.74	18.33	24.45		
39	9.23	12.62	13.90	18.50	24.51		
40	9.35	12.74	14.05	18.64	24.53		
41	9.44	12.84	14.16	18.73	24.51		
42	9.53	12.92	14.25	18.79	24.43		
43	9.68	13.04	14.33	18.84	24.32		
44	9.80	13.14	14.38	18.84	24.14		
45	9.91	13.18	14.39	18.78	23.89		
46	9.98	13.20	14.35	18.64	23.55		
47	10.01	13.17	14.25	18.45	23.12		
48	9.98	13.05	14.10	18.17	22.56		
49	9.89	12.86	13.88	17.82	21.90		
50	9.74	12.62	13.59	17.37	21.12		
51	9.56	12.31	13.23	16.85	20.24		
52	9.30	11.93	12.80	16.21	19.26		
53	8.92	11.38	12.19	15.39	18.03		
54	8.47	10.78	11.53	14.48	16.73		
55	8.00	10.12	10.80	13.52	15.38		
56	7.49	9.44	10.06	12.52	14.02		
57	6.94	8.74	9.28	11.53	12.67		
58	6.40	8.08	8.58	10.63	11.51		
59	5.87	7.42	7.88	9.76	10.40		
60	5.36	6.78	7.20	8.91	9.35		
61	4.88	6.16	6.53	8.09	8.36		
62	4.39	5.56	5.88	7.32	7.44		
63				6.52	6.55		
64				5.79	5.75		
65				5.13	5.04		
66				4.57	4.43		
67				4.11	3.94		
68				3.78	3.60		
69				3.60	3.38		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.17	10.07	11.29	15.22	22.81		
26	7.31	10.29	11.52	15.56	23.23		
27	7.47	10.51	11.78	15.92	23.63		
28	7.65	10.76	12.07	16.30	24.02		
29	7.83	11.02	12.37	16.72	24.39		
30	8.02	11.31	12.67	17.13	24.74		
31	8.22	11.59	12.98	17.54	25.07		
32	8.42	11.85	13.29	17.94	25.36		
33	8.61	12.10	13.57	18.33	25.62		
34	8.80	12.36	13.86	18.68	25.85		
35	8.97	12.58	14.12	19.01	26.04		
36	9.15	12.80	14.37	19.31	26.21		
37	9.31	13.01	14.59	19.58	26.33		
38	9.44	13.18	14.79	19.81	26.43		
39	9.57	13.33	14.96	19.98	26.48		
40	9.69	13.46	15.11	20.12	26.49		
41	9.78	13.56	15.22	20.21	26.44		
42	9.87	13.63	15.32	20.26	26.35		
43	10.02	13.75	15.39	20.30	26.21		
44	10.15	13.85	15.44	20.28	26.00		
45	10.26	13.89	15.43	20.20	25.70		
46	10.32	13.90	15.37	20.04	25.32		
47	10.35	13.85	15.26	19.82	24.84		
48	10.31	13.71	15.08	19.50	24.21		
49	10.21	13.51	14.82	19.09	23.47		
50	10.06	13.24	14.49	18.60	22.60		
51	9.86	12.89	14.09	18.00	21.62		
52	9.58	12.49	13.61	17.30	20.54		
53	9.18	11.90	12.94	16.39	19.19		
54	8.72	11.25	12.21	15.39	17.77		
55	8.22	10.55	11.42	14.33	16.29		
56	7.69	9.83	10.61	13.25	14.82		
57	7.12	9.08	9.78	12.18	13.37		
58	6.56	8.38	9.02	11.21	12.11		
59	6.02	7.70	8.28	10.29	10.94		
60	5.50	7.04	7.57	9.38	9.83		
61	5.00	6.40	6.87	8.54	8.81		
62	4.51	5.79	6.21	7.75	7.85		
63	4.01	5.17	5.53				
64	3.54	4.58	4.90				
65	3.13	4.05	4.35				
66	2.77	3.60	3.87				
67	2.48	3.23	3.47				
68	2.26	2.97	3.19				
69	2.13	2.81	3.03				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.10	11.14	12.22	16.43	24.61		
26	8.26	11.37	12.47	16.78	25.06		
27	8.44	11.63	12.75	17.18	25.49		
28	8.64	11.90	13.06	17.59	25.91		
29	8.84	12.19	13.39	18.03	26.31		
30	9.06	12.50	13.72	18.47	26.69		
31	9.28	12.81	14.05	18.92	27.04		
32	9.50	13.10	14.39	19.36	27.36		
33	9.72	13.39	14.69	19.77	27.64		
34	9.94	13.67	15.00	20.15	27.88		
35	10.13	13.91	15.28	20.50	28.09		
36	10.33	14.16	15.55	20.83	28.27		
37	10.51	14.38	15.80	21.12	28.40		
38	10.67	14.57	16.01	21.35	28.50		
39	10.81	14.74	16.19	21.54	28.56		
40	10.94	14.88	16.36	21.70	28.56		
41	11.05	14.99	16.48	21.80	28.52		
42	11.15	15.08	16.58	21.85	28.41		
43	11.32	15.21	16.65	21.89	28.26		
44	11.46	15.31	16.71	21.87	28.03		
45	11.59	15.36	16.70	21.78	27.71		
46	11.65	15.37	16.63	21.60	27.29		
47	11.69	15.31	16.51	21.37	26.77		
48	11.64	15.16	16.32	21.02	26.09		
49	11.53	14.94	16.04	20.58	25.29		
50	11.36	14.65	15.69	20.04	24.36		
51	11.14	14.26	15.25	19.40	23.30		
52	10.82	13.81	14.73	18.63	22.13		
53	10.37	13.16	14.00	17.65	20.67		
54	9.85	12.44	13.21	16.57	19.13		
55	9.28	11.67	12.36	15.43	17.54		
56	8.69	10.87	11.48	14.26	15.95		
57	8.04	10.04	10.58	13.11	14.38		
58	7.41	9.27	9.76	12.07	13.04		
59	6.80	8.52	8.96	11.07	11.77		
60	6.21	7.78	8.19	10.10	10.58		
61	5.64	7.08	7.43	9.19	9.47		
62	5.10	6.40	6.72	8.34	8.46		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.11	11.16	12.25	16.47	24.66		
26	8.27	11.39	12.50	16.82	25.12		
27	8.45	11.65	12.78	17.22	25.55		
28	8.65	11.92	13.09	17.63	25.97		
29	8.85	12.21	13.42	18.08	26.37		
30	9.07	12.52	13.76	18.52	26.76		
31	9.29	12.84	14.09	18.97	27.11		
32	9.52	13.13	14.43	19.42	27.44		
33	9.74	13.42	14.73	19.83	27.72		
34	9.95	13.70	15.04	20.21	27.97		
35	10.15	13.94	15.33	20.57	28.18		
36	10.35	14.20	15.60	20.90	28.37		
37	10.53	14.42	15.86	21.20	28.50		
38	10.69	14.61	16.07	21.43	28.61		
39	10.83	14.78	16.25	21.63	28.67		
40	10.96	14.92	16.43	21.79	28.68		
41	11.07	15.04	16.55	21.90	28.64		
42	11.17	15.13	16.66	21.95	28.54		
43	11.35	15.26	16.73	22.00	28.40		
44	11.49	15.37	16.79	21.99	28.18		
45	11.62	15.42	16.79	21.90	27.87		
46	11.69	15.43	16.73	21.73	27.45		
47	11.73	15.38	16.61	21.51	26.94		
48	11.68	15.24	16.43	21.16	26.27		
49	11.57	15.02	16.16	20.73	25.48		
50	11.40	14.73	15.81	20.20	24.56		
51	11.18	14.35	15.38	19.57	23.50		
52	10.87	13.90	14.86	18.81	22.34		
53	10.42	13.25	14.14	17.83	20.89		
54	9.90	12.54	13.35	16.75	19.35		
55	9.33	11.77	12.50	15.62	17.76		
56	8.74	10.97	11.62	14.45	16.17		
57	8.09	10.14	10.72	13.29	14.59		
58	7.46	9.36	9.89	12.25	13.24		
59	6.84	8.60	9.08	11.23	11.96		
60	6.25	7.86	8.30	10.25	10.75		
61	5.68	7.15	7.53	9.32	9.62		
62	5.13	6.46	6.80	8.45	8.58		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.12	11.18	12.29	16.52	24.74		
26	8.28	11.42	12.54	16.88	25.20		
27	8.46	11.68	12.83	17.28	25.64		
28	8.67	11.95	13.14	17.70	26.07		
29	8.87	12.25	13.47	18.15	26.47		
30	9.09	12.56	13.81	18.60	26.86		
31	9.31	12.88	14.15	19.05	27.22		
32	9.54	13.17	14.49	19.50	27.55		
33	9.76	13.46	14.80	19.92	27.84		
34	9.97	13.75	15.11	20.31	28.10		
35	10.17	13.99	15.41	20.67	28.32		
36	10.37	14.25	15.68	21.01	28.51		
37	10.56	14.48	15.94	21.31	28.65		
38	10.71	14.67	16.16	21.56	28.77		
39	10.86	14.85	16.35	21.76	28.84		
40	11.00	14.99	16.53	21.93	28.86		
41	11.11	15.11	16.66	22.04	28.83		
42	11.21	15.20	16.77	22.11	28.74		
43	11.39	15.34	16.86	22.16	28.61		
44	11.53	15.46	16.92	22.16	28.40		
45	11.66	15.51	16.93	22.09	28.10		
46	11.74	15.53	16.88	21.93	27.70		
47	11.78	15.49	16.77	21.71	27.20		
48	11.74	15.35	16.59	21.38	26.54		
49	11.63	15.13	16.33	20.96	25.76		
50	11.46	14.85	15.99	20.44	24.85		
51	11.25	14.48	15.57	19.82	23.81		
52	10.94	14.03	15.06	19.07	22.66		
53	10.49	13.39	14.34	18.10	21.21		
54	9.97	12.68	13.56	17.03	19.68		
55	9.41	11.91	12.71	15.90	18.09		
56	8.81	11.11	11.83	14.73	16.49		
57	8.17	10.28	10.92	13.57	14.91		
58	7.53	9.50	10.09	12.51	13.54		
59	6.91	8.73	9.27	11.48	12.24		
60	6.31	7.98	8.47	10.48	11.00		
61	5.74	7.25	7.68	9.52	9.84		
62	5.17	6.54	6.92	8.61	8.75		
63				7.67	7.71		
64				6.81	6.76		
65				6.04	5.93		
66				5.38	5.21		
67				4.84	4.64		
68				4.45	4.23		
69				4.23	3.98		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.44	11.85	13.28	17.91	26.83		
26	8.60	12.10	13.55	18.30	27.33		
27	8.79	12.37	13.86	18.73	27.80		
28	9.00	12.66	14.20	19.18	28.26		
29	9.21	12.97	14.55	19.67	28.69		
30	9.44	13.30	14.91	20.15	29.10		
31	9.67	13.63	15.27	20.63	29.49		
32	9.90	13.94	15.64	21.11	29.84		
33	10.13	14.24	15.97	21.56	30.14		
34	10.35	14.54	16.30	21.98	30.41		
35	10.55	14.80	16.61	22.36	30.64		
36	10.76	15.06	16.90	22.72	30.84		
37	10.95	15.30	17.17	23.04	30.98		
38	11.11	15.50	17.40	23.30	31.09		
39	11.26	15.68	17.60	23.50	31.15		
40	11.40	15.83	17.78	23.67	31.16		
41	11.51	15.95	17.91	23.78	31.11		
42	11.61	16.04	18.02	23.84	31.00		
43	11.79	16.18	18.10	23.88	30.84		
44	11.94	16.29	18.16	23.86	30.59		
45	12.07	16.34	18.15	23.77	30.24		
46	12.14	16.35	18.08	23.58	29.79		
47	12.18	16.29	17.95	23.32	29.22		
48	12.13	16.13	17.74	22.94	28.48		
49	12.01	15.89	17.44	22.46	27.61		
50	11.83	15.58	17.05	21.88	26.59		
51	11.60	15.17	16.58	21.18	25.44		
52	11.27	14.69	16.01	20.35	24.17		
53	10.80	14.00	15.22	19.28	22.58		
54	10.26	13.23	14.36	18.10	20.91		
55	9.67	12.41	13.43	16.86	19.17		
56	9.05	11.56	12.48	15.59	17.43		
57	8.38	10.68	11.50	14.33	15.73		
58	7.72	9.86	10.61	13.19	14.25		
59	7.08	9.06	9.74	12.10	12.87		
60	6.47	8.28	8.90	11.04	11.57		
61	5.88	7.53	8.08	10.05	10.36		
62	5.31	6.81	7.30	9.12	9.24		
63	4.72	6.08	6.51				
64	4.17	5.39	5.77				
65	3.68	4.77	5.12				
66	3.26	4.24	4.55				
67	2.92	3.80	4.08				
68	2.66	3.49	3.75				
69	2.51	3.30	3.56				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.24	23.71	25.99	35.09			
26	17.75	24.44	26.79	36.20			
27	18.29	25.24	27.68	37.43			
28	18.90	26.08	28.61	38.73			
29	19.53	26.98	29.61	40.09			
30	20.20	27.92	30.64	41.51			
31	20.89	28.89	31.71	42.96			
32	21.60	29.87	32.78	44.40			
33	22.33	30.86	33.87	45.87			
34	23.06	31.83	34.94	47.30			
35	23.77	32.78	36.00	48.68			
36	24.48	33.69	37.01	49.98			
37	25.15	34.56	37.97	51.20			
38	25.79	35.37	38.86	52.31			
39	26.38	36.10	39.67	53.28			
40	26.90	36.73	40.37	54.09			
41	27.34	37.24	40.93	54.71			
42	27.68	37.61	41.35	55.12			
43	28.12	37.96	41.58	55.25			
44	28.46	38.15	41.62	55.12			
45	28.65	38.15	41.47	54.73			
46	28.69	37.96	41.11	54.07			
47	28.59	37.57	40.53	53.13			
48	28.19	36.83	39.65	51.79			
49	27.61	35.90	38.55	50.18			
50	26.86	34.74	37.22	48.27			
51	25.95	33.38	35.69	46.11			
52	24.87	31.82	33.95	43.69			
53	23.49	29.89	31.82	40.82			
54	21.96	27.81	29.54	37.77			
55	20.35	25.64	27.15	34.59			
56	18.67	23.38	24.72	31.37			
57	16.96	21.13	22.28	28.19			
58	15.11	18.85	19.86	25.08			
59	13.33	16.67	17.54	22.13			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.25	23.72	26.02	35.12			
26	17.76	24.45	26.82	36.24			
27	18.30	25.25	27.70	37.46			
28	18.90	26.10	28.64	38.76			
29	19.54	27.00	29.64	40.14			
30	20.20	27.94	30.68	41.55			
31	20.90	28.92	31.74	43.00			
32	21.61	29.89	32.82	44.46			
33	22.34	30.88	33.91	45.92			
34	23.08	31.86	34.99	47.35			
35	23.79	32.81	36.04	48.74			
36	24.50	33.73	37.06	50.04			
37	25.17	34.60	38.02	51.27			
38	25.81	35.40	38.91	52.38			
39	26.40	36.13	39.72	53.35			
40	26.92	36.76	40.43	54.17			
41	27.35	37.28	40.99	54.80			
42	27.71	37.66	41.42	55.21			
43	28.14	38.01	41.65	55.34			
44	28.48	38.20	41.69	55.22			
45	28.67	38.20	41.55	54.83			
46	28.72	38.01	41.19	54.18			
47	28.62	37.63	40.61	53.24			
48	28.22	36.90	39.75	51.91			
49	27.64	35.96	38.64	50.30			
50	26.89	34.81	37.32	48.41			
51	25.98	33.46	35.79	46.26			
52	24.91	31.90	34.06	43.84			
53	23.53	29.97	31.93	40.97			
54	22.01	27.90	29.66	37.92			
55	20.39	25.72	27.27	34.75			
56	18.71	23.47	24.84	31.54			
57	17.00	21.22	22.40	28.34			
58	15.16	18.94	19.98	25.24			
59	13.36	16.75	17.65	22.26			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.26	23.74	26.05	35.16			
26	17.77	24.47	26.85	36.29			
27	18.32	25.28	27.74	37.51			
28	18.92	26.13	28.68	38.82			
29	19.56	27.03	29.68	40.20			
30	20.22	27.97	30.72	41.62			
31	20.92	28.95	31.78	43.07			
32	21.62	29.93	32.87	44.52			
33	22.36	30.92	33.97	45.99			
34	23.09	31.90	35.05	47.44			
35	23.82	32.85	36.10	48.82			
36	24.51	33.77	37.13	50.13			
37	25.19	34.64	38.09	51.37			
38	25.83	35.45	38.99	52.49			
39	26.43	36.19	39.81	53.47			
40	26.95	36.82	40.51	54.29			
41	27.39	37.34	41.08	54.92			
42	27.74	37.71	41.51	55.34			
43	28.18	38.08	41.75	55.48			
44	28.52	38.27	41.80	55.37			
45	28.70	38.28	41.67	55.00			
46	28.76	38.10	41.32	54.35			
47	28.66	37.71	40.75	53.41			
48	28.26	36.99	39.88	52.10			
49	27.69	36.07	38.79	50.50			
50	26.95	34.92	37.48	48.61			
51	26.04	33.57	35.96	46.47			
52	24.97	32.02	34.22	44.06			
53	23.59	30.09	32.10	41.20			
54	22.07	28.02	29.84	38.16			
55	20.46	25.84	27.45	34.99			
56	18.77	23.60	25.02	31.77			
57	17.06	21.34	22.58	28.58			
58	15.22	19.06	20.15	25.46			
59	13.42	16.86	17.81	22.47			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.96	25.22	28.25	38.25			
26	18.49	25.99	29.12	39.47			
27	19.06	26.84	30.08	40.80			
28	19.69	27.74	31.10	42.22			
29	20.35	28.70	32.18	43.72			
30	21.04	29.71	33.30	45.25			
31	21.76	30.74	34.46	46.84			
32	22.50	31.77	35.63	48.41			
33	23.26	32.83	36.81	50.01			
34	24.02	33.86	37.99	51.57			
35	24.77	34.88	39.13	53.07			
36	25.50	35.84	40.23	54.49			
37	26.20	36.76	41.27	55.83			
38	26.86	37.63	42.25	57.04			
39	27.48	38.40	43.12	58.09			
40	28.02	39.07	43.88	58.98			
41	28.48	39.62	44.49	59.65			
42	28.84	40.01	44.95	60.10			
43	29.29	40.38	45.19	60.24			
44	29.64	40.58	45.24	60.10			
45	29.84	40.58	45.08	59.68			
46	29.89	40.38	44.68	58.96			
47	29.78	39.97	44.06	57.93			
48	29.36	39.19	43.10	56.47			
49	28.76	38.19	41.90	54.71			
50	27.98	36.96	40.46	52.64			
51	27.03	35.51	38.79	50.29			
52	25.91	33.86	36.90	47.66			
53	24.46	31.80	34.58	44.52			
54	22.88	29.59	32.10	41.20			
55	21.20	27.27	29.51	37.74			
56	19.44	24.88	26.87	34.24			
57	17.66	22.48	24.22	30.76			
58	15.74	20.06	21.59	27.37			
59	13.88	17.73	19.07	24.14			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.28	27.89	30.58	41.28			
26	20.88	28.75	31.52	42.59			
27	21.52	29.69	32.56	44.03			
28	22.23	30.68	33.66	45.56			
29	22.98	31.74	34.83	47.17			
30	23.76	32.85	36.05	48.83			
31	24.58	33.99	37.30	50.54			
32	25.41	35.14	38.57	52.24			
33	26.27	36.30	39.85	53.96			
34	27.13	37.45	41.11	55.65			
35	27.97	38.57	42.35	57.27			
36	28.80	39.64	43.54	58.80			
37	29.59	40.66	44.67	60.24			
38	30.34	41.61	45.72	61.54			
39	31.04	42.47	46.67	62.68			
40	31.65	43.21	47.49	63.64			
41	32.16	43.81	48.15	64.37			
42	32.57	44.25	48.65	64.85			
43	33.08	44.66	48.92	65.00			
44	33.48	44.88	48.96	64.85			
45	33.70	44.88	48.79	64.39			
46	33.75	44.66	48.36	63.61			
47	33.63	44.20	47.68	62.50			
48	33.16	43.33	46.65	60.93			
49	32.48	42.23	45.35	59.03			
50	31.60	40.87	43.79	56.79			
51	30.53	39.27	41.99	54.25			
52	29.26	37.44	39.94	51.40			
53	27.63	35.17	37.43	48.02			
54	25.84	32.72	34.75	44.43			
55	23.94	30.16	31.94	40.69			
56	21.96	27.51	29.08	36.91			
57	19.95	24.86	26.21	33.16			
58	17.78	22.18	23.37	29.51			
59	15.68	19.61	20.64	26.03			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.29	27.91	30.61	41.32			
26	20.89	28.77	31.55	42.63			
27	21.53	29.71	32.59	44.07			
28	22.24	30.70	33.69	45.60			
29	22.99	31.76	34.87	47.22			
30	23.77	32.87	36.09	48.88			
31	24.59	34.02	37.34	50.59			
32	25.42	35.17	38.61	52.30			
33	26.28	36.33	39.89	54.02			
34	27.15	37.48	41.16	55.71			
35	27.99	38.60	42.40	57.34			
36	28.82	39.68	43.60	58.87			
37	29.61	40.70	44.73	60.32			
38	30.36	41.65	45.78	61.62			
39	31.06	42.51	46.73	62.77			
40	31.67	43.25	47.56	63.73			
41	32.18	43.86	48.22	64.47			
42	32.60	44.30	48.73	64.95			
43	33.11	44.72	49.00	65.11			
44	33.51	44.94	49.05	64.97			
45	33.73	44.94	48.88	64.51			
46	33.79	44.72	48.46	63.74			
47	33.67	44.27	47.78	62.64			
48	33.20	43.41	46.76	61.07			
49	32.52	42.31	45.46	59.18			
50	31.64	40.95	43.91	56.95			
51	30.57	39.36	42.11	54.42			
52	29.31	37.53	40.07	51.58			
53	27.68	35.26	37.56	48.20			
54	25.89	32.82	34.89	44.61			
55	23.99	30.26	32.08	40.88			
56	22.01	27.61	29.22	37.10			
57	20.00	24.96	26.35	33.34			
58	17.83	22.28	23.50	29.69			
59	15.72	19.70	20.76	26.19			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	20.31	27.93	30.65	41.37			
26	20.90	28.79	31.59	42.69			
27	21.55	29.74	32.63	44.13			
28	22.26	30.74	33.74	45.67			
29	23.01	31.80	34.92	47.29			
30	23.79	32.91	36.14	48.96			
31	24.61	34.06	37.39	50.67			
32	25.44	35.21	38.67	52.38			
33	26.30	36.38	39.96	54.11			
34	27.17	37.53	41.23	55.81			
35	28.02	38.65	42.47	57.44			
36	28.84	39.73	43.68	58.98			
37	29.63	40.75	44.81	60.43			
38	30.39	41.71	45.87	61.75			
39	31.09	42.58	46.83	62.90			
40	31.71	43.32	47.66	63.87			
41	32.22	43.93	48.33	64.61			
42	32.64	44.37	48.84	65.11			
43	33.15	44.80	49.12	65.27			
44	33.55	45.02	49.18	65.14			
45	33.77	45.03	49.02	64.70			
46	33.84	44.82	48.61	63.94			
47	33.72	44.37	47.94	62.84			
48	33.25	43.52	46.92	61.29			
49	32.58	42.43	45.63	59.41			
50	31.71	41.08	44.09	57.19			
51	30.64	39.49	42.30	54.67			
52	29.38	37.67	40.26	51.84			
53	27.75	35.40	37.76	48.47			
54	25.97	32.96	35.10	44.89			
55	24.07	30.40	32.29	41.16			
56	22.08	27.76	29.43	37.38			
57	20.07	25.10	26.56	33.62			
58	17.90	22.42	23.70	29.95			
59	15.79	19.83	20.95	26.44			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	21.13	29.67	33.24	45.00			
26	21.75	30.58	34.26	46.43			
27	22.42	31.58	35.39	48.00			
28	23.16	32.64	36.59	49.67			
29	23.94	33.77	37.86	51.43			
30	24.75	34.95	39.18	53.24			
31	25.60	36.16	40.54	55.10			
32	26.47	37.38	41.92	56.95			
33	27.36	38.62	43.31	58.83			
34	28.26	39.84	44.69	60.67			
35	29.14	41.03	46.03	62.44			
36	30.00	42.17	47.33	64.11			
37	30.82	43.25	48.55	65.68			
38	31.60	44.27	49.70	67.10			
39	32.33	45.18	50.73	68.34			
40	32.97	45.97	51.62	69.39			
41	33.50	46.61	52.34	70.18			
42	33.93	47.07	52.88	70.71			
43	34.46	47.51	53.17	70.87			
44	34.87	47.74	53.22	70.71			
45	35.10	47.74	53.03	70.21			
46	35.16	47.51	52.57	69.37			
47	35.03	47.02	51.83	68.15			
48	34.54	46.10	50.71	66.44			
49	33.83	44.93	49.29	64.37			
50	32.92	43.48	47.60	61.93			
51	31.80	41.78	45.64	59.17			
52	30.48	39.83	43.41	56.07			
53	28.78	37.41	40.68	52.38			
54	26.92	34.81	37.77	48.47			
55	24.94	32.08	34.72	44.40			
56	22.87	29.27	31.61	40.28			
57	20.78	26.45	28.49	36.19			
58	18.52	23.60	25.40	32.20			
59	16.33	20.86	22.43	28.40			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.28	0.37	0.40	0.49	0.70	1.55	2.82
26	0.29	0.39	0.43	0.52	0.74	1.61	2.93
27	0.31	0.41	0.46	0.55	0.79	1.67	3.04
28	0.33	0.44	0.48	0.59	0.82	1.75	3.16
29	0.34	0.47	0.51	0.62	0.88	1.82	3.29
30	0.38	0.50	0.55	0.67	0.92	1.89	3.42
31	0.39	0.53	0.59	0.70	0.97	1.99	3.57
32	0.42	0.57	0.62	0.75	1.02	2.07	3.71
33	0.45	0.60	0.67	0.80	1.07	2.17	3.88
34	0.48	0.65	0.70	0.85	1.14	2.27	4.04
35	0.51	0.69	0.75	0.91	1.20	2.36	4.22
36	0.55	0.73	0.80	0.97	1.26	2.47	4.41
37	0.58	0.78	0.85	1.02	1.34	2.59	4.60
38	0.61	0.82	0.90	1.08	1.41	2.72	4.83
39	0.66	0.88	0.96	1.15	1.49	2.85	5.06
40	0.70	0.93	1.02	1.23	1.56	2.98	5.31
41	0.74	0.98	1.08	1.29	1.65	3.13	5.56
42	0.78	1.05	1.14	1.37	1.74	3.28	5.84
43	0.84	1.12	1.22	1.45	1.84	3.44	6.14
44	0.91	1.19	1.30	1.54	1.95	3.62	6.47
45	0.97	1.26	1.37	1.63	2.05	3.80	6.79
46	1.03	1.35	1.45	1.72	2.16	3.98	7.14
47	1.12	1.43	1.54	1.82	2.27	4.16	7.48
48	1.19	1.52	1.63	1.93	2.38	4.38	7.89
49	1.25	1.61	1.73	2.04	2.51	4.58	8.29
50	1.34	1.70	1.82	2.14	2.62	4.79	8.65
51	1.41	1.78	1.90	2.24	2.71	4.97	8.99
52	1.46	1.86	1.98	2.32	2.79	5.11	9.28
53	1.53	1.93	2.05	2.40	2.86	5.25	9.53
54	1.58	1.98	2.10	2.45	2.91	5.33	9.69
55	1.60	2.01	2.13	2.49	2.92	5.37	9.76
56	1.61	2.02	2.13	2.49	2.89	5.33	9.68
57	1.59	1.99	2.10	2.45	2.82	5.21	9.47
58	1.54	1.93	2.03	2.36	2.71	5.01	9.08
59	1.45	1.81	1.92	2.23	2.53	4.69	8.50
60	1.33	1.67	1.76	2.05	2.29	4.27	7.70
61	1.17	1.47	1.54	1.80	1.99	3.71	6.68
62	0.96	1.21	1.26	1.47	1.61	3.04	5.39

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.28	0.38	0.42	0.51	0.72	1.61	2.93
26	0.29	0.40	0.45	0.54	0.77	1.67	3.05
27	0.31	0.42	0.48	0.57	0.81	1.74	3.16
28	0.33	0.45	0.50	0.60	0.86	1.82	3.28
29	0.35	0.48	0.53	0.65	0.92	1.89	3.42
30	0.38	0.51	0.57	0.70	0.95	1.97	3.56
31	0.40	0.55	0.60	0.73	1.01	2.07	3.71
32	0.43	0.59	0.64	0.78	1.06	2.15	3.86
33	0.46	0.62	0.69	0.83	1.12	2.26	4.04
34	0.48	0.67	0.73	0.89	1.19	2.36	4.20
35	0.52	0.70	0.78	0.94	1.24	2.45	4.38
36	0.56	0.75	0.82	1.01	1.32	2.57	4.58
37	0.59	0.80	0.88	1.06	1.39	2.69	4.79
38	0.62	0.84	0.93	1.13	1.46	2.83	5.02
39	0.67	0.90	1.00	1.20	1.55	2.96	5.26
40	0.70	0.95	1.05	1.27	1.63	3.10	5.52
41	0.75	1.01	1.12	1.35	1.71	3.26	5.78
42	0.80	1.08	1.18	1.43	1.81	3.40	6.08
43	0.86	1.14	1.26	1.50	1.91	3.58	6.39
44	0.92	1.22	1.35	1.60	2.02	3.77	6.73
45	0.99	1.30	1.42	1.69	2.13	3.95	7.06
46	1.05	1.39	1.51	1.79	2.24	4.15	7.42
47	1.13	1.46	1.59	1.89	2.36	4.33	7.79
48	1.21	1.56	1.68	2.00	2.47	4.56	8.20
49	1.27	1.65	1.78	2.12	2.61	4.77	8.62
50	1.35	1.75	1.88	2.22	2.72	4.98	8.99
51	1.43	1.83	1.97	2.33	2.82	5.17	9.35
52	1.49	1.90	2.05	2.42	2.90	5.31	9.64
53	1.56	1.98	2.12	2.49	2.97	5.46	9.92
54	1.61	2.03	2.18	2.55	3.02	5.54	10.07
55	1.63	2.07	2.21	2.59	3.03	5.59	10.16
56	1.64	2.08	2.21	2.59	3.00	5.54	10.07
57	1.62	2.04	2.18	2.54	2.93	5.42	9.85
58	1.56	1.98	2.10	2.45	2.82	5.21	9.44
59	1.47	1.86	1.99	2.32	2.63	4.88	8.84
60	1.35	1.71	1.82	2.13	2.38	4.45	8.01
61	1.19	1.51	1.59	1.88	2.06	3.86	6.94
62	0.98	1.24	1.31	1.53	1.67	3.16	5.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.29	0.39	0.44	0.54	0.77	1.70	3.10
26	0.30	0.42	0.47	0.58	0.81	1.78	3.22
27	0.32	0.44	0.49	0.60	0.86	1.84	3.34
28	0.34	0.47	0.53	0.64	0.91	1.92	3.48
29	0.36	0.49	0.56	0.69	0.96	2.00	3.62
30	0.39	0.53	0.59	0.73	1.01	2.09	3.76
31	0.41	0.57	0.64	0.78	1.07	2.19	3.93
32	0.44	0.60	0.68	0.82	1.13	2.28	4.09
33	0.47	0.64	0.72	0.88	1.18	2.39	4.26
34	0.49	0.69	0.77	0.93	1.25	2.50	4.44
35	0.53	0.73	0.81	1.00	1.32	2.60	4.64
36	0.57	0.78	0.87	1.06	1.39	2.72	4.85
37	0.60	0.82	0.92	1.13	1.46	2.85	5.06
38	0.64	0.88	0.98	1.19	1.55	2.99	5.32
39	0.69	0.93	1.04	1.26	1.64	3.13	5.56
40	0.72	0.99	1.11	1.35	1.72	3.28	5.84
41	0.77	1.04	1.17	1.42	1.81	3.44	6.12
42	0.81	1.12	1.24	1.51	1.91	3.61	6.42
43	0.88	1.19	1.33	1.59	2.02	3.79	6.75
44	0.94	1.26	1.41	1.69	2.14	3.99	7.12
45	1.01	1.35	1.49	1.79	2.25	4.18	7.47
46	1.08	1.44	1.58	1.89	2.37	4.38	7.85
47	1.16	1.52	1.67	2.00	2.49	4.58	8.24
48	1.24	1.62	1.78	2.12	2.62	4.82	8.67
49	1.31	1.71	1.88	2.24	2.75	5.04	9.12
50	1.39	1.81	1.98	2.35	2.87	5.26	9.52
51	1.46	1.89	2.07	2.46	2.97	5.46	9.89
52	1.53	1.98	2.15	2.55	3.07	5.62	10.20
53	1.59	2.05	2.22	2.64	3.15	5.77	10.49
54	1.65	2.10	2.29	2.70	3.19	5.87	10.66
55	1.67	2.14	2.32	2.74	3.20	5.91	10.74
56	1.67	2.15	2.32	2.74	3.18	5.86	10.65
57	1.66	2.11	2.29	2.69	3.10	5.73	10.42
58	1.60	2.05	2.21	2.60	2.97	5.51	9.98
59	1.51	1.93	2.09	2.45	2.77	5.16	9.35
60	1.38	1.78	1.91	2.25	2.52	4.70	8.46
61	1.22	1.56	1.67	1.98	2.18	4.09	7.35
62	1.00	1.28	1.37	1.62	1.77	3.34	5.93

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.31	0.40	0.44	0.54	0.76	1.69	3.08
26	0.32	0.43	0.47	0.57	0.81	1.76	3.20
27	0.34	0.45	0.50	0.60	0.86	1.83	3.32
28	0.36	0.48	0.53	0.64	0.90	1.91	3.45
29	0.37	0.51	0.56	0.68	0.96	1.99	3.60
30	0.41	0.55	0.60	0.73	1.00	2.07	3.74
31	0.43	0.58	0.64	0.77	1.06	2.17	3.90
32	0.46	0.62	0.68	0.82	1.12	2.26	4.06
33	0.49	0.66	0.73	0.87	1.17	2.37	4.24
34	0.52	0.71	0.77	0.93	1.25	2.48	4.41
35	0.56	0.75	0.82	0.99	1.31	2.58	4.61
36	0.60	0.80	0.87	1.06	1.38	2.70	4.82
37	0.63	0.85	0.93	1.12	1.46	2.83	5.03
38	0.67	0.90	0.98	1.18	1.54	2.97	5.28
39	0.72	0.96	1.05	1.26	1.63	3.11	5.53
40	0.76	1.02	1.11	1.34	1.71	3.26	5.80
41	0.81	1.07	1.18	1.41	1.80	3.42	6.08
42	0.85	1.15	1.25	1.50	1.90	3.58	6.38
43	0.92	1.22	1.33	1.58	2.01	3.76	6.71
44	0.99	1.30	1.42	1.68	2.13	3.96	7.07
45	1.06	1.38	1.50	1.78	2.24	4.15	7.42
46	1.13	1.48	1.59	1.88	2.36	4.35	7.80
47	1.22	1.56	1.68	1.99	2.48	4.55	8.18
48	1.30	1.66	1.78	2.11	2.60	4.79	8.62
49	1.37	1.76	1.89	2.23	2.74	5.01	9.06
50	1.46	1.86	1.99	2.34	2.86	5.23	9.45
51	1.54	1.95	2.08	2.45	2.96	5.43	9.83
52	1.60	2.03	2.16	2.54	3.05	5.58	10.14
53	1.67	2.11	2.24	2.62	3.13	5.74	10.42
54	1.73	2.16	2.30	2.68	3.18	5.83	10.59
55	1.75	2.20	2.33	2.72	3.19	5.87	10.67
56	1.76	2.21	2.33	2.72	3.16	5.82	10.58
57	1.74	2.17	2.30	2.68	3.08	5.69	10.35
58	1.68	2.11	2.22	2.58	2.96	5.47	9.92
59	1.58	1.98	2.10	2.44	2.76	5.13	9.29
60	1.45	1.82	1.92	2.24	2.50	4.67	8.41
61	1.28	1.61	1.68	1.97	2.17	4.06	7.30
62	1.05	1.32	1.38	1.61	1.76	3.32	5.89

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.31	0.41	0.46	0.56	0.79	1.76	3.20
26	0.32	0.44	0.49	0.59	0.84	1.83	3.33
27	0.34	0.46	0.52	0.62	0.89	1.90	3.45
28	0.36	0.49	0.55	0.66	0.94	1.99	3.59
29	0.38	0.52	0.58	0.71	1.00	2.07	3.74
30	0.42	0.56	0.62	0.76	1.04	2.15	3.89
31	0.44	0.60	0.66	0.80	1.10	2.26	4.06
32	0.47	0.64	0.70	0.85	1.16	2.35	4.22
33	0.50	0.68	0.75	0.91	1.22	2.47	4.41
34	0.53	0.73	0.80	0.97	1.30	2.58	4.59
35	0.57	0.77	0.85	1.03	1.36	2.68	4.79
36	0.61	0.82	0.90	1.10	1.44	2.81	5.01
37	0.64	0.87	0.96	1.16	1.52	2.94	5.23
38	0.68	0.92	1.02	1.23	1.60	3.09	5.49
39	0.73	0.98	1.09	1.31	1.69	3.23	5.75
40	0.77	1.04	1.15	1.39	1.78	3.39	6.03
41	0.82	1.10	1.22	1.47	1.87	3.56	6.32
42	0.87	1.18	1.29	1.56	1.98	3.72	6.64
43	0.94	1.25	1.38	1.64	2.09	3.91	6.98
44	1.01	1.33	1.47	1.75	2.21	4.12	7.35
45	1.08	1.42	1.55	1.85	2.33	4.32	7.72
46	1.15	1.52	1.65	1.96	2.45	4.53	8.11
47	1.24	1.60	1.74	2.07	2.58	4.73	8.51
48	1.32	1.70	1.84	2.19	2.70	4.98	8.96
49	1.39	1.80	1.95	2.32	2.85	5.21	9.42
50	1.48	1.91	2.06	2.43	2.97	5.44	9.83
51	1.56	2.00	2.15	2.55	3.08	5.65	10.22
52	1.63	2.08	2.24	2.64	3.17	5.80	10.54
53	1.70	2.16	2.32	2.72	3.25	5.97	10.84
54	1.76	2.22	2.38	2.79	3.30	6.06	11.01
55	1.78	2.26	2.41	2.83	3.31	6.11	11.10
56	1.79	2.27	2.41	2.83	3.28	6.05	11.00
57	1.77	2.23	2.38	2.78	3.20	5.92	10.77
58	1.71	2.16	2.30	2.68	3.08	5.69	10.32
59	1.61	2.03	2.17	2.54	2.87	5.33	9.66
60	1.47	1.87	1.99	2.33	2.60	4.86	8.75
61	1.30	1.65	1.74	2.05	2.25	4.22	7.59
62	1.07	1.35	1.43	1.67	1.83	3.45	6.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.32	0.43	0.48	0.59	0.84	1.86	3.39
26	0.33	0.46	0.51	0.63	0.89	1.94	3.52
27	0.35	0.48	0.54	0.66	0.94	2.01	3.65
28	0.37	0.51	0.58	0.70	0.99	2.10	3.80
29	0.39	0.54	0.61	0.75	1.05	2.19	3.96
30	0.43	0.58	0.65	0.80	1.10	2.28	4.11
31	0.45	0.62	0.70	0.85	1.17	2.39	4.29
32	0.48	0.66	0.74	0.90	1.23	2.49	4.47
33	0.51	0.70	0.79	0.96	1.29	2.61	4.66
34	0.54	0.75	0.84	1.02	1.37	2.73	4.85
35	0.58	0.80	0.89	1.09	1.44	2.84	5.07
36	0.62	0.85	0.95	1.16	1.52	2.97	5.30
37	0.66	0.90	1.01	1.23	1.60	3.11	5.53
38	0.70	0.96	1.07	1.30	1.69	3.27	5.81
39	0.75	1.02	1.14	1.38	1.79	3.42	6.08
40	0.79	1.08	1.21	1.47	1.88	3.59	6.38
41	0.84	1.14	1.28	1.55	1.98	3.76	6.69
42	0.89	1.22	1.36	1.65	2.09	3.94	7.02
43	0.96	1.30	1.45	1.74	2.21	4.14	7.38
44	1.03	1.38	1.54	1.85	2.34	4.36	7.78
45	1.10	1.47	1.63	1.96	2.46	4.57	8.16
46	1.18	1.57	1.73	2.07	2.59	4.79	8.58
47	1.27	1.66	1.83	2.19	2.72	5.01	9.00
48	1.35	1.77	1.94	2.32	2.86	5.27	9.48
49	1.43	1.87	2.05	2.45	3.01	5.51	9.97
50	1.52	1.98	2.16	2.57	3.14	5.75	10.40
51	1.60	2.07	2.26	2.69	3.25	5.97	10.81
52	1.67	2.16	2.35	2.79	3.35	6.14	11.15
53	1.74	2.24	2.43	2.88	3.44	6.31	11.46
54	1.80	2.30	2.50	2.95	3.49	6.41	11.65
55	1.82	2.34	2.53	2.99	3.50	6.46	11.74
56	1.83	2.35	2.53	2.99	3.47	6.40	11.64
57	1.81	2.31	2.50	2.94	3.39	6.26	11.39
58	1.75	2.24	2.41	2.84	3.25	6.02	10.91
59	1.65	2.11	2.28	2.68	3.03	5.64	10.22
60	1.51	1.94	2.09	2.46	2.75	5.14	9.25
61	1.33	1.71	1.83	2.16	2.38	4.47	8.03
62	1.09	1.40	1.50	1.77	1.93	3.65	6.48

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.32	3.19	3.49	4.67	6.99	14.26	25.92
26	2.38	3.27	3.58	4.80	7.17	14.47	26.25
27	2.44	3.36	3.69	4.94	7.33	14.66	26.55
28	2.52	3.47	3.80	5.09	7.50	14.83	26.79
29	2.60	3.57	3.91	5.24	7.67	14.97	26.99
30	2.67	3.68	4.03	5.40	7.81	15.09	27.13
31	2.75	3.78	4.15	5.55	7.95	15.20	27.25
32	2.83	3.89	4.27	5.71	8.08	15.28	27.31
33	2.90	3.99	4.38	5.84	8.19	15.32	27.34
34	2.98	4.08	4.48	5.98	8.30	15.36	27.33
35	3.05	4.17	4.58	6.10	8.38	15.36	27.27
36	3.10	4.24	4.67	6.21	8.45	15.34	27.20
37	3.16	4.32	4.75	6.31	8.51	15.30	27.08
38	3.22	4.38	4.81	6.38	8.56	15.23	26.94
39	3.26	4.44	4.88	6.44	8.58	15.15	26.78
40	3.29	4.47	4.92	6.48	8.57	15.02	26.58
41	3.33	4.51	4.95	6.50	8.55	14.88	26.32
42	3.34	4.52	4.97	6.50	8.50	14.71	26.03
43	3.38	4.55	4.98	6.48	8.43	14.52	25.72
44	3.41	4.55	4.97	6.44	8.34	14.27	25.34
45	3.43	4.54	4.94	6.37	8.20	13.99	24.89
46	3.43	4.51	4.88	6.27	8.04	13.67	24.37
47	3.40	4.45	4.80	6.13	7.83	13.29	23.73
48	3.34	4.35	4.68	5.96	7.55	12.83	22.96
49	3.26	4.24	4.55	5.75	7.24	12.30	22.08
50	3.18	4.09	4.38	5.50	6.88	11.72	21.09
51	3.05	3.91	4.17	5.22	6.48	11.08	19.99
52	2.91	3.71	3.96	4.91	6.04	10.38	18.76
53	2.72	3.46	3.68	4.52	5.50	9.53	17.27
54	2.52	3.18	3.37	4.11	4.96	8.65	15.71
55	2.30	2.89	3.05	3.69	4.40	7.76	14.10
56	2.07	2.59	2.74	3.27	3.86	6.87	12.49
57	1.84	2.29	2.42	2.87	3.33	6.01	10.93
58	1.60	2.00	2.12	2.49	2.85	5.22	9.48
59	1.39	1.75	1.84	2.14	2.43	4.50	8.14
60	1.21	1.51	1.58	1.84	2.06	3.86	6.95
61	1.04	1.30	1.37	1.60	1.77	3.33	5.94
62	0.92	1.16	1.21	1.41	1.54	2.91	5.15
63						2.75	4.88
64						2.70	4.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.32	3.19	3.51	4.69	7.02	14.32	26.02
26	2.38	3.28	3.60	4.81	7.19	14.53	26.36
27	2.45	3.37	3.71	4.96	7.36	14.72	26.66
28	2.52	3.47	3.82	5.11	7.53	14.90	26.92
29	2.60	3.58	3.93	5.27	7.70	15.04	27.11
30	2.68	3.69	4.05	5.43	7.84	15.16	27.27
31	2.76	3.80	4.17	5.57	7.98	15.28	27.39
32	2.83	3.90	4.29	5.73	8.11	15.36	27.45
33	2.91	4.01	4.40	5.87	8.23	15.41	27.48
34	2.98	4.10	4.50	6.01	8.35	15.44	27.48
35	3.05	4.19	4.60	6.13	8.43	15.44	27.43
36	3.11	4.26	4.70	6.25	8.51	15.44	27.36
37	3.17	4.34	4.78	6.34	8.57	15.39	27.26
38	3.23	4.40	4.85	6.42	8.61	15.34	27.13
39	3.26	4.45	4.92	6.48	8.63	15.25	26.98
40	3.30	4.50	4.95	6.52	8.63	15.14	26.78
41	3.34	4.53	4.99	6.55	8.61	15.01	26.53
42	3.36	4.55	5.01	6.55	8.57	14.83	26.26
43	3.40	4.58	5.01	6.53	8.50	14.65	25.95
44	3.43	4.58	5.01	6.50	8.41	14.41	25.59
45	3.45	4.58	4.98	6.43	8.28	14.14	25.16
46	3.45	4.54	4.93	6.34	8.12	13.83	24.64
47	3.42	4.49	4.86	6.20	7.92	13.45	24.02
48	3.36	4.38	4.73	6.03	7.64	12.99	23.26
49	3.28	4.27	4.60	5.83	7.33	12.48	22.39
50	3.19	4.13	4.44	5.58	6.97	11.90	21.42
51	3.07	3.96	4.24	5.31	6.58	11.27	20.33
52	2.93	3.75	4.03	5.00	6.14	10.57	19.11
53	2.75	3.50	3.75	4.61	5.61	9.73	17.64
54	2.55	3.23	3.44	4.21	5.07	8.86	16.07
55	2.33	2.94	3.12	3.79	4.51	7.97	14.47
56	2.10	2.64	2.81	3.37	3.96	7.07	12.85
57	1.86	2.35	2.49	2.96	3.43	6.21	11.30
58	1.63	2.06	2.19	2.57	2.96	5.42	9.83
59	1.42	1.79	1.90	2.23	2.53	4.67	8.46
60	1.23	1.56	1.65	1.92	2.14	4.03	7.25
61	1.06	1.34	1.43	1.67	1.84	3.47	6.20
62	0.94	1.18	1.25	1.46	1.60	3.02	5.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.33	3.20	3.53	4.72	7.06	14.41	26.19
26	2.39	3.30	3.61	4.85	7.24	14.63	26.53
27	2.46	3.39	3.74	5.00	7.40	14.81	26.84
28	2.53	3.49	3.84	5.15	7.58	15.00	27.10
29	2.61	3.60	3.96	5.30	7.74	15.15	27.30
30	2.69	3.71	4.08	5.46	7.89	15.28	27.46
31	2.77	3.82	4.19	5.62	8.04	15.39	27.59
32	2.84	3.92	4.32	5.78	8.17	15.48	27.67
33	2.91	4.03	4.44	5.92	8.30	15.53	27.70
34	2.99	4.12	4.53	6.06	8.41	15.58	27.71
35	3.06	4.21	4.65	6.19	8.50	15.58	27.68
36	3.12	4.29	4.73	6.30	8.58	15.58	27.62
37	3.19	4.38	4.82	6.41	8.64	15.54	27.52
38	3.24	4.44	4.89	6.48	8.69	15.50	27.41
39	3.28	4.49	4.96	6.55	8.72	15.42	27.27
40	3.32	4.53	5.01	6.59	8.72	15.31	27.09
41	3.36	4.57	5.04	6.62	8.71	15.18	26.85
42	3.38	4.59	5.07	6.63	8.66	15.02	26.59
43	3.41	4.62	5.08	6.62	8.60	14.85	26.30
44	3.45	4.62	5.08	6.59	8.52	14.62	25.96
45	3.47	4.62	5.05	6.53	8.39	14.36	25.54
46	3.47	4.59	5.00	6.43	8.24	14.05	25.05
47	3.45	4.54	4.94	6.31	8.04	13.69	24.45
48	3.39	4.45	4.82	6.14	7.78	13.25	23.71
49	3.32	4.33	4.69	5.94	7.47	12.74	22.87
50	3.23	4.19	4.53	5.71	7.12	12.17	21.92
51	3.11	4.03	4.34	5.43	6.73	11.55	20.84
52	2.97	3.82	4.12	5.13	6.30	10.87	19.64
53	2.78	3.57	3.85	4.75	5.78	10.03	18.18
54	2.58	3.30	3.54	4.35	5.23	9.16	16.63
55	2.36	3.01	3.23	3.93	4.67	8.28	15.03
56	2.14	2.71	2.91	3.51	4.13	7.38	13.41
57	1.90	2.42	2.59	3.10	3.60	6.51	11.84
58	1.66	2.13	2.28	2.71	3.11	5.71	10.34
59	1.45	1.86	2.00	2.35	2.67	4.94	8.95
60	1.26	1.62	1.73	2.03	2.28	4.27	7.68
61	1.09	1.40	1.51	1.77	1.95	3.68	6.58
62	0.95	1.23	1.31	1.55	1.69	3.19	5.67
63				1.47	1.60		
64				1.46	1.58		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.42	3.39	3.80	5.09	7.63	15.69	28.51
26	2.48	3.48	3.89	5.23	7.81	15.92	28.88
27	2.55	3.58	4.02	5.39	8.00	16.13	29.20
28	2.63	3.68	4.13	5.56	8.18	16.32	29.47
29	2.70	3.80	4.25	5.72	8.36	16.47	29.68
30	2.78	3.91	4.38	5.89	8.51	16.61	29.85
31	2.86	4.03	4.51	6.06	8.67	16.72	29.97
32	2.94	4.13	4.64	6.22	8.81	16.81	30.04
33	3.02	4.24	4.76	6.37	8.94	16.85	30.07
34	3.10	4.34	4.87	6.52	9.06	16.90	30.06
35	3.17	4.44	4.98	6.66	9.14	16.90	30.00
36	3.23	4.52	5.08	6.77	9.23	16.87	29.92
37	3.29	4.60	5.16	6.89	9.28	16.83	29.79
38	3.35	4.66	5.23	6.97	9.34	16.76	29.64
39	3.40	4.72	5.30	7.03	9.36	16.66	29.46
40	3.43	4.76	5.35	7.07	9.35	16.53	29.24
41	3.47	4.80	5.38	7.10	9.34	16.37	28.95
42	3.48	4.81	5.40	7.10	9.28	16.18	28.64
43	3.52	4.84	5.41	7.07	9.21	15.97	28.29
44	3.55	4.84	5.40	7.04	9.11	15.70	27.88
45	3.57	4.83	5.36	6.97	8.95	15.39	27.39
46	3.57	4.80	5.30	6.85	8.78	15.03	26.81
47	3.54	4.73	5.22	6.70	8.55	14.62	26.10
48	3.48	4.63	5.09	6.51	8.25	14.11	25.25
49	3.40	4.51	4.94	6.28	7.91	13.54	24.28
50	3.31	4.35	4.76	6.02	7.52	12.89	23.20
51	3.18	4.17	4.54	5.71	7.08	12.19	21.98
52	3.03	3.95	4.31	5.37	6.61	11.42	20.63
53	2.84	3.68	4.00	4.95	6.02	10.48	19.00
54	2.63	3.38	3.67	4.51	5.43	9.52	17.28
55	2.40	3.07	3.32	4.05	4.82	8.54	15.51
56	2.16	2.76	2.98	3.59	4.23	7.56	13.74
57	1.92	2.44	2.63	3.14	3.65	6.62	12.02
58	1.67	2.14	2.30	2.73	3.13	5.75	10.42
59	1.45	1.86	2.00	2.35	2.67	4.94	8.95
60	1.26	1.61	1.72	2.02	2.27	4.24	7.64
61	1.09	1.39	1.50	1.76	1.94	3.66	6.54
62	0.95	1.23	1.31	1.55	1.69	3.19	5.67
63	0.90	1.16	1.25				
64	0.89	1.16	1.24				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.65	3.64	3.99	5.34	7.99	16.30	29.62
26	2.72	3.74	4.09	5.48	8.19	16.54	30.00
27	2.79	3.84	4.22	5.65	8.38	16.75	30.34
28	2.88	3.96	4.34	5.82	8.57	16.95	30.62
29	2.97	4.08	4.47	5.99	8.76	17.11	30.84
30	3.05	4.20	4.61	6.17	8.92	17.25	31.01
31	3.14	4.32	4.74	6.34	9.08	17.37	31.14
32	3.23	4.44	4.88	6.52	9.23	17.46	31.21
33	3.31	4.56	5.00	6.67	9.36	17.51	31.24
34	3.40	4.66	5.12	6.83	9.49	17.55	31.23
35	3.48	4.77	5.23	6.97	9.58	17.55	31.17
36	3.54	4.85	5.34	7.10	9.66	17.53	31.08
37	3.61	4.94	5.43	7.21	9.73	17.48	30.95
38	3.68	5.01	5.50	7.29	9.78	17.41	30.79
39	3.72	5.07	5.58	7.36	9.80	17.31	30.61
40	3.76	5.11	5.62	7.40	9.79	17.17	30.38
41	3.80	5.15	5.66	7.43	9.77	17.01	30.08
42	3.82	5.17	5.68	7.43	9.71	16.81	29.75
43	3.86	5.20	5.69	7.40	9.63	16.59	29.39
44	3.90	5.20	5.68	7.36	9.53	16.31	28.96
45	3.92	5.19	5.64	7.28	9.37	15.99	28.45
46	3.92	5.15	5.58	7.16	9.19	15.62	27.85
47	3.89	5.09	5.49	7.01	8.95	15.19	27.12
48	3.82	4.97	5.35	6.81	8.63	14.66	26.24
49	3.73	4.84	5.20	6.57	8.27	14.06	25.23
50	3.63	4.67	5.00	6.29	7.86	13.39	24.10
51	3.48	4.47	4.77	5.97	7.40	12.66	22.84
52	3.32	4.24	4.53	5.61	6.90	11.86	21.44
53	3.11	3.95	4.20	5.17	6.29	10.89	19.74
54	2.88	3.63	3.85	4.70	5.67	9.89	17.95
55	2.63	3.30	3.49	4.22	5.03	8.87	16.11
56	2.37	2.96	3.13	3.74	4.41	7.85	14.27
57	2.10	2.62	2.76	3.28	3.80	6.87	12.49
58	1.83	2.29	2.42	2.84	3.26	5.97	10.83
59	1.59	2.00	2.10	2.45	2.78	5.14	9.30
60	1.38	1.73	1.81	2.10	2.35	4.41	7.94
61	1.19	1.49	1.57	1.83	2.02	3.80	6.79
62	1.05	1.32	1.38	1.61	1.76	3.32	5.89
63						3.14	5.58
64						3.09	5.51

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.65	3.65	4.01	5.36	8.02	16.37	29.74
26	2.72	3.75	4.11	5.50	8.22	16.61	30.13
27	2.80	3.85	4.24	5.67	8.41	16.82	30.47
28	2.88	3.97	4.36	5.84	8.61	17.03	30.76
29	2.97	4.09	4.49	6.02	8.80	17.19	30.98
30	3.06	4.22	4.63	6.20	8.96	17.33	31.16
31	3.15	4.34	4.76	6.37	9.12	17.46	31.30
32	3.23	4.46	4.90	6.55	9.27	17.55	31.37
33	3.32	4.58	5.03	6.71	9.41	17.61	31.41
34	3.41	4.68	5.14	6.87	9.54	17.65	31.41
35	3.49	4.79	5.26	7.01	9.63	17.65	31.35
36	3.55	4.87	5.37	7.14	9.72	17.64	31.27
37	3.62	4.96	5.46	7.25	9.79	17.59	31.15
38	3.69	5.03	5.54	7.34	9.84	17.53	31.00
39	3.73	5.09	5.62	7.41	9.86	17.43	30.83
40	3.77	5.14	5.66	7.45	9.86	17.30	30.61
41	3.82	5.18	5.70	7.49	9.84	17.15	30.32
42	3.84	5.20	5.72	7.49	9.79	16.95	30.01
43	3.88	5.23	5.73	7.46	9.71	16.74	29.66
44	3.92	5.23	5.73	7.43	9.61	16.47	29.24
45	3.94	5.23	5.69	7.35	9.46	16.16	28.75
46	3.94	5.19	5.63	7.24	9.28	15.80	28.16
47	3.91	5.13	5.55	7.09	9.05	15.37	27.45
48	3.84	5.01	5.41	6.89	8.73	14.85	26.58
49	3.75	4.88	5.26	6.66	8.38	14.26	25.59
50	3.65	4.72	5.07	6.38	7.97	13.60	24.48
51	3.51	4.52	4.85	6.07	7.52	12.88	23.23
52	3.35	4.29	4.60	5.71	7.02	12.08	21.84
53	3.14	4.00	4.28	5.27	6.41	11.12	20.16
54	2.91	3.69	3.93	4.81	5.79	10.12	18.37
55	2.66	3.36	3.57	4.33	5.15	9.11	16.54
56	2.40	3.02	3.21	3.85	4.53	8.08	14.69
57	2.13	2.68	2.84	3.38	3.92	7.10	12.91
58	1.86	2.35	2.50	2.94	3.38	6.19	11.23
59	1.62	2.05	2.17	2.55	2.89	5.34	9.67
60	1.40	1.78	1.88	2.19	2.45	4.60	8.28
61	1.21	1.53	1.63	1.91	2.10	3.96	7.08
62	1.07	1.35	1.43	1.67	1.83	3.45	6.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.66	3.66	4.03	5.39	8.07	16.47	29.93
26	2.73	3.77	4.13	5.54	8.27	16.72	30.32
27	2.81	3.87	4.27	5.71	8.46	16.93	30.67
28	2.89	3.99	4.39	5.88	8.66	17.14	30.97
29	2.98	4.11	4.52	6.06	8.85	17.31	31.20
30	3.07	4.24	4.66	6.24	9.02	17.46	31.38
31	3.16	4.36	4.79	6.42	9.19	17.59	31.53
32	3.24	4.48	4.94	6.60	9.34	17.69	31.62
33	3.33	4.60	5.07	6.76	9.48	17.75	31.66
34	3.42	4.71	5.18	6.92	9.61	17.80	31.67
35	3.50	4.81	5.31	7.07	9.71	17.81	31.63
36	3.57	4.90	5.41	7.20	9.80	17.80	31.56
37	3.64	5.00	5.51	7.32	9.87	17.76	31.45
38	3.70	5.07	5.59	7.41	9.93	17.71	31.32
39	3.75	5.13	5.67	7.48	9.96	17.62	31.16
40	3.79	5.18	5.72	7.53	9.96	17.50	30.96
41	3.84	5.22	5.76	7.57	9.95	17.35	30.69
42	3.86	5.24	5.79	7.58	9.90	17.17	30.39
43	3.90	5.28	5.80	7.56	9.83	16.97	30.06
44	3.94	5.28	5.80	7.53	9.74	16.71	29.67
45	3.96	5.28	5.77	7.46	9.59	16.41	29.19
46	3.96	5.25	5.71	7.35	9.42	16.06	28.63
47	3.94	5.19	5.64	7.21	9.19	15.65	27.94
48	3.87	5.08	5.51	7.02	8.89	15.14	27.10
49	3.79	4.95	5.36	6.79	8.54	14.56	26.14
50	3.69	4.79	5.18	6.52	8.14	13.91	25.05
51	3.55	4.60	4.96	6.21	7.69	13.20	23.82
52	3.39	4.37	4.71	5.86	7.20	12.42	22.45
53	3.18	4.08	4.40	5.43	6.60	11.46	20.78
54	2.95	3.77	4.05	4.97	5.98	10.47	19.01
55	2.70	3.44	3.69	4.49	5.34	9.46	17.18
56	2.44	3.10	3.33	4.01	4.72	8.43	15.33
57	2.17	2.76	2.96	3.54	4.11	7.44	13.53
58	1.90	2.43	2.61	3.10	3.55	6.52	11.82
59	1.66	2.13	2.28	2.69	3.05	5.65	10.23
60	1.44	1.85	1.98	2.32	2.60	4.88	8.78
61	1.24	1.60	1.72	2.02	2.23	4.21	7.52
62	1.09	1.40	1.50	1.77	1.93	3.65	6.48
63				1.68	1.83		
64				1.67	1.81		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.76	3.87	4.34	5.82	8.72	17.93	32.58
26	2.83	3.98	4.45	5.98	8.93	18.19	33.00
27	2.91	4.09	4.59	6.16	9.14	18.43	33.37
28	3.00	4.21	4.72	6.35	9.35	18.65	33.68
29	3.09	4.34	4.86	6.54	9.55	18.82	33.92
30	3.18	4.47	5.01	6.73	9.73	18.98	34.11
31	3.27	4.60	5.15	6.92	9.91	19.11	34.25
32	3.36	4.72	5.30	7.11	10.07	19.21	34.33
33	3.45	4.85	5.44	7.28	10.22	19.26	34.36
34	3.54	4.96	5.56	7.45	10.35	19.31	34.35
35	3.62	5.07	5.69	7.61	10.45	19.31	34.29
36	3.69	5.16	5.80	7.74	10.55	19.28	34.19
37	3.76	5.26	5.90	7.87	10.61	19.23	34.05
38	3.83	5.33	5.98	7.96	10.67	19.15	33.87
39	3.88	5.39	6.06	8.03	10.70	19.04	33.67
40	3.92	5.44	6.11	8.08	10.69	18.89	33.42
41	3.96	5.48	6.15	8.11	10.67	18.71	33.09
42	3.98	5.50	6.17	8.11	10.60	18.49	32.73
43	4.02	5.53	6.18	8.08	10.52	18.25	32.33
44	4.06	5.53	6.17	8.04	10.41	17.94	31.86
45	4.08	5.52	6.13	7.96	10.23	17.59	31.30
46	4.08	5.48	6.06	7.83	10.03	17.18	30.64
47	4.05	5.41	5.97	7.66	9.77	16.71	29.83
48	3.98	5.29	5.82	7.44	9.43	16.13	28.86
49	3.89	5.15	5.65	7.18	9.04	15.47	27.75
50	3.78	4.97	5.44	6.88	8.59	14.73	26.51
51	3.63	4.76	5.19	6.53	8.09	13.93	25.12
52	3.46	4.51	4.92	6.14	7.55	13.05	23.58
53	3.24	4.20	4.57	5.66	6.88	11.98	21.71
54	3.00	3.86	4.19	5.15	6.20	10.88	19.75
55	2.74	3.51	3.79	4.63	5.51	9.76	17.72
56	2.47	3.15	3.40	4.10	4.83	8.64	15.70
57	2.19	2.79	3.00	3.59	4.17	7.56	13.74
58	1.91	2.44	2.63	3.12	3.58	6.57	11.91
59	1.66	2.13	2.28	2.69	3.05	5.65	10.23
60	1.44	1.84	1.97	2.31	2.59	4.85	8.73
61	1.24	1.59	1.71	2.01	2.22	4.18	7.47
62	1.09	1.40	1.50	1.77	1.93	3.65	6.48
63	1.03	1.33	1.43				
64	1.02	1.32	1.42				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.50	3.43	3.77	5.04	7.51	15.22	27.62
26	2.58	3.54	3.88	5.19	7.72	15.50	28.07
27	2.65	3.65	4.00	5.36	7.93	15.74	28.47
28	2.74	3.77	4.14	5.55	8.12	15.98	28.82
29	2.84	3.90	4.28	5.73	8.33	16.20	29.14
30	2.92	4.03	4.42	5.92	8.51	16.38	29.40
31	3.03	4.17	4.57	6.11	8.70	16.55	29.63
32	3.12	4.29	4.71	6.30	8.87	16.70	29.82
33	3.22	4.42	4.86	6.48	9.05	16.83	29.97
34	3.31	4.54	4.98	6.66	9.21	16.92	30.09
35	3.40	4.66	5.12	6.82	9.35	17.02	30.19
36	3.48	4.77	5.24	6.98	9.47	17.08	30.25
37	3.58	4.88	5.36	7.12	9.59	17.12	30.28
38	3.65	4.98	5.47	7.25	9.68	17.15	30.32
39	3.72	5.07	5.57	7.37	9.76	17.16	30.31
40	3.79	5.15	5.65	7.46	9.81	17.13	30.28
41	3.85	5.21	5.73	7.53	9.84	17.10	30.21
42	3.89	5.27	5.78	7.59	9.86	17.01	30.10
43	3.98	5.34	5.85	7.63	9.87	16.93	29.98
44	4.05	5.40	5.89	7.65	9.85	16.80	29.82
45	4.10	5.43	5.90	7.64	9.80	16.63	29.58
46	4.14	5.45	5.90	7.60	9.71	16.42	29.24
47	4.16	5.43	5.87	7.53	9.56	16.14	28.81
48	4.14	5.39	5.80	7.41	9.35	15.77	28.23
49	4.10	5.31	5.71	7.25	9.09	15.34	27.52
50	4.04	5.20	5.58	7.06	8.78	14.83	26.68
51	3.95	5.06	5.41	6.82	8.41	14.25	25.68
52	3.83	4.87	5.21	6.53	7.99	13.57	24.53
53	3.65	4.63	4.93	6.13	7.44	12.71	23.00
54	3.45	4.34	4.61	5.71	6.86	11.78	21.35
55	3.22	4.04	4.28	5.27	6.26	10.81	19.62
56	2.98	3.71	3.93	4.80	5.64	9.82	17.82
57	2.70	3.38	3.56	4.34	5.01	8.81	16.00
58	2.42	3.04	3.19	3.87	4.42	7.84	14.23
59	2.15	2.70	2.84	3.43	3.86	6.90	12.51
60	1.90	2.39	2.50	3.02	3.34	6.05	10.91
61	1.66	2.09	2.20	2.65	2.91	5.27	9.45
62	1.45	1.83	1.93	2.32	2.54	4.59	8.16
63						4.04	7.11
64						3.66	6.33
65						3.44	5.83
66						3.41	5.69

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.50	3.44	3.78	5.06	7.53	15.28	27.73
26	2.58	3.55	3.89	5.21	7.74	15.56	28.18
27	2.66	3.66	4.02	5.38	7.95	15.80	28.59
28	2.74	3.79	4.16	5.57	8.16	16.05	28.95
29	2.84	3.91	4.30	5.76	8.37	16.27	29.26
30	2.93	4.04	4.44	5.95	8.55	16.45	29.53
31	3.03	4.17	4.59	6.13	8.73	16.63	29.77
32	3.13	4.31	4.73	6.33	8.91	16.77	29.96
33	3.23	4.44	4.87	6.52	9.09	16.91	30.12
34	3.32	4.56	5.01	6.69	9.25	17.01	30.25
35	3.41	4.67	5.15	6.85	9.39	17.11	30.35
36	3.49	4.79	5.27	7.02	9.52	17.18	30.42
37	3.59	4.90	5.39	7.16	9.64	17.22	30.46
38	3.66	5.00	5.50	7.29	9.73	17.26	30.50
39	3.73	5.08	5.60	7.41	9.81	17.26	30.50
40	3.80	5.16	5.69	7.50	9.87	17.25	30.48
41	3.86	5.23	5.77	7.59	9.91	17.22	30.42
42	3.91	5.29	5.82	7.64	9.93	17.13	30.33
43	4.00	5.36	5.89	7.68	9.94	17.06	30.21
44	4.07	5.43	5.93	7.71	9.92	16.94	30.07
45	4.11	5.46	5.94	7.70	9.88	16.78	29.84
46	4.16	5.49	5.95	7.67	9.79	16.57	29.51
47	4.17	5.47	5.92	7.60	9.65	16.29	29.09
48	4.16	5.43	5.85	7.48	9.44	15.93	28.53
49	4.11	5.35	5.77	7.33	9.19	15.51	27.83
50	4.06	5.24	5.64	7.14	8.87	15.02	27.01
51	3.97	5.10	5.47	6.90	8.51	14.44	26.02
52	3.85	4.92	5.28	6.62	8.09	13.76	24.88
53	3.68	4.68	5.00	6.22	7.54	12.91	23.37
54	3.47	4.39	4.68	5.81	6.97	11.98	21.72
55	3.25	4.10	4.35	5.36	6.36	11.02	19.99
56	3.00	3.76	4.00	4.90	5.74	10.02	18.18
57	2.73	3.43	3.63	4.43	5.11	9.01	16.37
58	2.45	3.08	3.26	3.96	4.52	8.03	14.58
59	2.17	2.75	2.91	3.52	3.96	7.08	12.84
60	1.92	2.42	2.56	3.10	3.43	6.21	11.21
61	1.68	2.13	2.25	2.72	2.98	5.41	9.70
62	1.47	1.86	1.97	2.37	2.60	4.71	8.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.51	3.46	3.80	5.08	7.58	15.37	27.90
26	2.59	3.57	3.92	5.24	7.79	15.65	28.35
27	2.67	3.68	4.04	5.42	8.00	15.90	28.76
28	2.75	3.81	4.18	5.60	8.20	16.14	29.13
29	2.84	3.93	4.32	5.79	8.41	16.37	29.45
30	2.94	4.06	4.46	5.99	8.60	16.56	29.72
31	3.04	4.19	4.61	6.18	8.79	16.74	29.97
32	3.14	4.32	4.76	6.37	8.97	16.90	30.18
33	3.24	4.45	4.91	6.56	9.15	17.04	30.34
34	3.33	4.58	5.04	6.74	9.31	17.14	30.48
35	3.42	4.70	5.18	6.90	9.46	17.25	30.59
36	3.51	4.81	5.31	7.07	9.59	17.32	30.67
37	3.61	4.94	5.43	7.22	9.71	17.37	30.72
38	3.67	5.02	5.54	7.35	9.81	17.41	30.78
39	3.75	5.12	5.64	7.47	9.90	17.43	30.79
40	3.82	5.20	5.74	7.57	9.96	17.42	30.78
41	3.88	5.27	5.82	7.66	10.00	17.40	30.74
42	3.93	5.33	5.88	7.72	10.03	17.33	30.66
43	4.02	5.41	5.95	7.77	10.05	17.26	30.56
44	4.09	5.47	5.99	7.80	10.04	17.15	30.44
45	4.14	5.50	6.01	7.80	9.99	17.00	30.22
46	4.18	5.54	6.02	7.77	9.91	16.80	29.93
47	4.20	5.52	5.99	7.71	9.77	16.54	29.52
48	4.19	5.48	5.94	7.60	9.58	16.19	28.98
49	4.15	5.41	5.85	7.45	9.33	15.78	28.32
50	4.10	5.30	5.73	7.26	9.02	15.29	27.51
51	4.01	5.17	5.57	7.03	8.66	14.72	26.54
52	3.89	4.99	5.37	6.75	8.25	14.06	25.41
53	3.71	4.75	5.09	6.36	7.71	13.20	23.91
54	3.51	4.46	4.79	5.95	7.13	12.29	22.28
55	3.28	4.17	4.46	5.50	6.53	11.32	20.55
56	3.04	3.83	4.10	5.04	5.91	10.33	18.74
57	2.77	3.50	3.74	4.57	5.28	9.31	16.91
58	2.49	3.15	3.37	4.10	4.67	8.32	15.09
59	2.21	2.82	3.00	3.64	4.10	7.35	13.33
60	1.95	2.49	2.65	3.21	3.56	6.46	11.65
61	1.71	2.18	2.33	2.82	3.09	5.63	10.09
62	1.49	1.90	2.03	2.46	2.69	4.88	8.68
63				2.15	2.36		
64				1.92	2.15		
65				1.76	2.06		
66				1.68	2.09		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.61	3.65	4.10	5.50	8.19	16.74	30.39
26	2.69	3.77	4.22	5.66	8.42	17.05	30.88
27	2.77	3.89	4.35	5.85	8.65	17.32	31.32
28	2.85	4.02	4.50	6.05	8.86	17.58	31.70
29	2.95	4.15	4.66	6.26	9.08	17.82	32.05
30	3.05	4.29	4.80	6.46	9.29	18.02	32.34
31	3.15	4.43	4.96	6.67	9.49	18.20	32.59
32	3.26	4.56	5.12	6.87	9.68	18.37	32.80
33	3.35	4.70	5.28	7.08	9.88	18.51	32.97
34	3.45	4.83	5.42	7.26	10.04	18.61	33.10
35	3.54	4.95	5.57	7.44	10.19	18.73	33.21
36	3.63	5.08	5.70	7.61	10.33	18.79	33.28
37	3.73	5.20	5.83	7.77	10.47	18.84	33.31
38	3.80	5.29	5.94	7.91	10.56	18.87	33.36
39	3.88	5.39	6.05	8.03	10.65	18.87	33.34
40	3.95	5.47	6.14	8.14	10.71	18.85	33.30
41	4.01	5.54	6.23	8.23	10.75	18.80	33.22
42	4.06	5.60	6.29	8.29	10.76	18.71	33.11
43	4.15	5.68	6.35	8.33	10.77	18.63	32.98
44	4.22	5.74	6.40	8.36	10.75	18.48	32.80
45	4.27	5.78	6.41	8.35	10.70	18.30	32.53
46	4.31	5.80	6.41	8.30	10.61	18.06	32.17
47	4.33	5.78	6.38	8.23	10.44	17.75	31.68
48	4.31	5.73	6.31	8.09	10.22	17.34	31.05
49	4.27	5.65	6.20	7.93	9.93	16.87	30.28
50	4.21	5.53	6.06	7.72	9.59	16.32	29.35
51	4.11	5.38	5.88	7.45	9.19	15.67	28.25
52	3.99	5.19	5.66	7.13	8.73	14.93	26.98
53	3.80	4.93	5.36	6.71	8.13	13.97	25.31
54	3.59	4.62	5.01	6.26	7.50	12.96	23.49
55	3.35	4.30	4.66	5.77	6.84	11.89	21.58
56	3.10	3.95	4.27	5.26	6.17	10.80	19.60
57	2.82	3.60	3.87	4.75	5.49	9.70	17.61
58	2.53	3.23	3.47	4.24	4.84	8.63	15.65
59	2.24	2.88	3.09	3.75	4.23	7.60	13.76
60	1.98	2.54	2.72	3.31	3.67	6.65	12.01
61	1.73	2.22	2.39	2.91	3.18	5.79	10.40
62	1.51	1.94	2.09	2.54	2.77	5.06	8.98
63	1.33	1.71	1.83				
64	1.19	1.52	1.63				
65	1.10	1.39	1.49				
66	1.03	1.32	1.41				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.86	3.92	4.31	5.76	8.58	17.39	31.57
26	2.95	4.05	4.43	5.93	8.82	17.71	32.08
27	3.03	4.17	4.57	6.13	9.06	17.99	32.54
28	3.13	4.31	4.73	6.34	9.28	18.26	32.94
29	3.24	4.46	4.89	6.55	9.52	18.51	33.30
30	3.34	4.61	5.05	6.77	9.73	18.72	33.60
31	3.46	4.76	5.22	6.98	9.94	18.91	33.86
32	3.57	4.90	5.38	7.20	10.14	19.08	34.08
33	3.68	5.05	5.55	7.41	10.34	19.23	34.25
34	3.78	5.19	5.69	7.61	10.52	19.34	34.39
35	3.89	5.32	5.85	7.79	10.68	19.45	34.50
36	3.98	5.45	5.99	7.98	10.82	19.52	34.57
37	4.09	5.58	6.13	8.14	10.96	19.57	34.61
38	4.17	5.69	6.25	8.28	11.06	19.60	34.65
39	4.25	5.79	6.36	8.42	11.15	19.61	34.64
40	4.33	5.88	6.46	8.52	11.21	19.58	34.60
41	4.40	5.95	6.55	8.61	11.25	19.54	34.52
42	4.45	6.02	6.61	8.67	11.27	19.44	34.40
43	4.55	6.10	6.68	8.72	11.28	19.35	34.26
44	4.63	6.17	6.73	8.74	11.26	19.20	34.08
45	4.68	6.20	6.74	8.73	11.20	19.01	33.80
46	4.73	6.23	6.74	8.69	11.10	18.76	33.42
47	4.75	6.21	6.71	8.61	10.93	18.44	32.92
48	4.73	6.16	6.63	8.47	10.69	18.02	32.26
49	4.68	6.07	6.52	8.29	10.39	17.53	31.45
50	4.62	5.94	6.38	8.07	10.03	16.95	30.49
51	4.51	5.78	6.18	7.79	9.61	16.28	29.35
52	4.38	5.57	5.95	7.46	9.13	15.51	28.03
53	4.17	5.29	5.63	7.01	8.50	14.52	26.29
54	3.94	4.96	5.27	6.53	7.84	13.46	24.40
55	3.68	4.62	4.89	6.02	7.15	12.35	22.42
56	3.40	4.24	4.49	5.49	6.44	11.22	20.36
57	3.09	3.86	4.07	4.96	5.72	10.07	18.29
58	2.77	3.47	3.65	4.42	5.05	8.96	16.26
59	2.46	3.09	3.25	3.92	4.41	7.89	14.30
60	2.17	2.73	2.86	3.45	3.82	6.91	12.47
61	1.90	2.39	2.51	3.03	3.32	6.02	10.80
62	1.66	2.09	2.20	2.65	2.90	5.25	9.33
63						4.62	8.13
64						4.18	7.23
65						3.93	6.66
66						3.90	6.50

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.86	3.93	4.32	5.78	8.61	17.46	31.69
26	2.95	4.06	4.45	5.95	8.85	17.78	32.21
27	3.04	4.18	4.59	6.15	9.09	18.06	32.67
28	3.13	4.33	4.75	6.36	9.32	18.34	33.08
29	3.24	4.47	4.91	6.58	9.56	18.59	33.44
30	3.35	4.62	5.07	6.80	9.77	18.80	33.75
31	3.46	4.77	5.24	7.01	9.98	19.00	34.02
32	3.58	4.92	5.40	7.23	10.18	19.17	34.24
33	3.69	5.07	5.57	7.45	10.39	19.33	34.42
34	3.79	5.21	5.72	7.65	10.57	19.44	34.57
35	3.90	5.34	5.88	7.83	10.73	19.55	34.68
36	3.99	5.47	6.02	8.02	10.88	19.63	34.76
37	4.10	5.60	6.16	8.18	11.02	19.68	34.81
38	4.18	5.71	6.28	8.33	11.12	19.72	34.86
39	4.26	5.81	6.40	8.47	11.21	19.73	34.86
40	4.34	5.90	6.50	8.57	11.28	19.71	34.83
41	4.41	5.98	6.59	8.67	11.32	19.68	34.76
42	4.47	6.05	6.65	8.73	11.35	19.58	34.66
43	4.57	6.13	6.73	8.78	11.36	19.50	34.53
44	4.65	6.20	6.78	8.81	11.34	19.36	34.36
45	4.70	6.24	6.79	8.80	11.29	19.18	34.10
46	4.75	6.27	6.80	8.77	11.19	18.94	33.73
47	4.77	6.25	6.77	8.69	11.03	18.62	33.25
48	4.75	6.20	6.69	8.55	10.79	18.21	32.60
49	4.70	6.11	6.59	8.38	10.50	17.73	31.81
50	4.64	5.99	6.45	8.16	10.14	17.16	30.87
51	4.54	5.83	6.25	7.89	9.73	16.50	29.74
52	4.40	5.62	6.03	7.56	9.25	15.73	28.43
53	4.20	5.35	5.71	7.11	8.62	14.75	26.71
54	3.97	5.02	5.35	6.64	7.96	13.69	24.82
55	3.71	4.68	4.97	6.13	7.27	12.59	22.85
56	3.43	4.30	4.57	5.60	6.56	11.45	20.78
57	3.12	3.92	4.15	5.06	5.84	10.30	18.71
58	2.80	3.52	3.73	4.52	5.17	9.18	16.66
59	2.48	3.14	3.32	4.02	4.52	8.09	14.67
60	2.19	2.77	2.93	3.54	3.92	7.10	12.81
61	1.92	2.43	2.57	3.11	3.40	6.18	11.09
62	1.68	2.12	2.25	2.71	2.97	5.38	9.57

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.87	3.95	4.34	5.81	8.66	17.56	31.88
26	2.96	4.08	4.48	5.99	8.90	17.89	32.40
27	3.05	4.20	4.62	6.19	9.14	18.17	32.87
28	3.14	4.35	4.78	6.40	9.37	18.45	33.29
29	3.25	4.49	4.94	6.62	9.61	18.71	33.66
30	3.36	4.64	5.10	6.84	9.83	18.93	33.97
31	3.47	4.79	5.27	7.06	10.05	19.13	34.25
32	3.59	4.94	5.44	7.28	10.25	19.31	34.49
33	3.70	5.09	5.61	7.50	10.46	19.47	34.67
34	3.80	5.23	5.76	7.70	10.64	19.59	34.83
35	3.91	5.37	5.92	7.89	10.81	19.71	34.96
36	4.01	5.50	6.07	8.08	10.96	19.79	35.05
37	4.12	5.64	6.21	8.25	11.10	19.85	35.11
38	4.19	5.74	6.33	8.40	11.21	19.90	35.18
39	4.28	5.85	6.45	8.54	11.31	19.92	35.19
40	4.36	5.94	6.56	8.65	11.38	19.91	35.18
41	4.43	6.02	6.65	8.75	11.43	19.88	35.13
42	4.49	6.09	6.72	8.82	11.46	19.80	35.04
43	4.59	6.18	6.80	8.88	11.48	19.73	34.93
44	4.67	6.25	6.85	8.91	11.47	19.60	34.79
45	4.73	6.29	6.87	8.91	11.42	19.43	34.54
46	4.78	6.33	6.88	8.88	11.33	19.20	34.20
47	4.80	6.31	6.85	8.81	11.17	18.90	33.74
48	4.79	6.26	6.79	8.68	10.95	18.50	33.12
49	4.74	6.18	6.69	8.51	10.66	18.03	32.36
50	4.68	6.06	6.55	8.30	10.31	17.47	31.44
51	4.58	5.91	6.36	8.03	9.90	16.82	30.33
52	4.44	5.70	6.14	7.71	9.43	16.07	29.04
53	4.24	5.43	5.82	7.27	8.81	15.09	27.33
54	4.01	5.10	5.47	6.80	8.15	14.04	25.46
55	3.75	4.76	5.10	6.29	7.46	12.94	23.49
56	3.47	4.38	4.69	5.76	6.75	11.80	21.42
57	3.16	4.00	4.27	5.22	6.03	10.64	19.33
58	2.84	3.60	3.85	4.68	5.34	9.51	17.25
59	2.52	3.22	3.43	4.16	4.68	8.40	15.23
60	2.23	2.84	3.03	3.67	4.07	7.38	13.31
61	1.95	2.49	2.66	3.22	3.53	6.43	11.53
62	1.70	2.17	2.32	2.81	3.07	5.58	9.92
63				2.46	2.70		
64				2.19	2.46		
65				2.01	2.35		
66				1.92	2.39		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.98	4.17	4.68	6.28	9.36	19.13	34.73
26	3.07	4.31	4.82	6.47	9.62	19.48	35.29
27	3.16	4.44	4.97	6.69	9.88	19.79	35.79
28	3.26	4.59	5.14	6.91	10.12	20.09	36.23
29	3.37	4.74	5.32	7.15	10.38	20.36	36.63
30	3.48	4.90	5.49	7.38	10.62	20.59	36.96
31	3.60	5.06	5.67	7.62	10.85	20.80	37.25
32	3.72	5.21	5.85	7.85	11.06	20.99	37.49
33	3.83	5.37	6.03	8.09	11.29	21.15	37.68
34	3.94	5.52	6.19	8.30	11.47	21.27	37.83
35	4.05	5.66	6.36	8.50	11.65	21.40	37.95
36	4.15	5.80	6.51	8.70	11.81	21.47	38.03
37	4.26	5.94	6.66	8.88	11.96	21.53	38.07
38	4.34	6.05	6.79	9.04	12.07	21.56	38.12
39	4.43	6.16	6.91	9.18	12.17	21.57	38.10
40	4.51	6.25	7.02	9.30	12.24	21.54	38.06
41	4.58	6.33	7.12	9.40	12.28	21.49	37.97
42	4.64	6.40	7.19	9.47	12.30	21.38	37.84
43	4.74	6.49	7.26	9.52	12.31	21.29	37.69
44	4.82	6.56	7.31	9.55	12.29	21.12	37.49
45	4.88	6.60	7.33	9.54	12.23	20.91	37.18
46	4.93	6.63	7.33	9.49	12.12	20.64	36.76
47	4.95	6.61	7.29	9.41	11.93	20.28	36.21
48	4.93	6.55	7.21	9.25	11.68	19.82	35.49
49	4.88	6.46	7.09	9.06	11.35	19.28	34.60
50	4.81	6.32	6.93	8.82	10.96	18.65	33.54
51	4.70	6.15	6.72	8.51	10.50	17.91	32.29
52	4.56	5.93	6.47	8.15	9.98	17.06	30.83
53	4.34	5.63	6.12	7.67	9.29	15.97	28.92
54	4.10	5.28	5.73	7.15	8.57	14.81	26.84
55	3.83	4.91	5.32	6.59	7.82	13.59	24.66
56	3.54	4.51	4.88	6.01	7.05	12.34	22.40
57	3.22	4.11	4.42	5.43	6.27	11.08	20.12
58	2.89	3.69	3.97	4.85	5.53	9.86	17.89
59	2.56	3.29	3.53	4.29	4.83	8.68	15.73
60	2.26	2.90	3.11	3.78	4.19	7.60	13.72
61	1.98	2.54	2.73	3.32	3.63	6.62	11.88
62	1.73	2.22	2.39	2.90	3.17	5.78	10.26
63	1.52	1.95	2.09				
64	1.36	1.74	1.86				
65	1.26	1.59	1.70				
66	1.18	1.51	1.61				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.74	3.75	4.11	5.51	8.17		
26	2.84	3.89	4.26	5.70	8.44		
27	2.93	4.03	4.41	5.92	8.69		
28	3.04	4.17	4.58	6.13	8.93		
29	3.14	4.32	4.74	6.35	9.19		
30	3.26	4.48	4.92	6.59	9.43		
31	3.38	4.65	5.10	6.83	9.68		
32	3.50	4.81	5.29	7.07	9.91		
33	3.63	4.98	5.46	7.30	10.14		
34	3.75	5.15	5.64	7.53	10.36		
35	3.88	5.29	5.81	7.75	10.57		
36	3.99	5.45	5.99	7.98	10.76		
37	4.10	5.59	6.15	8.18	10.96		
38	4.22	5.74	6.30	8.37	11.13		
39	4.32	5.87	6.46	8.55	11.29		
40	4.43	6.00	6.59	8.71	11.43		
41	4.52	6.12	6.72	8.86	11.54		
42	4.61	6.23	6.84	8.98	11.64		
43	4.74	6.36	6.97	9.10	11.72		
44	4.87	6.48	7.07	9.21	11.76		
45	4.96	6.57	7.15	9.28	11.78		
46	5.07	6.65	7.20	9.32	11.73		
47	5.14	6.70	7.24	9.32	11.66		
48	5.17	6.73	7.24	9.29	11.49		
49	5.18	6.70	7.20	9.21	11.29		
50	5.17	6.65	7.13	9.08	11.01		
51	5.13	6.57	7.02	8.91	10.67		
52	5.05	6.43	6.87	8.67	10.26		
53	4.90	6.21	6.61	8.30	9.70		
54	4.71	5.95	6.31	7.90	9.10		
55	4.50	5.64	5.99	7.46	8.46		
56	4.27	5.32	5.63	6.98	7.80		
57	4.00	4.99	5.25	6.50	7.12		
58	3.71	4.65	4.88	6.04	6.52		
59	3.44	4.31	4.52	5.58	5.94		
60	3.16	3.96	4.17	5.15	5.37		
61	2.89	3.63	3.80	4.71	4.85		
62	2.62	3.29	3.46	4.29	4.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.74	3.76	4.13	5.53	8.20		
26	2.84	3.89	4.28	5.71	8.46		
27	2.93	4.03	4.43	5.93	8.72		
28	3.04	4.18	4.59	6.15	8.97		
29	3.15	4.34	4.76	6.38	9.22		
30	3.27	4.50	4.94	6.62	9.47		
31	3.39	4.66	5.12	6.85	9.71		
32	3.51	4.83	5.30	7.10	9.95		
33	3.64	5.00	5.48	7.33	10.19		
34	3.75	5.16	5.66	7.57	10.40		
35	3.89	5.31	5.84	7.79	10.61		
36	4.00	5.47	6.01	8.02	10.82		
37	4.10	5.61	6.18	8.22	11.01		
38	4.23	5.76	6.34	8.41	11.18		
39	4.33	5.89	6.49	8.59	11.34		
40	4.44	6.03	6.62	8.75	11.49		
41	4.54	6.14	6.76	8.91	11.60		
42	4.63	6.26	6.88	9.03	11.71		
43	4.76	6.39	7.00	9.15	11.79		
44	4.88	6.50	7.11	9.27	11.83		
45	4.98	6.61	7.19	9.35	11.86		
46	5.08	6.69	7.25	9.39	11.81		
47	5.15	6.74	7.29	9.39	11.74		
48	5.19	6.76	7.29	9.36	11.58		
49	5.20	6.74	7.26	9.29	11.38		
50	5.19	6.69	7.19	9.16	11.10		
51	5.15	6.62	7.08	9.00	10.77		
52	5.08	6.48	6.94	8.76	10.37		
53	4.93	6.26	6.68	8.39	9.81		
54	4.73	5.99	6.38	8.00	9.21		
55	4.52	5.70	6.06	7.55	8.57		
56	4.30	5.37	5.70	7.08	7.90		
57	4.03	5.04	5.32	6.59	7.23		
58	3.74	4.70	4.95	6.13	6.62		
59	3.46	4.36	4.59	5.67	6.04		
60	3.18	4.00	4.22	5.22	5.46		
61	2.91	3.67	3.85	4.78	4.92		
62	2.63	3.32	3.50	4.34	4.42		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.75	3.77	4.15	5.56	8.24		
26	2.84	3.90	4.30	5.75	8.51		
27	2.94	4.05	4.45	5.97	8.76		
28	3.05	4.20	4.61	6.19	9.01		
29	3.16	4.36	4.79	6.41	9.27		
30	3.28	4.52	4.96	6.65	9.52		
31	3.40	4.68	5.15	6.90	9.77		
32	3.52	4.85	5.33	7.14	10.01		
33	3.65	5.01	5.51	7.38	10.25		
34	3.76	5.18	5.70	7.61	10.47		
35	3.89	5.34	5.87	7.84	10.68		
36	4.01	5.50	6.05	8.07	10.89		
37	4.12	5.64	6.22	8.28	11.08		
38	4.24	5.79	6.38	8.47	11.26		
39	4.35	5.92	6.54	8.65	11.43		
40	4.45	6.06	6.68	8.82	11.58		
41	4.56	6.18	6.81	8.98	11.70		
42	4.65	6.29	6.94	9.11	11.80		
43	4.78	6.42	7.06	9.24	11.89		
44	4.90	6.55	7.18	9.35	11.94		
45	5.01	6.65	7.26	9.44	11.97		
46	5.11	6.74	7.32	9.49	11.94		
47	5.18	6.79	7.37	9.49	11.87		
48	5.22	6.83	7.38	9.48	11.72		
49	5.23	6.80	7.35	9.41	11.52		
50	5.22	6.76	7.28	9.28	11.25		
51	5.18	6.68	7.18	9.12	10.92		
52	5.11	6.55	7.04	8.89	10.53		
53	4.96	6.33	6.78	8.53	9.98		
54	4.77	6.06	6.48	8.14	9.37		
55	4.56	5.77	6.16	7.69	8.73		
56	4.33	5.44	5.80	7.22	8.07		
57	4.06	5.11	5.43	6.73	7.39		
58	3.77	4.77	5.06	6.27	6.77		
59	3.49	4.42	4.68	5.79	6.18		
60	3.21	4.06	4.31	5.34	5.59		
61	2.94	3.72	3.93	4.87	5.03		
62	2.65	3.36	3.56	4.43	4.51		
63				3.96	3.98		
64				3.53	3.50		
65				3.13	3.07		
66				2.79	2.70		
67				2.50	2.41		
68				2.30	2.19		
69				2.19	2.06		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.85	3.99	4.47	6.01	8.92		
26	2.95	4.13	4.63	6.21	9.20		
27	3.05	4.28	4.80	6.45	9.48		
28	3.16	4.44	4.97	6.69	9.75		
29	3.27	4.60	5.15	6.93	10.02		
30	3.40	4.77	5.35	7.18	10.29		
31	3.52	4.94	5.55	7.45	10.56		
32	3.65	5.12	5.74	7.71	10.82		
33	3.78	5.29	5.93	7.96	11.07		
34	3.90	5.47	6.13	8.22	11.30		
35	4.03	5.64	6.32	8.46	11.53		
36	4.16	5.80	6.50	8.71	11.74		
37	4.27	5.95	6.69	8.93	11.95		
38	4.39	6.11	6.85	9.13	12.15		
39	4.51	6.25	7.02	9.33	12.31		
40	4.61	6.39	7.17	9.49	12.47		
41	4.72	6.51	7.31	9.66	12.60		
42	4.80	6.62	7.44	9.80	12.71		
43	4.94	6.76	7.57	9.93	12.78		
44	5.07	6.89	7.68	10.05	12.84		
45	5.17	6.99	7.77	10.13	12.85		
46	5.28	7.08	7.83	10.18	12.80		
47	5.35	7.13	7.87	10.18	12.72		
48	5.39	7.16	7.87	10.15	12.55		
49	5.40	7.13	7.83	10.06	12.32		
50	5.39	7.08	7.75	9.91	12.01		
51	5.34	6.99	7.63	9.73	11.65		
52	5.26	6.84	7.46	9.47	11.21		
53	5.10	6.61	7.18	9.07	10.61		
54	4.90	6.33	6.86	8.64	9.94		
55	4.68	6.00	6.50	8.15	9.24		
56	4.45	5.66	6.12	7.63	8.52		
57	4.17	5.30	5.71	7.11	7.80		
58	3.87	4.94	5.31	6.61	7.12		
59	3.58	4.59	4.92	6.10	6.49		
60	3.29	4.21	4.52	5.63	5.88		
61	3.01	3.86	4.13	5.15	5.29		
62	2.72	3.50	3.75	4.69	4.76		
63	2.43	3.13	3.36				
64	2.16	2.79	2.99				
65	1.91	2.48	2.65				
66	1.69	2.20	2.35				
67	1.51	1.97	2.12				
68	1.37	1.80	1.94				
69	1.30	1.71	1.85				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.13	4.29	4.70	6.30	9.34		
26	3.24	4.44	4.87	6.51	9.64		
27	3.35	4.60	5.04	6.76	9.93		
28	3.47	4.77	5.23	7.01	10.21		
29	3.59	4.94	5.42	7.26	10.50		
30	3.73	5.12	5.62	7.53	10.78		
31	3.86	5.31	5.83	7.80	11.06		
32	4.00	5.50	6.04	8.08	11.33		
33	4.15	5.69	6.24	8.34	11.59		
34	4.28	5.88	6.44	8.61	11.84		
35	4.43	6.05	6.64	8.86	12.08		
36	4.56	6.23	6.84	9.12	12.30		
37	4.68	6.39	7.03	9.35	12.52		
38	4.82	6.56	7.20	9.56	12.72		
39	4.94	6.71	7.38	9.77	12.90		
40	5.06	6.86	7.53	9.95	13.06		
41	5.17	6.99	7.68	10.12	13.19		
42	5.27	7.12	7.82	10.26	13.30		
43	5.42	7.27	7.96	10.40	13.39		
44	5.56	7.40	8.08	10.52	13.44		
45	5.67	7.51	8.17	10.61	13.46		
46	5.79	7.60	8.23	10.65	13.41		
47	5.87	7.66	8.27	10.65	13.32		
48	5.91	7.69	8.27	10.62	13.13		
49	5.92	7.66	8.23	10.53	12.90		
50	5.91	7.60	8.15	10.38	12.58		
51	5.86	7.51	8.02	10.18	12.19		
52	5.77	7.35	7.85	9.91	11.73		
53	5.60	7.10	7.55	9.49	11.09		
54	5.38	6.80	7.21	9.03	10.40		
55	5.14	6.45	6.84	8.52	9.67		
56	4.88	6.08	6.43	7.98	8.91		
57	4.57	5.70	6.00	7.43	8.14		
58	4.24	5.31	5.58	6.90	7.45		
59	3.93	4.93	5.17	6.38	6.79		
60	3.61	4.52	4.76	5.88	6.14		
61	3.30	4.15	4.34	5.38	5.54		
62	2.99	3.76	3.95	4.90	4.98		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.13	4.30	4.72	6.32	9.37		
26	3.24	4.45	4.89	6.53	9.67		
27	3.35	4.61	5.06	6.78	9.96		
28	3.47	4.78	5.25	7.03	10.25		
29	3.60	4.96	5.44	7.29	10.54		
30	3.74	5.14	5.64	7.56	10.82		
31	3.87	5.33	5.85	7.83	11.10		
32	4.01	5.52	6.06	8.11	11.37		
33	4.16	5.71	6.26	8.38	11.64		
34	4.29	5.90	6.47	8.65	11.89		
35	4.44	6.07	6.67	8.90	12.13		
36	4.57	6.25	6.87	9.16	12.36		
37	4.69	6.41	7.06	9.39	12.58		
38	4.83	6.58	7.24	9.61	12.78		
39	4.95	6.73	7.42	9.82	12.96		
40	5.07	6.89	7.57	10.00	13.13		
41	5.19	7.02	7.72	10.18	13.26		
42	5.29	7.15	7.86	10.32	13.38		
43	5.44	7.30	8.00	10.46	13.47		
44	5.58	7.43	8.13	10.59	13.52		
45	5.69	7.55	8.22	10.68	13.55		
46	5.81	7.64	8.29	10.73	13.50		
47	5.89	7.70	8.33	10.73	13.42		
48	5.93	7.73	8.33	10.70	13.23		
49	5.94	7.70	8.30	10.62	13.01		
50	5.93	7.65	8.22	10.47	12.69		
51	5.88	7.56	8.09	10.28	12.31		
52	5.80	7.40	7.93	10.01	11.85		
53	5.63	7.15	7.63	9.59	11.21		
54	5.41	6.85	7.29	9.14	10.52		
55	5.17	6.51	6.92	8.63	9.79		
56	4.91	6.14	6.51	8.09	9.03		
57	4.60	5.76	6.08	7.53	8.26		
58	4.27	5.37	5.66	7.00	7.57		
59	3.95	4.98	5.24	6.48	6.90		
60	3.63	4.57	4.82	5.97	6.24		
61	3.32	4.19	4.40	5.46	5.62		
62	3.01	3.79	4.00	4.96	5.05		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.14	4.31	4.74	6.35	9.42		
26	3.25	4.46	4.91	6.57	9.72		
27	3.36	4.63	5.08	6.82	10.01		
28	3.48	4.80	5.27	7.07	10.30		
29	3.61	4.98	5.47	7.33	10.59		
30	3.75	5.16	5.67	7.60	10.88		
31	3.88	5.35	5.89	7.88	11.17		
32	4.02	5.54	6.09	8.16	11.44		
33	4.17	5.73	6.30	8.43	11.71		
34	4.30	5.92	6.51	8.70	11.96		
35	4.45	6.10	6.71	8.96	12.21		
36	4.58	6.28	6.91	9.22	12.44		
37	4.71	6.45	7.11	9.46	12.66		
38	4.85	6.62	7.29	9.68	12.87		
39	4.97	6.77	7.47	9.89	13.06		
40	5.09	6.93	7.63	10.08	13.23		
41	5.21	7.06	7.78	10.26	13.37		
42	5.31	7.19	7.93	10.41	13.49		
43	5.46	7.34	8.07	10.56	13.59		
44	5.60	7.48	8.20	10.69	13.65		
45	5.72	7.60	8.30	10.79	13.68		
46	5.84	7.70	8.37	10.84	13.64		
47	5.92	7.76	8.42	10.85	13.56		
48	5.97	7.80	8.43	10.83	13.39		
49	5.98	7.77	8.40	10.75	13.17		
50	5.97	7.72	8.32	10.61	12.86		
51	5.92	7.63	8.20	10.42	12.48		
52	5.84	7.48	8.04	10.16	12.03		
53	5.67	7.23	7.75	9.75	11.40		
54	5.45	6.93	7.41	9.30	10.71		
55	5.21	6.59	7.04	8.79	9.98		
56	4.95	6.22	6.63	8.25	9.22		
57	4.64	5.84	6.20	7.69	8.45		
58	4.31	5.45	5.78	7.16	7.74		
59	3.99	5.05	5.35	6.62	7.06		
60	3.67	4.64	4.92	6.10	6.39		
61	3.36	4.25	4.49	5.57	5.75		
62	3.03	3.84	4.07	5.06	5.15		
63				4.53	4.55		
64				4.03	4.00		
65				3.58	3.51		
66				3.19	3.09		
67				2.86	2.75		
68				2.63	2.50		
69				2.50	2.35		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.26	4.56	5.11	6.87	10.19		
26	3.37	4.72	5.29	7.10	10.51		
27	3.49	4.89	5.48	7.37	10.83		
28	3.61	5.07	5.68	7.64	11.14		
29	3.74	5.26	5.89	7.92	11.45		
30	3.89	5.45	6.11	8.21	11.76		
31	4.02	5.65	6.34	8.51	12.07		
32	4.17	5.85	6.56	8.81	12.36		
33	4.32	6.05	6.78	9.10	12.65		
34	4.46	6.25	7.00	9.39	12.91		
35	4.61	6.44	7.22	9.67	13.18		
36	4.75	6.63	7.43	9.95	13.42		
37	4.88	6.80	7.64	10.20	13.66		
38	5.02	6.98	7.83	10.43	13.88		
39	5.15	7.14	8.02	10.66	14.07		
40	5.27	7.30	8.19	10.85	14.25		
41	5.39	7.44	8.35	11.04	14.40		
42	5.49	7.57	8.50	11.20	14.52		
43	5.65	7.73	8.65	11.35	14.61		
44	5.79	7.87	8.78	11.49	14.67		
45	5.91	7.99	8.88	11.58	14.69		
46	6.03	8.09	8.95	11.63	14.63		
47	6.11	8.15	8.99	11.63	14.54		
48	6.16	8.18	8.99	11.60	14.34		
49	6.17	8.15	8.95	11.50	14.08		
50	6.16	8.09	8.86	11.33	13.73		
51	6.10	7.99	8.72	11.12	13.31		
52	6.01	7.82	8.53	10.82	12.81		
53	5.83	7.55	8.21	10.37	12.12		
54	5.60	7.23	7.84	9.87	11.36		
55	5.35	6.86	7.43	9.31	10.56		
56	5.08	6.47	6.99	8.72	9.74		
57	4.76	6.06	6.52	8.12	8.91		
58	4.42	5.65	6.07	7.55	8.14		
59	4.09	5.24	5.62	6.97	7.42		
60	3.76	4.81	5.17	6.43	6.72		
61	3.44	4.41	4.72	5.88	6.05		
62	3.11	4.00	4.29	5.36	5.44		
63	2.78	3.58	3.84				
64	2.47	3.19	3.42				
65	2.18	2.83	3.03				
66	1.93	2.51	2.69				
67	1.73	2.25	2.42				
68	1.57	2.06	2.22				
69	1.49	1.95	2.11				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.89	12.15	13.32	17.91			
26	9.26	12.67	13.90	18.70			
27	9.66	13.24	14.53	19.56			
28	10.09	13.85	15.19	20.48			
29	10.55	14.49	15.90	21.43			
30	11.03	15.16	16.64	22.44			
31	11.54	15.86	17.41	23.49			
32	12.08	16.58	18.21	24.56			
33	12.63	17.34	19.04	25.66			
34	13.20	18.11	19.88	26.79			
35	13.77	18.88	20.74	27.92			
36	14.37	19.66	21.59	29.03			
37	14.95	20.41	22.43	30.13			
38	15.53	21.18	23.28	31.21			
39	16.11	21.93	24.10	32.24			
40	16.67	22.64	24.88	33.21			
41	17.18	23.28	25.59	34.10			
42	17.66	23.87	26.24	34.87			
43	18.22	24.48	26.82	35.53			
44	18.74	25.02	27.29	36.05			
45	19.18	25.44	27.65	36.41			
46	19.54	25.75	27.89	36.60			
47	19.80	25.93	27.97	36.61			
48	19.86	25.88	27.86	36.35			
49	19.82	25.69	27.59	35.88			
50	19.64	25.33	27.14	35.18			
51	19.33	24.81	26.52	34.27			
52	18.88	24.11	25.72	33.13			
53	18.18	23.10	24.59	31.57			
54	17.34	21.94	23.29	29.82			
55	16.41	20.64	21.87	27.92			
56	15.39	19.26	20.35	25.91			
57	14.30	17.80	18.77	23.83			
58	13.00	16.25	17.11	21.70			
59	11.73	14.68	15.44	19.59			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.89	12.15	13.34	17.93			
26	9.26	12.68	13.92	18.72			
27	9.66	13.25	14.54	19.57			
28	10.09	13.86	15.21	20.49			
29	10.55	14.51	15.92	21.46			
30	11.04	15.17	16.66	22.47			
31	11.55	15.87	17.43	23.51			
32	12.08	16.60	18.23	24.59			
33	12.64	17.36	19.06	25.70			
34	13.20	18.13	19.91	26.83			
35	13.78	18.90	20.76	27.96			
36	14.38	19.68	21.61	29.07			
37	14.95	20.43	22.45	30.16			
38	15.54	21.20	23.31	31.26			
39	16.12	21.95	24.13	32.29			
40	16.68	22.65	24.91	33.25			
41	17.19	23.31	25.63	34.15			
42	17.67	23.90	26.28	34.92			
43	18.24	24.51	26.85	35.58			
44	18.76	25.04	27.34	36.11			
45	19.20	25.47	27.69	36.47			
46	19.56	25.79	27.94	36.67			
47	19.82	25.96	28.03	36.68			
48	19.88	25.92	27.91	36.42			
49	19.84	25.73	27.64	35.95			
50	19.66	25.38	27.20	35.26			
51	19.35	24.85	26.58	34.35			
52	18.91	24.15	25.79	33.22			
53	18.21	23.15	24.66	31.66			
54	17.37	21.99	23.36	29.92			
55	16.43	20.69	21.94	28.02			
56	15.42	19.31	20.42	26.01			
57	14.32	17.85	18.84	23.91			
58	13.03	16.29	17.18	21.79			
59	11.75	14.73	15.51	19.68			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.90	12.17	13.35	17.96			
26	9.27	12.69	13.94	18.75			
27	9.67	13.27	14.56	19.61			
28	10.10	13.88	15.23	20.53			
29	10.56	14.53	15.94	21.49			
30	11.05	15.19	16.69	22.51			
31	11.56	15.89	17.47	23.56			
32	12.08	16.62	18.26	24.63			
33	12.64	17.38	19.09	25.74			
34	13.21	18.15	19.94	26.87			
35	13.80	18.93	20.80	28.01			
36	14.39	19.71	21.66	29.12			
37	14.96	20.46	22.50	30.22			
38	15.56	21.23	23.35	31.32			
39	16.14	21.98	24.19	32.35			
40	16.70	22.69	24.96	33.32			
41	17.21	23.35	25.68	34.22			
42	17.68	23.93	26.34	35.00			
43	18.25	24.55	26.92	35.67			
44	18.78	25.09	27.40	36.20			
45	19.22	25.52	27.76	36.57			
46	19.58	25.84	28.01	36.77			
47	19.85	26.01	28.11	36.79			
48	19.92	25.98	28.00	36.53			
49	19.86	25.79	27.73	36.07			
50	19.70	25.44	27.30	35.39			
51	19.38	24.91	26.68	34.48			
52	18.94	24.22	25.88	33.35			
53	18.24	23.22	24.75	31.80			
54	17.41	22.06	23.47	30.06			
55	16.47	20.76	22.04	28.16			
56	15.45	19.38	20.53	26.15			
57	14.36	17.92	18.94	24.05			
58	13.06	16.36	17.27	21.93			
59	11.79	14.80	15.61	19.80			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.26	12.92	14.47	19.52			
26	9.64	13.48	15.11	20.39			
27	10.06	14.09	15.79	21.32			
28	10.51	14.74	16.51	22.32			
29	10.99	15.42	17.28	23.36			
30	11.50	16.13	18.09	24.47			
31	12.02	16.87	18.93	25.61			
32	12.57	17.64	19.79	26.78			
33	13.15	18.45	20.69	27.98			
34	13.75	19.27	21.61	29.21			
35	14.35	20.09	22.54	30.44			
36	14.96	20.91	23.47	31.65			
37	15.57	21.72	24.38	32.85			
38	16.18	22.53	25.31	34.03			
39	16.78	23.33	26.20	35.15			
40	17.36	24.08	27.04	36.20			
41	17.89	24.77	27.82	37.18			
42	18.39	25.39	28.53	38.02			
43	18.98	26.05	29.15	38.74			
44	19.52	26.61	29.66	39.31			
45	19.98	27.06	30.06	39.70			
46	20.35	27.40	30.31	39.92			
47	20.62	27.58	30.41	39.93			
48	20.69	27.54	30.28	39.64			
49	20.64	27.33	29.99	39.12			
50	20.46	26.95	29.51	38.37			
51	20.13	26.39	28.83	37.36			
52	19.67	25.65	27.96	36.13			
53	18.94	24.58	26.72	34.43			
54	18.07	23.34	25.31	32.53			
55	17.09	21.96	23.77	30.46			
56	16.03	20.48	22.12	28.26			
57	14.89	18.94	20.40	25.99			
58	13.55	17.28	18.59	23.68			
59	12.22	15.62	16.79	21.38			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.16	13.88	15.22	20.47			
26	10.58	14.48	15.89	21.37			
27	11.04	15.13	16.60	22.35			
28	11.53	15.83	17.36	23.40			
29	12.06	16.56	18.17	24.49			
30	12.61	17.32	19.02	25.65			
31	13.19	18.12	19.90	26.84			
32	13.80	18.95	20.81	28.07			
33	14.43	19.82	21.76	29.33			
34	15.08	20.70	22.72	30.62			
35	15.74	21.58	23.70	31.91			
36	16.42	22.47	24.67	33.18			
37	17.08	23.33	25.63	34.43			
38	17.75	24.21	26.61	35.67			
39	18.41	25.06	27.54	36.85			
40	19.05	25.87	28.43	37.95			
41	19.63	26.61	29.25	38.97			
42	20.18	27.28	29.99	39.85			
43	20.82	27.98	30.65	40.60			
44	21.42	28.59	31.19	41.20			
45	21.92	29.07	31.60	41.61			
46	22.33	29.43	31.87	41.83			
47	22.63	29.63	31.97	41.84			
48	22.70	29.58	31.84	41.54			
49	22.65	29.36	31.53	41.00			
50	22.44	28.95	31.02	40.21			
51	22.09	28.35	30.31	39.16			
52	21.58	27.55	29.39	37.86			
53	20.78	26.40	28.10	36.08			
54	19.82	25.07	26.62	34.08			
55	18.75	23.59	24.99	31.91			
56	17.59	22.01	23.26	29.61			
57	16.34	20.34	21.45	27.23			
58	14.86	18.57	19.55	24.80			
59	13.40	16.78	17.65	22.39			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.16	13.89	15.24	20.49			
26	10.58	14.49	15.91	21.39			
27	11.04	15.14	16.62	22.37			
28	11.53	15.84	17.38	23.42			
29	12.06	16.58	18.19	24.52			
30	12.62	17.34	19.04	25.68			
31	13.20	18.14	19.92	26.87			
32	13.80	18.97	20.83	28.10			
33	14.44	19.84	21.78	29.37			
34	15.09	20.72	22.75	30.66			
35	15.75	21.60	23.73	31.95			
36	16.43	22.49	24.70	33.22			
37	17.09	23.35	25.66	34.47			
38	17.76	24.23	26.64	35.72			
39	18.42	25.08	27.58	36.90			
40	19.06	25.89	28.47	38.00			
41	19.65	26.64	29.29	39.03			
42	20.19	27.31	30.03	39.91			
43	20.84	28.01	30.69	40.66			
44	21.44	28.62	31.24	41.27			
45	21.94	29.11	31.65	41.68			
46	22.35	29.47	31.93	41.91			
47	22.65	29.67	32.03	41.92			
48	22.72	29.62	31.90	41.62			
49	22.67	29.40	31.59	41.09			
50	22.47	29.00	31.09	40.30			
51	22.11	28.40	30.38	39.26			
52	21.61	27.60	29.47	37.96			
53	20.81	26.46	28.18	36.18			
54	19.85	25.13	26.70	34.19			
55	18.78	23.65	25.07	32.02			
56	17.62	22.07	23.34	29.72			
57	16.37	20.40	21.53	27.33			
58	14.89	18.62	19.63	24.90			
59	13.43	16.83	17.73	22.49			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.17	13.91	15.26	20.52			
26	10.59	14.50	15.93	21.43			
27	11.05	15.16	16.64	22.41			
28	11.54	15.86	17.41	23.46			
29	12.07	16.60	18.22	24.56			
30	12.63	17.36	19.07	25.72			
31	13.21	18.16	19.96	26.92			
32	13.81	18.99	20.87	28.15			
33	14.45	19.86	21.82	29.42			
34	15.10	20.74	22.79	30.71			
35	15.77	21.63	23.77	32.01			
36	16.44	22.52	24.75	33.28			
37	17.10	23.38	25.71	34.54			
38	17.78	24.26	26.69	35.79			
39	18.44	25.12	27.64	36.97			
40	19.08	25.93	28.52	38.08			
41	19.67	26.68	29.35	39.11			
42	20.21	27.35	30.10	40.00			
43	20.86	28.06	30.76	40.76			
44	21.46	28.67	31.31	41.37			
45	21.96	29.16	31.73	41.79			
46	22.38	29.53	32.01	42.02			
47	22.68	29.73	32.12	42.04			
48	22.76	29.69	32.00	41.75			
49	22.70	29.47	31.69	41.22			
50	22.51	29.07	31.20	40.44			
51	22.15	28.47	30.49	39.40			
52	21.65	27.68	29.58	38.11			
53	20.85	26.54	28.29	36.34			
54	19.90	25.21	26.82	34.35			
55	18.82	23.73	25.19	32.18			
56	17.66	22.15	23.46	29.88			
57	16.41	20.48	21.65	27.49			
58	14.93	18.70	19.74	25.06			
59	13.47	16.91	17.84	22.63			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.58	14.77	16.54	22.31			
26	11.02	15.40	17.27	23.30			
27	11.50	16.10	18.04	24.37			
28	12.01	16.84	18.87	25.51			
29	12.56	17.62	19.75	26.70			
30	13.14	18.43	20.67	27.96			
31	13.74	19.28	21.63	29.27			
32	14.37	20.16	22.62	30.60			
33	15.03	21.08	23.65	31.98			
34	15.71	22.02	24.70	33.38			
35	16.40	22.96	25.76	34.79			
36	17.10	23.90	26.82	36.17			
37	17.79	24.82	27.86	37.54			
38	18.49	25.75	28.92	38.89			
39	19.18	26.66	29.94	40.17			
40	19.84	27.52	30.90	41.37			
41	20.45	28.31	31.79	42.49			
42	21.02	29.02	32.60	43.45			
43	21.69	29.77	33.31	44.27			
44	22.31	30.41	33.90	44.93			
45	22.83	30.93	34.35	45.37			
46	23.26	31.31	34.64	45.62			
47	23.57	31.52	34.75	45.63			
48	23.65	31.47	34.61	45.30			
49	23.59	31.23	34.27	44.71			
50	23.38	30.80	33.72	43.85			
51	23.01	30.16	32.95	42.70			
52	22.48	29.31	31.95	41.29			
53	21.65	28.09	30.54	39.35			
54	20.65	26.67	28.93	37.18			
55	19.53	25.10	27.16	34.81			
56	18.32	23.41	25.28	32.30			
57	17.02	21.64	23.31	29.70			
58	15.48	19.75	21.25	27.06			
59	13.96	17.85	19.19	24.43			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.32	0.44	0.48	0.59	0.84	1.84	3.34
26	0.34	0.47	0.51	0.61	0.88	1.92	3.47
27	0.37	0.50	0.55	0.66	0.94	1.99	3.61
28	0.39	0.52	0.57	0.69	0.98	2.08	3.75
29	0.41	0.56	0.61	0.75	1.04	2.17	3.91
30	0.44	0.59	0.66	0.78	1.09	2.26	4.07
31	0.48	0.64	0.68	0.84	1.15	2.36	4.24
32	0.50	0.67	0.74	0.89	1.22	2.47	4.41
33	0.54	0.72	0.78	0.95	1.28	2.57	4.60
34	0.57	0.77	0.84	1.01	1.35	2.68	4.80
35	0.60	0.81	0.88	1.07	1.42	2.81	5.01
36	0.65	0.86	0.95	1.13	1.50	2.94	5.24
37	0.69	0.92	1.01	1.22	1.58	3.08	5.47
38	0.74	0.97	1.07	1.29	1.67	3.22	5.73
39	0.77	1.04	1.13	1.37	1.77	3.38	6.00
40	0.82	1.10	1.21	1.45	1.86	3.54	6.29
41	0.88	1.17	1.29	1.54	1.96	3.72	6.61
42	0.95	1.23	1.37	1.63	2.06	3.89	6.94
43	1.01	1.32	1.45	1.72	2.19	4.09	7.30
44	1.08	1.41	1.54	1.84	2.31	4.29	7.68
45	1.15	1.49	1.63	1.94	2.43	4.50	8.06
46	1.23	1.59	1.73	2.05	2.56	4.72	8.46
47	1.31	1.69	1.83	2.15	2.68	4.94	8.88
48	1.40	1.80	1.94	2.29	2.84	5.19	9.35
49	1.49	1.91	2.04	2.41	2.96	5.44	9.82
50	1.58	2.02	2.16	2.53	3.10	5.67	10.25
51	1.66	2.12	2.25	2.65	3.21	5.89	10.66
52	1.74	2.19	2.34	2.75	3.30	6.06	10.98
53	1.82	2.28	2.43	2.84	3.38	6.21	11.28
54	1.86	2.34	2.48	2.90	3.43	6.30	11.45
55	1.89	2.37	2.52	2.93	3.44	6.33	11.51
56	1.89	2.38	2.51	2.93	3.41	6.27	11.41
57	1.86	2.34	2.47	2.88	3.32	6.13	11.13
58	1.81	2.27	2.39	2.77	3.17	5.88	10.67
59	1.70	2.13	2.24	2.62	2.96	5.50	9.95
60	1.56	1.94	2.05	2.39	2.68	4.99	9.01
61	1.36	1.71	1.80	2.09	2.31	4.33	7.79
62	1.11	1.40	1.47	1.71	1.86	3.51	6.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.45	0.50	0.60	0.87	1.91	3.47
26	0.35	0.48	0.53	0.64	0.92	1.99	3.62
27	0.38	0.51	0.57	0.68	0.97	2.07	3.75
28	0.40	0.54	0.59	0.72	1.02	2.16	3.91
29	0.42	0.58	0.63	0.77	1.07	2.26	4.06
30	0.45	0.61	0.68	0.82	1.13	2.35	4.23
31	0.49	0.66	0.71	0.87	1.20	2.45	4.41
32	0.51	0.68	0.77	0.93	1.26	2.57	4.59
33	0.55	0.74	0.81	0.99	1.33	2.68	4.78
34	0.58	0.78	0.86	1.04	1.40	2.79	4.99
35	0.61	0.83	0.92	1.12	1.48	2.92	5.21
36	0.66	0.88	0.98	1.18	1.57	3.06	5.45
37	0.70	0.94	1.04	1.26	1.65	3.20	5.69
38	0.75	1.00	1.11	1.34	1.74	3.35	5.97
39	0.79	1.06	1.17	1.42	1.85	3.51	6.25
40	0.84	1.13	1.25	1.50	1.94	3.68	6.54
41	0.90	1.20	1.33	1.60	2.04	3.86	6.87
42	0.96	1.27	1.41	1.69	2.14	4.04	7.22
43	1.03	1.36	1.50	1.79	2.28	4.25	7.59
44	1.10	1.45	1.59	1.91	2.40	4.46	7.98
45	1.17	1.53	1.68	2.02	2.53	4.68	8.39
46	1.25	1.63	1.79	2.13	2.66	4.91	8.80
47	1.33	1.74	1.89	2.24	2.79	5.14	9.24
48	1.42	1.85	2.02	2.38	2.94	5.40	9.73
49	1.52	1.96	2.12	2.51	3.08	5.65	10.22
50	1.61	2.07	2.23	2.63	3.22	5.90	10.67
51	1.68	2.17	2.33	2.75	3.34	6.12	11.08
52	1.76	2.24	2.42	2.85	3.43	6.30	11.42
53	1.85	2.33	2.51	2.94	3.52	6.46	11.73
54	1.90	2.40	2.57	3.02	3.56	6.55	11.91
55	1.93	2.43	2.61	3.05	3.57	6.58	11.97
56	1.93	2.44	2.60	3.05	3.55	6.53	11.87
57	1.90	2.40	2.56	3.00	3.45	6.37	11.58
58	1.84	2.32	2.47	2.88	3.29	6.11	11.10
59	1.73	2.19	2.32	2.73	3.08	5.72	10.35
60	1.58	2.00	2.12	2.48	2.79	5.18	9.37
61	1.38	1.76	1.86	2.17	2.40	4.50	8.10
62	1.13	1.43	1.52	1.78	1.94	3.65	6.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.34	0.47	0.52	0.64	0.92	2.02	3.67
26	0.36	0.50	0.56	0.68	0.97	2.11	3.83
27	0.39	0.53	0.59	0.72	1.03	2.19	3.97
28	0.41	0.56	0.62	0.77	1.08	2.29	4.13
29	0.43	0.59	0.67	0.82	1.13	2.39	4.29
30	0.46	0.63	0.71	0.86	1.20	2.48	4.47
31	0.50	0.68	0.75	0.92	1.27	2.59	4.66
32	0.52	0.71	0.80	0.98	1.33	2.71	4.85
33	0.56	0.77	0.86	1.04	1.40	2.84	5.06
34	0.59	0.81	0.91	1.11	1.49	2.95	5.27
35	0.63	0.86	0.96	1.18	1.57	3.09	5.52
36	0.68	0.92	1.03	1.25	1.66	3.24	5.76
37	0.72	0.97	1.10	1.33	1.74	3.38	6.02
38	0.77	1.04	1.16	1.41	1.84	3.55	6.31
39	0.81	1.10	1.23	1.50	1.94	3.72	6.61
40	0.86	1.17	1.31	1.59	2.04	3.89	6.92
41	0.92	1.24	1.40	1.69	2.16	4.09	7.26
42	0.98	1.31	1.49	1.79	2.27	4.28	7.63
43	1.05	1.40	1.58	1.89	2.40	4.49	8.03
44	1.13	1.50	1.67	2.02	2.54	4.73	8.44
45	1.20	1.59	1.77	2.13	2.67	4.95	8.87
46	1.29	1.69	1.88	2.25	2.81	5.18	9.31
47	1.37	1.80	1.99	2.37	2.95	5.44	9.77
48	1.46	1.92	2.12	2.51	3.11	5.72	10.29
49	1.56	2.03	2.22	2.66	3.26	5.98	10.80
50	1.65	2.14	2.35	2.78	3.40	6.24	11.28
51	1.73	2.25	2.45	2.91	3.53	6.47	11.72
52	1.81	2.33	2.55	3.02	3.63	6.66	12.08
53	1.89	2.42	2.64	3.11	3.72	6.83	12.40
54	1.94	2.49	2.70	3.19	3.77	6.93	12.59
55	1.97	2.52	2.74	3.22	3.78	6.96	12.66
56	1.97	2.53	2.73	3.22	3.74	6.90	12.56
57	1.94	2.49	2.68	3.17	3.65	6.74	12.25
58	1.88	2.41	2.59	3.05	3.48	6.46	11.74
59	1.77	2.27	2.44	2.88	3.26	6.05	10.95
60	1.62	2.07	2.23	2.63	2.94	5.48	9.91
61	1.41	1.82	1.95	2.30	2.54	4.76	8.57
62	1.15	1.49	1.59	1.88	2.05	3.86	6.87

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.36	0.49	0.53	0.65	0.93	2.04	3.71
26	0.38	0.52	0.57	0.68	0.98	2.13	3.86
27	0.41	0.55	0.61	0.73	1.04	2.21	4.01
28	0.43	0.58	0.63	0.77	1.09	2.31	4.17
29	0.46	0.62	0.68	0.83	1.15	2.41	4.34
30	0.49	0.66	0.73	0.87	1.21	2.51	4.52
31	0.53	0.71	0.76	0.93	1.28	2.62	4.71
32	0.56	0.74	0.82	0.99	1.35	2.74	4.90
33	0.60	0.80	0.87	1.06	1.42	2.86	5.11
34	0.63	0.85	0.93	1.12	1.50	2.98	5.33
35	0.67	0.90	0.98	1.19	1.58	3.12	5.57
36	0.72	0.96	1.05	1.26	1.67	3.27	5.82
37	0.77	1.02	1.12	1.35	1.76	3.42	6.08
38	0.82	1.08	1.19	1.43	1.86	3.58	6.37
39	0.86	1.15	1.26	1.52	1.97	3.75	6.67
40	0.91	1.22	1.34	1.61	2.07	3.93	6.99
41	0.98	1.30	1.43	1.71	2.18	4.13	7.34
42	1.05	1.37	1.52	1.81	2.29	4.32	7.71
43	1.12	1.47	1.61	1.91	2.43	4.54	8.11
44	1.20	1.57	1.71	2.04	2.57	4.77	8.53
45	1.28	1.66	1.81	2.16	2.70	5.00	8.96
46	1.37	1.77	1.92	2.28	2.84	5.24	9.40
47	1.46	1.88	2.03	2.39	2.98	5.49	9.87
48	1.56	2.00	2.16	2.54	3.15	5.77	10.39
49	1.66	2.12	2.27	2.68	3.29	6.04	10.91
50	1.76	2.24	2.40	2.81	3.44	6.30	11.39
51	1.84	2.35	2.50	2.94	3.57	6.54	11.84
52	1.93	2.43	2.60	3.05	3.67	6.73	12.20
53	2.02	2.53	2.70	3.15	3.76	6.90	12.53
54	2.07	2.60	2.76	3.22	3.81	7.00	12.72
55	2.10	2.63	2.80	3.26	3.82	7.03	12.79
56	2.10	2.64	2.79	3.26	3.79	6.97	12.68
57	2.07	2.60	2.74	3.20	3.69	6.81	12.37
58	2.01	2.52	2.65	3.08	3.52	6.53	11.85
59	1.89	2.37	2.49	2.91	3.29	6.11	11.06
60	1.73	2.16	2.28	2.66	2.98	5.54	10.01
61	1.51	1.90	2.00	2.32	2.57	4.81	8.65
62	1.23	1.55	1.63	1.90	2.07	3.90	6.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.37	0.50	0.55	0.67	0.97	2.12	3.86
26	0.39	0.53	0.59	0.71	1.02	2.21	4.02
27	0.42	0.57	0.63	0.76	1.08	2.30	4.17
28	0.44	0.60	0.65	0.80	1.13	2.40	4.34
29	0.47	0.64	0.70	0.86	1.19	2.51	4.51
30	0.50	0.68	0.75	0.91	1.26	2.61	4.70
31	0.54	0.73	0.79	0.97	1.33	2.72	4.90
32	0.57	0.76	0.85	1.03	1.40	2.85	5.10
33	0.61	0.82	0.90	1.10	1.48	2.98	5.31
34	0.64	0.87	0.96	1.16	1.56	3.10	5.54
35	0.68	0.92	1.02	1.24	1.64	3.24	5.79
36	0.73	0.98	1.09	1.31	1.74	3.40	6.05
37	0.78	1.04	1.16	1.40	1.83	3.56	6.32
38	0.83	1.11	1.23	1.49	1.93	3.72	6.63
39	0.88	1.18	1.30	1.58	2.05	3.90	6.94
40	0.93	1.25	1.39	1.67	2.15	4.09	7.27
41	1.00	1.33	1.48	1.78	2.27	4.29	7.63
42	1.07	1.41	1.57	1.88	2.38	4.49	8.02
43	1.14	1.51	1.67	1.99	2.53	4.72	8.43
44	1.22	1.61	1.77	2.12	2.67	4.96	8.87
45	1.30	1.70	1.87	2.24	2.81	5.20	9.32
46	1.39	1.81	1.99	2.37	2.95	5.45	9.78
47	1.48	1.93	2.10	2.49	3.10	5.71	10.27
48	1.58	2.05	2.24	2.64	3.27	6.00	10.81
49	1.69	2.18	2.35	2.79	3.42	6.28	11.35
50	1.79	2.30	2.48	2.92	3.58	6.55	11.85
51	1.87	2.41	2.59	3.06	3.71	6.80	12.31
52	1.96	2.49	2.69	3.17	3.81	7.00	12.69
53	2.05	2.59	2.79	3.27	3.91	7.18	13.03
54	2.11	2.67	2.86	3.35	3.96	7.28	13.23
55	2.14	2.70	2.90	3.39	3.97	7.31	13.30
56	2.14	2.71	2.89	3.39	3.94	7.25	13.19
57	2.11	2.67	2.84	3.33	3.83	7.08	12.87
58	2.04	2.58	2.74	3.20	3.66	6.79	12.33
59	1.92	2.43	2.58	3.03	3.42	6.35	11.50
60	1.76	2.22	2.36	2.76	3.10	5.76	10.41
61	1.53	1.95	2.07	2.41	2.67	5.00	9.00
62	1.25	1.59	1.69	1.98	2.15	4.06	7.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.38	0.52	0.58	0.71	1.02	2.24	4.08
26	0.40	0.55	0.62	0.75	1.08	2.34	4.25
27	0.43	0.59	0.66	0.80	1.14	2.43	4.41
28	0.45	0.62	0.69	0.85	1.20	2.54	4.59
29	0.48	0.66	0.74	0.91	1.26	2.65	4.77
30	0.51	0.70	0.79	0.96	1.33	2.76	4.97
31	0.55	0.75	0.83	1.02	1.41	2.88	5.18
32	0.58	0.79	0.89	1.09	1.48	3.01	5.39
33	0.62	0.85	0.95	1.16	1.56	3.15	5.62
34	0.66	0.90	1.01	1.23	1.65	3.28	5.86
35	0.70	0.96	1.07	1.31	1.74	3.43	6.13
36	0.75	1.02	1.14	1.39	1.84	3.60	6.40
37	0.80	1.08	1.22	1.48	1.93	3.76	6.69
38	0.85	1.15	1.29	1.57	2.04	3.94	7.01
39	0.90	1.22	1.37	1.67	2.16	4.13	7.34
40	0.95	1.30	1.46	1.77	2.27	4.32	7.69
41	1.02	1.38	1.55	1.88	2.40	4.54	8.07
42	1.09	1.46	1.65	1.99	2.52	4.75	8.48
43	1.17	1.56	1.75	2.10	2.67	4.99	8.92
44	1.25	1.67	1.86	2.24	2.82	5.25	9.38
45	1.33	1.77	1.97	2.37	2.97	5.50	9.86
46	1.43	1.88	2.09	2.50	3.12	5.76	10.34
47	1.52	2.00	2.21	2.63	3.28	6.04	10.86
48	1.62	2.13	2.35	2.79	3.46	6.35	11.43
49	1.73	2.26	2.47	2.95	3.62	6.64	12.00
50	1.83	2.38	2.61	3.09	3.78	6.93	12.53
51	1.92	2.50	2.72	3.23	3.92	7.19	13.02
52	2.01	2.59	2.83	3.35	4.03	7.40	13.42
53	2.10	2.69	2.93	3.46	4.13	7.59	13.78
54	2.16	2.77	3.00	3.54	4.19	7.70	13.99
55	2.19	2.80	3.04	3.58	4.20	7.73	14.07
56	2.19	2.81	3.03	3.58	4.16	7.67	13.95
57	2.16	2.77	2.98	3.52	4.05	7.49	13.61
58	2.09	2.68	2.88	3.39	3.87	7.18	13.04
59	1.97	2.52	2.71	3.20	3.62	6.72	12.17
60	1.80	2.30	2.48	2.92	3.27	6.09	11.01
61	1.57	2.02	2.17	2.55	2.82	5.29	9.52
62	1.28	1.65	1.77	2.09	2.28	4.29	7.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.46	4.75	5.22	7.00	10.52	21.53	39.15
26	3.53	4.85	5.31	7.13	10.70	21.68	39.37
27	3.59	4.95	5.42	7.29	10.87	21.80	39.50
28	3.66	5.06	5.54	7.45	11.03	21.87	39.55
29	3.75	5.17	5.67	7.62	11.18	21.91	39.52
30	3.83	5.28	5.80	7.79	11.31	21.91	39.42
31	3.91	5.40	5.92	7.95	11.42	21.89	39.25
32	3.99	5.51	6.04	8.11	11.53	21.82	39.02
33	4.06	5.60	6.15	8.25	11.60	21.72	38.75
34	4.14	5.70	6.25	8.37	11.65	21.58	38.42
35	4.20	5.77	6.34	8.47	11.69	21.41	38.04
36	4.26	5.84	6.42	8.57	11.70	21.22	37.62
37	4.31	5.91	6.49	8.64	11.70	20.99	37.15
38	4.35	5.93	6.53	8.68	11.66	20.74	36.69
39	4.38	5.97	6.56	8.70	11.60	20.46	36.18
40	4.39	5.98	6.57	8.68	11.51	20.15	35.61
41	4.39	5.98	6.57	8.64	11.38	19.80	35.00
42	4.39	5.95	6.54	8.59	11.24	19.41	34.34
43	4.40	5.93	6.50	8.49	11.06	19.00	33.67
44	4.41	5.90	6.44	8.38	10.85	18.56	32.90
45	4.39	5.84	6.35	8.23	10.60	18.05	32.08
46	4.37	5.76	6.23	8.04	10.31	17.49	31.16
47	4.31	5.64	6.09	7.80	9.96	16.87	30.12
48	4.21	5.48	5.90	7.52	9.55	16.16	28.92
49	4.08	5.29	5.68	7.19	9.06	15.38	27.59
50	3.93	5.07	5.42	6.83	8.54	14.54	26.15
51	3.76	4.81	5.14	6.43	7.99	13.63	24.59
52	3.55	4.53	4.83	6.00	7.39	12.67	22.91
53	3.30	4.18	4.45	5.48	6.69	11.54	20.93
54	3.02	3.81	4.05	4.95	5.98	10.40	18.87
55	2.74	3.43	3.65	4.41	5.26	9.25	16.81
56	2.46	3.06	3.24	3.88	4.57	8.13	14.77
57	2.15	2.69	2.83	3.37	3.91	7.05	12.82
58	1.87	2.34	2.47	2.90	3.32	6.09	11.05
59	1.62	2.02	2.13	2.48	2.81	5.22	9.43
60	1.39	1.74	1.83	2.13	2.37	4.45	8.02
61	1.19	1.50	1.58	1.83	2.02	3.81	6.83
62	1.05	1.32	1.39	1.62	1.76	3.32	5.90
63						3.13	5.57
64						3.08	5.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.47	4.76	5.24	7.01	10.56	21.60	39.28
26	3.53	4.85	5.33	7.16	10.74	21.75	39.51
27	3.60	4.96	5.44	7.32	10.91	21.88	39.64
28	3.67	5.07	5.56	7.47	11.07	21.95	39.70
29	3.76	5.19	5.69	7.64	11.21	22.00	39.66
30	3.83	5.30	5.81	7.82	11.36	22.00	39.58
31	3.92	5.41	5.94	7.98	11.47	21.97	39.41
32	4.00	5.53	6.06	8.14	11.57	21.91	39.19
33	4.07	5.62	6.17	8.28	11.65	21.82	38.92
34	4.15	5.71	6.27	8.41	11.70	21.68	38.60
35	4.21	5.79	6.38	8.52	11.74	21.51	38.22
36	4.27	5.86	6.45	8.61	11.76	21.34	37.82
37	4.32	5.92	6.52	8.68	11.76	21.11	37.36
38	4.36	5.96	6.56	8.73	11.72	20.86	36.91
39	4.39	5.99	6.60	8.75	11.67	20.59	36.41
40	4.41	6.00	6.60	8.73	11.58	20.28	35.84
41	4.41	6.00	6.61	8.70	11.46	19.93	35.25
42	4.40	5.98	6.58	8.64	11.31	19.56	34.60
43	4.42	5.97	6.55	8.56	11.14	19.15	33.94
44	4.43	5.93	6.49	8.45	10.94	18.72	33.19
45	4.41	5.87	6.40	8.30	10.69	18.22	32.39
46	4.39	5.80	6.29	8.12	10.40	17.67	31.48
47	4.33	5.69	6.15	7.89	10.06	17.06	30.46
48	4.23	5.53	5.96	7.61	9.65	16.35	29.27
49	4.11	5.34	5.75	7.28	9.17	15.58	27.97
50	3.95	5.12	5.49	6.93	8.66	14.75	26.54
51	3.78	4.86	5.22	6.54	8.11	13.85	24.99
52	3.58	4.58	4.90	6.10	7.51	12.89	23.32
53	3.32	4.23	4.53	5.58	6.82	11.78	21.35
54	3.05	3.87	4.14	5.06	6.10	10.64	19.30
55	2.76	3.49	3.73	4.52	5.39	9.49	17.25
56	2.49	3.12	3.32	3.99	4.70	8.37	15.21
57	2.18	2.75	2.92	3.48	4.03	7.28	13.24
58	1.90	2.40	2.54	3.00	3.44	6.31	11.46
59	1.64	2.07	2.20	2.58	2.92	5.42	9.80
60	1.41	1.79	1.90	2.21	2.47	4.63	8.36
61	1.21	1.55	1.64	1.90	2.11	3.97	7.12
62	1.06	1.35	1.44	1.68	1.83	3.45	6.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.48	4.78	5.25	7.05	10.60	21.70	39.47
26	3.54	4.87	5.36	7.19	10.79	21.86	39.70
27	3.60	4.97	5.47	7.35	10.96	21.99	39.84
28	3.68	5.09	5.59	7.51	11.13	22.07	39.91
29	3.77	5.20	5.72	7.68	11.27	22.12	39.88
30	3.84	5.32	5.85	7.86	11.42	22.13	39.81
31	3.93	5.43	5.98	8.02	11.53	22.11	39.65
32	4.01	5.54	6.09	8.19	11.64	22.05	39.44
33	4.09	5.64	6.21	8.33	11.72	21.96	39.19
34	4.16	5.75	6.32	8.47	11.78	21.84	38.87
35	4.22	5.81	6.42	8.58	11.82	21.68	38.51
36	4.28	5.89	6.49	8.68	11.84	21.51	38.11
37	4.34	5.96	6.56	8.75	11.84	21.28	37.67
38	4.38	5.99	6.62	8.80	11.82	21.05	37.23
39	4.40	6.04	6.66	8.82	11.76	20.78	36.75
40	4.43	6.04	6.66	8.81	11.68	20.48	36.20
41	4.44	6.04	6.67	8.79	11.57	20.15	35.62
42	4.43	6.03	6.65	8.74	11.43	19.78	34.99
43	4.45	6.02	6.62	8.65	11.26	19.38	34.36
44	4.45	5.98	6.57	8.55	11.07	18.96	33.63
45	4.45	5.93	6.49	8.41	10.83	18.47	32.84
46	4.41	5.86	6.38	8.23	10.55	17.94	31.96
47	4.36	5.75	6.24	8.01	10.22	17.34	30.97
48	4.27	5.59	6.05	7.74	9.81	16.65	29.80
49	4.14	5.41	5.85	7.42	9.34	15.89	28.52
50	3.99	5.19	5.60	7.07	8.83	15.07	27.12
51	3.82	4.94	5.33	6.68	8.29	14.18	25.59
52	3.62	4.67	5.02	6.26	7.69	13.23	23.94
53	3.37	4.32	4.65	5.75	7.00	12.13	21.99
54	3.09	3.95	4.26	5.22	6.30	11.00	19.95
55	2.81	3.58	3.85	4.68	5.58	9.84	17.90
56	2.53	3.20	3.44	4.15	4.89	8.73	15.85
57	2.23	2.83	3.03	3.64	4.22	7.62	13.87
58	1.94	2.48	2.66	3.16	3.62	6.64	12.06
59	1.68	2.15	2.31	2.73	3.09	5.74	10.37
60	1.45	1.86	2.00	2.35	2.62	4.91	8.87
61	1.24	1.61	1.73	2.02	2.24	4.22	7.57
62	1.09	1.40	1.50	1.78	1.94	3.65	6.49
63				1.68	1.83		
64				1.67	1.80		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.60	5.06	5.67	7.62	11.48	23.68	43.07
26	3.67	5.15	5.77	7.78	11.67	23.85	43.31
27	3.74	5.26	5.89	7.96	11.86	23.99	43.45
28	3.82	5.38	6.03	8.13	12.04	24.06	43.50
29	3.90	5.50	6.16	8.30	12.19	24.11	43.47
30	3.99	5.62	6.30	8.50	12.34	24.11	43.37
31	4.07	5.74	6.43	8.67	12.46	24.08	43.18
32	4.16	5.86	6.56	8.85	12.57	24.00	42.93
33	4.23	5.96	6.68	8.99	12.66	23.89	42.63
34	4.31	6.06	6.79	9.14	12.72	23.74	42.26
35	4.38	6.14	6.89	9.25	12.76	23.55	41.85
36	4.44	6.21	6.98	9.35	12.77	23.35	41.39
37	4.49	6.28	7.05	9.42	12.76	23.09	40.87
38	4.53	6.32	7.10	9.47	12.72	22.81	40.36
39	4.56	6.35	7.13	9.49	12.66	22.51	39.80
40	4.58	6.36	7.14	9.47	12.55	22.16	39.17
41	4.58	6.36	7.14	9.44	12.43	21.78	38.51
42	4.57	6.33	7.11	9.38	12.27	21.35	37.77
43	4.59	6.32	7.06	9.27	12.07	20.90	37.03
44	4.60	6.27	7.00	9.15	11.85	20.41	36.19
45	4.58	6.21	6.90	8.98	11.58	19.85	35.28
46	4.55	6.13	6.77	8.78	11.26	19.24	34.28
47	4.49	6.00	6.62	8.53	10.89	18.56	33.13
48	4.39	5.83	6.41	8.22	10.43	17.77	31.81
49	4.25	5.63	6.17	7.86	9.90	16.92	30.35
50	4.09	5.39	5.90	7.47	9.33	15.99	28.76
51	3.91	5.12	5.59	7.04	8.73	14.99	27.05
52	3.70	4.82	5.24	6.56	8.08	13.93	25.20
53	3.43	4.45	4.84	6.00	7.32	12.70	23.02
54	3.15	4.05	4.40	5.41	6.55	11.44	20.76
55	2.85	3.66	3.96	4.83	5.76	10.17	18.50
56	2.56	3.26	3.52	4.25	5.01	8.95	16.25
57	2.24	2.86	3.08	3.70	4.28	7.75	14.10
58	1.95	2.49	2.68	3.19	3.66	6.70	12.16
59	1.68	2.15	2.31	2.73	3.09	5.74	10.37
60	1.45	1.85	1.99	2.34	2.60	4.89	8.81
61	1.24	1.60	1.72	2.01	2.22	4.19	7.51
62	1.09	1.40	1.50	1.78	1.94	3.65	6.49
63	1.03	1.33	1.42				
64	1.01	1.32	1.41				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.07	5.59	6.14	8.23	12.38	25.33	46.06
26	4.15	5.70	6.25	8.39	12.59	25.51	46.32
27	4.22	5.82	6.38	8.58	12.79	25.65	46.47
28	4.31	5.95	6.52	8.76	12.98	25.73	46.53
29	4.41	6.08	6.67	8.96	13.15	25.78	46.49
30	4.50	6.21	6.82	9.16	13.31	25.78	46.38
31	4.60	6.35	6.96	9.35	13.44	25.75	46.18
32	4.69	6.48	7.10	9.54	13.56	25.67	45.91
33	4.78	6.59	7.23	9.70	13.65	25.55	45.59
34	4.87	6.70	7.35	9.85	13.71	25.39	45.20
35	4.94	6.79	7.46	9.97	13.75	25.19	44.75
36	5.01	6.87	7.55	10.08	13.76	24.97	44.26
37	5.07	6.95	7.63	10.16	13.76	24.69	43.71
38	5.12	6.98	7.68	10.21	13.72	24.40	43.16
39	5.15	7.02	7.72	10.23	13.65	24.07	42.56
40	5.17	7.03	7.73	10.21	13.54	23.70	41.89
41	5.17	7.03	7.73	10.17	13.39	23.29	41.18
42	5.16	7.00	7.69	10.10	13.22	22.84	40.40
43	5.18	6.98	7.65	9.99	13.01	22.35	39.61
44	5.19	6.94	7.58	9.86	12.77	21.83	38.71
45	5.17	6.87	7.47	9.68	12.47	21.23	37.74
46	5.14	6.78	7.33	9.46	12.13	20.58	36.66
47	5.07	6.64	7.17	9.18	11.72	19.85	35.44
48	4.95	6.45	6.94	8.85	11.23	19.01	34.02
49	4.80	6.22	6.68	8.46	10.66	18.09	32.46
50	4.62	5.96	6.38	8.04	10.05	17.10	30.76
51	4.42	5.66	6.05	7.57	9.40	16.03	28.93
52	4.18	5.33	5.68	7.06	8.69	14.90	26.95
53	3.88	4.92	5.23	6.45	7.87	13.58	24.62
54	3.55	4.48	4.77	5.82	7.03	12.24	22.20
55	3.22	4.04	4.29	5.19	6.19	10.88	19.78
56	2.89	3.60	3.81	4.56	5.38	9.57	17.38
57	2.53	3.17	3.33	3.96	4.60	8.29	15.08
58	2.20	2.75	2.90	3.41	3.91	7.16	13.00
59	1.90	2.38	2.50	2.92	3.31	6.14	11.09
60	1.63	2.05	2.15	2.50	2.79	5.23	9.43
61	1.40	1.77	1.86	2.15	2.38	4.48	8.03
62	1.23	1.55	1.63	1.90	2.07	3.90	6.94
63						3.68	6.55
64						3.62	6.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.08	5.60	6.16	8.25	12.42	25.41	46.21
26	4.15	5.71	6.27	8.42	12.63	25.59	46.48
27	4.23	5.83	6.40	8.61	12.83	25.74	46.63
28	4.32	5.97	6.54	8.79	13.02	25.82	46.70
29	4.42	6.10	6.69	8.99	13.19	25.88	46.66
30	4.51	6.23	6.84	9.20	13.36	25.88	46.56
31	4.61	6.37	6.99	9.39	13.49	25.85	46.37
32	4.70	6.50	7.13	9.58	13.61	25.78	46.11
33	4.79	6.61	7.26	9.74	13.71	25.67	45.79
34	4.88	6.72	7.38	9.89	13.77	25.51	45.41
35	4.95	6.81	7.50	10.02	13.81	25.31	44.97
36	5.02	6.89	7.59	10.13	13.83	25.10	44.49
37	5.08	6.97	7.67	10.21	13.83	24.83	43.95
38	5.13	7.01	7.72	10.27	13.79	24.54	43.42
39	5.16	7.05	7.76	10.29	13.73	24.22	42.83
40	5.19	7.06	7.77	10.27	13.62	23.86	42.17
41	5.19	7.06	7.78	10.24	13.48	23.45	41.47
42	5.18	7.04	7.74	10.17	13.31	23.01	40.71
43	5.20	7.02	7.71	10.07	13.11	22.53	39.93
44	5.21	6.98	7.64	9.94	12.87	22.02	39.05
45	5.19	6.91	7.53	9.76	12.58	21.43	38.10
46	5.16	6.82	7.40	9.55	12.24	20.79	37.04
47	5.09	6.69	7.24	9.28	11.84	20.07	35.84
48	4.98	6.50	7.01	8.95	11.35	19.24	34.44
49	4.83	6.28	6.76	8.57	10.79	18.33	32.90
50	4.65	6.02	6.46	8.15	10.19	17.35	31.22
51	4.45	5.72	6.14	7.69	9.54	16.29	29.40
52	4.21	5.39	5.77	7.18	8.83	15.17	27.44
53	3.91	4.98	5.33	6.57	8.02	13.86	25.12
54	3.59	4.55	4.87	5.95	7.18	12.52	22.71
55	3.25	4.11	4.39	5.32	6.34	11.16	20.29
56	2.93	3.67	3.91	4.69	5.53	9.85	17.89
57	2.57	3.23	3.43	4.09	4.74	8.56	15.58
58	2.23	2.82	2.99	3.53	4.05	7.42	13.48
59	1.93	2.44	2.59	3.04	3.44	6.38	11.53
60	1.66	2.11	2.23	2.60	2.91	5.45	9.83
61	1.42	1.82	1.93	2.24	2.48	4.67	8.38
62	1.25	1.59	1.69	1.98	2.15	4.06	7.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.09	5.62	6.18	8.29	12.47	25.53	46.43
26	4.16	5.73	6.30	8.46	12.69	25.72	46.71
27	4.24	5.85	6.43	8.65	12.89	25.87	46.87
28	4.33	5.99	6.58	8.84	13.09	25.96	46.95
29	4.43	6.12	6.73	9.04	13.26	26.02	46.92
30	4.52	6.26	6.88	9.25	13.43	26.03	46.83
31	4.62	6.39	7.03	9.44	13.57	26.01	46.65
32	4.72	6.52	7.17	9.64	13.69	25.94	46.40
33	4.81	6.64	7.31	9.80	13.79	25.84	46.10
34	4.89	6.76	7.43	9.96	13.86	25.69	45.73
35	4.97	6.84	7.55	10.09	13.91	25.50	45.31
36	5.04	6.93	7.64	10.21	13.93	25.30	44.84
37	5.10	7.01	7.72	10.29	13.93	25.03	44.32
38	5.15	7.05	7.79	10.35	13.90	24.76	43.80
39	5.18	7.10	7.83	10.38	13.84	24.45	43.23
40	5.21	7.11	7.84	10.37	13.74	24.09	42.59
41	5.22	7.11	7.85	10.34	13.61	23.70	41.91
42	5.21	7.09	7.82	10.28	13.45	23.27	41.17
43	5.23	7.08	7.79	10.18	13.25	22.80	40.42
44	5.24	7.04	7.73	10.06	13.02	22.31	39.56
45	5.23	6.98	7.63	9.89	12.74	21.73	38.64
46	5.19	6.89	7.50	9.68	12.41	21.10	37.60
47	5.13	6.76	7.34	9.42	12.02	20.40	36.43
48	5.02	6.58	7.12	9.10	11.54	19.59	35.06
49	4.87	6.36	6.88	8.73	10.99	18.69	33.55
50	4.69	6.10	6.59	8.32	10.39	17.73	31.90
51	4.49	5.81	6.27	7.86	9.75	16.68	30.11
52	4.26	5.49	5.90	7.36	9.05	15.57	28.17
53	3.96	5.08	5.47	6.76	8.24	14.27	25.87
54	3.64	4.65	5.01	6.14	7.41	12.94	23.47
55	3.30	4.21	4.53	5.51	6.57	11.58	21.06
56	2.98	3.77	4.05	4.88	5.75	10.27	18.65
57	2.62	3.33	3.57	4.28	4.96	8.97	16.32
58	2.28	2.92	3.13	3.72	4.26	7.81	14.19
59	1.98	2.53	2.72	3.21	3.64	6.75	12.20
60	1.70	2.19	2.35	2.76	3.08	5.78	10.43
61	1.46	1.89	2.03	2.38	2.63	4.96	8.90
62	1.28	1.65	1.77	2.09	2.28	4.29	7.63
63				1.98	2.15		
64				1.96	2.12		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	4.24	5.95	6.67	8.97	13.50	27.86	50.67
26	4.32	6.06	6.79	9.15	13.73	28.06	50.95
27	4.40	6.19	6.93	9.36	13.95	28.22	51.12
28	4.49	6.33	7.09	9.56	14.16	28.30	51.18
29	4.59	6.47	7.25	9.77	14.34	28.36	51.14
30	4.69	6.61	7.41	10.00	14.52	28.36	51.02
31	4.79	6.75	7.57	10.20	14.66	28.33	50.80
32	4.89	6.89	7.72	10.41	14.79	28.24	50.50
33	4.98	7.01	7.86	10.58	14.89	28.11	50.15
34	5.07	7.13	7.99	10.75	14.96	27.93	49.72
35	5.15	7.22	8.11	10.88	15.01	27.71	49.23
36	5.22	7.31	8.21	11.00	15.02	27.47	48.69
37	5.28	7.39	8.29	11.08	15.01	27.16	48.08
38	5.33	7.43	8.35	11.14	14.97	26.84	47.48
39	5.36	7.47	8.39	11.16	14.89	26.48	46.82
40	5.39	7.48	8.40	11.14	14.77	26.07	46.08
41	5.39	7.48	8.40	11.10	14.62	25.62	45.30
42	5.38	7.45	8.36	11.03	14.43	25.12	44.44
43	5.40	7.43	8.31	10.91	14.20	24.59	43.57
44	5.41	7.38	8.24	10.76	13.94	24.01	42.58
45	5.39	7.31	8.12	10.57	13.62	23.35	41.51
46	5.35	7.21	7.97	10.33	13.25	22.64	40.33
47	5.28	7.06	7.79	10.03	12.81	21.84	38.98
48	5.16	6.86	7.54	9.67	12.27	20.91	37.42
49	5.00	6.62	7.26	9.25	11.65	19.90	35.71
50	4.81	6.34	6.94	8.79	10.98	18.81	33.84
51	4.60	6.02	6.58	8.28	10.27	17.63	31.82
52	4.35	5.67	6.17	7.72	9.50	16.39	29.65
53	4.04	5.23	5.69	7.06	8.61	14.94	27.08
54	3.70	4.77	5.18	6.37	7.70	13.46	24.42
55	3.35	4.30	4.66	5.68	6.78	11.97	21.76
56	3.01	3.83	4.14	5.00	5.89	10.53	19.12
57	2.64	3.37	3.62	4.35	5.04	9.12	16.59
58	2.29	2.93	3.15	3.75	4.30	7.88	14.30
59	1.98	2.53	2.72	3.21	3.64	6.75	12.20
60	1.70	2.18	2.34	2.75	3.06	5.75	10.37
61	1.46	1.88	2.02	2.36	2.61	4.93	8.83
62	1.28	1.65	1.77	2.09	2.28	4.29	7.63
63	1.21	1.56	1.67				
64	1.19	1.55	1.66				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.77	5.18	5.68	7.62	11.43	23.24	42.21
26	3.85	5.29	5.81	7.79	11.65	23.48	42.55
27	3.94	5.41	5.94	7.99	11.88	23.66	42.81
28	4.03	5.55	6.09	8.19	12.09	23.83	43.00
29	4.13	5.70	6.26	8.41	12.29	23.94	43.10
30	4.24	5.84	6.41	8.61	12.47	24.02	43.15
31	4.34	5.99	6.58	8.83	12.64	24.07	43.12
32	4.45	6.14	6.73	9.04	12.80	24.10	43.04
33	4.55	6.26	6.89	9.23	12.94	24.08	42.91
34	4.64	6.39	7.02	9.41	13.05	24.04	42.73
35	4.75	6.51	7.16	9.57	13.14	23.95	42.51
36	4.83	6.62	7.28	9.72	13.23	23.85	42.24
37	4.91	6.72	7.38	9.85	13.29	23.72	41.94
38	4.99	6.81	7.48	9.95	13.31	23.57	41.64
39	5.04	6.87	7.56	10.02	13.32	23.38	41.30
40	5.10	6.93	7.62	10.07	13.29	23.17	40.92
41	5.13	6.97	7.66	10.10	13.23	22.92	40.49
42	5.17	6.99	7.68	10.10	13.15	22.64	40.03
43	5.23	7.02	7.69	10.08	13.06	22.35	39.57
44	5.28	7.05	7.69	10.03	12.94	22.02	39.03
45	5.31	7.04	7.66	9.95	12.76	21.62	38.41
46	5.32	7.00	7.58	9.82	12.55	21.17	37.69
47	5.30	6.94	7.49	9.65	12.27	20.64	36.83
48	5.24	6.83	7.35	9.42	11.90	20.02	35.81
49	5.15	6.68	7.17	9.14	11.47	19.31	34.63
50	5.03	6.49	6.95	8.81	10.99	18.52	33.29
51	4.89	6.26	6.70	8.45	10.44	17.64	31.80
52	4.70	5.99	6.39	8.02	9.83	16.67	30.12
53	4.44	5.64	6.00	7.48	9.09	15.49	28.03
54	4.17	5.25	5.58	6.91	8.30	14.24	25.81
55	3.85	4.84	5.13	6.32	7.50	12.95	23.50
56	3.54	4.41	4.66	5.71	6.71	11.65	21.17
57	3.19	3.98	4.19	5.10	5.92	10.39	18.86
58	2.83	3.54	3.73	4.51	5.16	9.15	16.62
59	2.49	3.13	3.29	3.97	4.46	8.00	14.49
60	2.18	2.74	2.88	3.48	3.85	6.94	12.54
61	1.90	2.40	2.52	3.03	3.32	6.03	10.82
62	1.67	2.10	2.20	2.66	2.90	5.26	9.37
63						4.68	8.25
64						4.33	7.50
65						4.21	7.17
66						4.36	7.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.77	5.19	5.70	7.64	11.47	23.31	42.34
26	3.86	5.30	5.82	7.82	11.69	23.55	42.69
27	3.94	5.43	5.96	8.02	11.92	23.73	42.95
28	4.04	5.57	6.11	8.22	12.12	23.90	43.15
29	4.14	5.71	6.27	8.43	12.33	24.02	43.25
30	4.25	5.86	6.43	8.64	12.51	24.11	43.30
31	4.35	6.01	6.60	8.87	12.68	24.16	43.28
32	4.45	6.15	6.76	9.07	12.84	24.19	43.21
33	4.56	6.28	6.91	9.27	12.99	24.18	43.08
34	4.65	6.41	7.05	9.44	13.10	24.14	42.91
35	4.76	6.53	7.18	9.61	13.19	24.06	42.70
36	4.84	6.64	7.31	9.76	13.29	23.96	42.43
37	4.92	6.74	7.41	9.89	13.35	23.83	42.14
38	5.00	6.83	7.51	10.00	13.37	23.69	41.86
39	5.06	6.89	7.59	10.07	13.39	23.51	41.53
40	5.12	6.95	7.66	10.12	13.36	23.31	41.16
41	5.15	7.00	7.70	10.16	13.31	23.06	40.74
42	5.19	7.01	7.73	10.16	13.23	22.79	40.29
43	5.24	7.06	7.74	10.15	13.15	22.50	39.84
44	5.30	7.08	7.74	10.10	13.02	22.18	39.32
45	5.33	7.07	7.71	10.01	12.85	21.79	38.72
46	5.34	7.05	7.64	9.89	12.64	21.34	38.01
47	5.32	6.99	7.55	9.73	12.37	20.83	37.17
48	5.26	6.88	7.42	9.50	12.00	20.21	36.17
49	5.18	6.72	7.24	9.23	11.58	19.52	35.00
50	5.06	6.54	7.02	8.91	11.11	18.73	33.69
51	4.91	6.32	6.77	8.55	10.56	17.86	32.20
52	4.73	6.04	6.47	8.12	9.95	16.90	30.53
53	4.47	5.69	6.08	7.58	9.21	15.73	28.46
54	4.19	5.30	5.66	7.02	8.43	14.48	26.24
55	3.88	4.90	5.21	6.43	7.62	13.18	23.94
56	3.56	4.47	4.74	5.82	6.83	11.89	21.60
57	3.22	4.04	4.28	5.21	6.04	10.62	19.29
58	2.86	3.60	3.81	4.62	5.28	9.38	17.03
59	2.52	3.18	3.37	4.07	4.57	8.20	14.87
60	2.20	2.79	2.95	3.56	3.95	7.13	12.88
61	1.92	2.44	2.58	3.10	3.41	6.19	11.12
62	1.68	2.13	2.25	2.73	2.97	5.40	9.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.78	5.20	5.72	7.68	11.51	23.41	42.53
26	3.87	5.32	5.85	7.85	11.74	23.66	42.88
27	3.94	5.45	5.98	8.05	11.97	23.84	43.15
28	4.05	5.58	6.14	8.26	12.18	24.02	43.36
29	4.15	5.73	6.31	8.47	12.38	24.14	43.47
30	4.26	5.87	6.47	8.69	12.57	24.23	43.53
31	4.36	6.04	6.63	8.91	12.75	24.29	43.52
32	4.47	6.18	6.79	9.12	12.91	24.33	43.45
33	4.56	6.31	6.94	9.32	13.06	24.33	43.34
34	4.67	6.43	7.09	9.50	13.18	24.29	43.18
35	4.78	6.56	7.23	9.67	13.28	24.22	42.98
36	4.85	6.67	7.35	9.83	13.37	24.13	42.73
37	4.94	6.77	7.46	9.96	13.43	24.00	42.46
38	5.02	6.87	7.57	10.06	13.46	23.88	42.19
39	5.07	6.94	7.65	10.15	13.48	23.71	41.87
40	5.13	7.00	7.72	10.21	13.46	23.50	41.51
41	5.17	7.04	7.76	10.24	13.42	23.27	41.11
42	5.20	7.06	7.79	10.25	13.35	23.01	40.68
43	5.27	7.11	7.81	10.24	13.27	22.73	40.26
44	5.32	7.13	7.82	10.20	13.15	22.42	39.75
45	5.36	7.13	7.79	10.12	12.99	22.04	39.18
46	5.37	7.11	7.73	10.00	12.78	21.61	38.49
47	5.36	7.05	7.64	9.85	12.52	21.11	37.67
48	5.30	6.94	7.51	9.63	12.16	20.51	36.69
49	5.21	6.79	7.34	9.37	11.75	19.82	35.56
50	5.10	6.61	7.13	9.05	11.28	19.06	34.26
51	4.96	6.39	6.88	8.70	10.74	18.19	32.80
52	4.77	6.13	6.58	8.27	10.14	17.24	31.15
53	4.51	5.77	6.20	7.74	9.40	16.07	29.10
54	4.23	5.39	5.78	7.18	8.63	14.83	26.89
55	3.93	4.98	5.33	6.59	7.82	13.54	24.59
56	3.60	4.56	4.87	5.98	7.02	12.25	22.24
57	3.26	4.12	4.39	5.37	6.22	10.97	19.92
58	2.90	3.68	3.93	4.78	5.46	9.71	17.63
59	2.56	3.26	3.48	4.22	4.74	8.52	15.44
60	2.24	2.86	3.05	3.70	4.10	7.41	13.39
61	1.96	2.50	2.67	3.22	3.54	6.43	11.56
62	1.71	2.18	2.32	2.82	3.08	5.59	9.95
63				2.50	2.75		
64				2.27	2.56		
65				2.15	2.52		
66				2.14	2.68		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.93	5.51	6.17	8.31	12.47	25.56	46.44
26	4.01	5.63	6.31	8.50	12.72	25.82	46.81
27	4.10	5.76	6.46	8.71	12.95	26.02	47.10
28	4.20	5.91	6.62	8.94	13.18	26.21	47.30
29	4.30	6.06	6.80	9.17	13.40	26.33	47.41
30	4.42	6.21	6.97	9.39	13.60	26.43	47.46
31	4.52	6.38	7.15	9.63	13.79	26.48	47.43
32	4.63	6.53	7.32	9.86	13.96	26.51	47.34
33	4.73	6.66	7.48	10.06	14.11	26.49	47.20
34	4.84	6.80	7.63	10.27	14.24	26.44	47.01
35	4.95	6.93	7.78	10.45	14.34	26.35	46.76
36	5.03	7.05	7.91	10.61	14.43	26.24	46.46
37	5.12	7.15	8.02	10.74	14.49	26.09	46.13
38	5.19	7.24	8.13	10.85	14.52	25.93	45.81
39	5.25	7.31	8.21	10.93	14.53	25.72	45.43
40	5.31	7.37	8.28	10.99	14.50	25.49	45.01
41	5.35	7.41	8.32	11.02	14.45	25.22	44.54
42	5.38	7.43	8.35	11.02	14.36	24.91	44.03
43	5.45	7.47	8.36	11.01	14.25	24.58	43.53
44	5.50	7.50	8.36	10.95	14.12	24.22	42.93
45	5.53	7.49	8.32	10.85	13.93	23.77	42.25
46	5.54	7.45	8.25	10.71	13.69	23.28	41.45
47	5.53	7.39	8.14	10.54	13.40	22.70	40.51
48	5.46	7.27	7.99	10.29	13.00	22.02	39.39
49	5.36	7.11	7.79	9.99	12.53	21.24	38.09
50	5.24	6.90	7.56	9.63	12.00	20.37	36.63
51	5.09	6.66	7.28	9.23	11.40	19.41	34.98
52	4.90	6.38	6.94	8.76	10.74	18.33	33.12
53	4.62	5.99	6.52	8.18	9.93	17.03	30.84
54	4.34	5.58	6.06	7.56	9.09	15.67	28.39
55	4.01	5.14	5.57	6.91	8.20	14.24	25.86
56	3.68	4.69	5.07	6.25	7.34	12.82	23.28
57	3.32	4.23	4.56	5.58	6.47	11.42	20.75
58	2.95	3.77	4.05	4.95	5.65	10.07	18.28
59	2.59	3.33	3.58	4.35	4.90	8.80	15.95
60	2.27	2.92	3.14	3.81	4.22	7.64	13.80
61	1.98	2.55	2.74	3.32	3.64	6.63	11.90
62	1.73	2.24	2.39	2.92	3.18	5.79	10.30
63	1.54	1.98	2.12				
64	1.41	1.79	1.92				
65	1.34	1.70	1.82				
66	1.32	1.68	1.80				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	4.44	6.09	6.68	8.97	13.45	27.34	49.66
26	4.53	6.22	6.83	9.17	13.71	27.62	50.06
27	4.63	6.37	6.99	9.40	13.98	27.83	50.37
28	4.74	6.53	7.17	9.64	14.22	28.03	50.59
29	4.86	6.70	7.36	9.89	14.46	28.16	50.71
30	4.99	6.87	7.54	10.13	14.67	28.26	50.76
31	5.11	7.05	7.74	10.39	14.87	28.32	50.73
32	5.23	7.22	7.92	10.63	15.06	28.35	50.63
33	5.35	7.37	8.10	10.86	15.22	28.33	50.48
34	5.46	7.52	8.26	11.07	15.35	28.28	50.27
35	5.59	7.66	8.42	11.26	15.46	28.18	50.01
36	5.68	7.79	8.56	11.43	15.56	28.06	49.69
37	5.78	7.91	8.68	11.59	15.63	27.90	49.34
38	5.87	8.01	8.80	11.70	15.66	27.73	48.99
39	5.93	8.08	8.89	11.79	15.67	27.51	48.59
40	6.00	8.15	8.96	11.85	15.64	27.26	48.14
41	6.04	8.20	9.01	11.88	15.57	26.97	47.64
42	6.08	8.22	9.03	11.88	15.47	26.64	47.09
43	6.15	8.26	9.05	11.86	15.37	26.29	46.55
44	6.21	8.29	9.05	11.80	15.22	25.90	45.92
45	6.25	8.28	9.01	11.70	15.01	25.43	45.19
46	6.26	8.24	8.92	11.55	14.76	24.90	44.34
47	6.24	8.17	8.81	11.35	14.43	24.28	43.33
48	6.16	8.04	8.65	11.08	14.00	23.55	42.13
49	6.06	7.86	8.44	10.75	13.49	22.72	40.74
50	5.92	7.63	8.18	10.37	12.93	21.79	39.17
51	5.75	7.37	7.88	9.94	12.28	20.75	37.41
52	5.53	7.05	7.52	9.43	11.57	19.61	35.43
53	5.22	6.63	7.06	8.80	10.69	18.22	32.98
54	4.90	6.18	6.56	8.13	9.77	16.75	30.36
55	4.53	5.69	6.03	7.43	8.82	15.23	27.65
56	4.16	5.19	5.48	6.72	7.89	13.71	24.90
57	3.75	4.68	4.93	6.00	6.96	12.22	22.19
58	3.33	4.16	4.39	5.31	6.07	10.77	19.55
59	2.93	3.68	3.87	4.67	5.25	9.41	17.05
60	2.56	3.22	3.39	4.09	4.53	8.17	14.75
61	2.24	2.82	2.96	3.56	3.91	7.09	12.73
62	1.96	2.47	2.59	3.13	3.41	6.19	11.02
63						5.51	9.70
64						5.09	8.82
65						4.95	8.43
66						5.13	8.61

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.44	6.10	6.70	8.99	13.49	27.42	49.81
26	4.54	6.24	6.85	9.20	13.75	27.70	50.22
27	4.63	6.39	7.01	9.43	14.02	27.92	50.53
28	4.75	6.55	7.19	9.67	14.26	28.12	50.76
29	4.87	6.72	7.38	9.92	14.50	28.26	50.88
30	5.00	6.89	7.57	10.17	14.72	28.36	50.94
31	5.12	7.07	7.76	10.43	14.92	28.42	50.92
32	5.24	7.24	7.95	10.67	15.11	28.46	50.83
33	5.36	7.39	8.13	10.90	15.28	28.45	50.68
34	5.47	7.54	8.29	11.11	15.41	28.40	50.48
35	5.60	7.68	8.45	11.31	15.52	28.30	50.23
36	5.69	7.81	8.60	11.48	15.63	28.19	49.92
37	5.79	7.93	8.72	11.64	15.70	28.04	49.58
38	5.88	8.04	8.84	11.76	15.73	27.87	49.25
39	5.95	8.11	8.93	11.85	15.75	27.66	48.86
40	6.02	8.18	9.01	11.91	15.72	27.42	48.42
41	6.06	8.23	9.06	11.95	15.66	27.13	47.93
42	6.10	8.25	9.09	11.95	15.56	26.81	47.40
43	6.17	8.30	9.11	11.94	15.47	26.47	46.87
44	6.23	8.33	9.11	11.88	15.32	26.09	46.26
45	6.27	8.32	9.07	11.78	15.12	25.63	45.55
46	6.28	8.29	8.99	11.64	14.87	25.11	44.72
47	6.26	8.22	8.88	11.45	14.55	24.50	43.73
48	6.19	8.09	8.73	11.18	14.12	23.78	42.55
49	6.09	7.91	8.52	10.86	13.62	22.96	41.18
50	5.95	7.69	8.26	10.48	13.07	22.04	39.63
51	5.78	7.43	7.96	10.06	12.42	21.01	37.88
52	5.56	7.11	7.61	9.55	11.71	19.88	35.92
53	5.26	6.69	7.15	8.92	10.84	18.50	33.48
54	4.93	6.24	6.66	8.26	9.92	17.03	30.87
55	4.57	5.76	6.13	7.56	8.97	15.51	28.16
56	4.19	5.26	5.58	6.85	8.04	13.99	25.41
57	3.79	4.75	5.03	6.13	7.10	12.49	22.69
58	3.36	4.23	4.48	5.43	6.21	11.03	20.03
59	2.96	3.74	3.96	4.79	5.38	9.65	17.49
60	2.59	3.28	3.47	4.19	4.65	8.39	15.15
61	2.26	2.87	3.03	3.65	4.01	7.28	13.08
62	1.98	2.51	2.65	3.21	3.49	6.35	11.30

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.45	6.12	6.73	9.03	13.54	27.54	50.03
26	4.55	6.26	6.88	9.24	13.81	27.83	50.45
27	4.64	6.41	7.04	9.47	14.08	28.05	50.77
28	4.76	6.57	7.22	9.72	14.33	28.26	51.01
29	4.88	6.74	7.42	9.97	14.57	28.40	51.14
30	5.01	6.91	7.61	10.22	14.79	28.51	51.21
31	5.13	7.10	7.80	10.48	15.00	28.58	51.20
32	5.26	7.27	7.99	10.73	15.19	28.62	51.12
33	5.37	7.42	8.17	10.96	15.36	28.62	50.99
34	5.49	7.57	8.34	11.18	15.50	28.58	50.80
35	5.62	7.72	8.50	11.38	15.62	28.49	50.57
36	5.71	7.85	8.65	11.56	15.73	28.39	50.27
37	5.81	7.97	8.78	11.72	15.80	28.24	49.95
38	5.90	8.08	8.90	11.84	15.84	28.09	49.63
39	5.97	8.16	9.00	11.94	15.86	27.89	49.26
40	6.04	8.23	9.08	12.01	15.84	27.65	48.84
41	6.08	8.28	9.13	12.05	15.79	27.38	48.37
42	6.12	8.30	9.17	12.06	15.70	27.07	47.86
43	6.20	8.36	9.19	12.05	15.61	26.74	47.36
44	6.26	8.39	9.20	12.00	15.47	26.38	46.77
45	6.30	8.39	9.16	11.91	15.28	25.93	46.09
46	6.32	8.36	9.09	11.77	15.04	25.42	45.28
47	6.30	8.29	8.99	11.59	14.73	24.83	44.32
48	6.23	8.16	8.84	11.33	14.31	24.13	43.17
49	6.13	7.99	8.63	11.02	13.82	23.32	41.83
50	6.00	7.78	8.39	10.65	13.27	22.42	40.31
51	5.83	7.52	8.09	10.23	12.63	21.40	38.59
52	5.61	7.21	7.74	9.73	11.93	20.28	36.65
53	5.31	6.79	7.29	9.11	11.06	18.91	34.23
54	4.98	6.34	6.80	8.45	10.15	17.45	31.63
55	4.62	5.86	6.27	7.75	9.20	15.93	28.93
56	4.24	5.36	5.73	7.04	8.26	14.41	26.17
57	3.84	4.85	5.17	6.32	7.32	12.90	23.43
58	3.41	4.33	4.62	5.62	6.42	11.42	20.74
59	3.01	3.84	4.09	4.96	5.58	10.02	18.16
60	2.64	3.36	3.59	4.35	4.82	8.72	15.75
61	2.30	2.94	3.14	3.79	4.16	7.57	13.60
62	2.01	2.57	2.73	3.32	3.62	6.58	11.71
63				2.94	3.23		
64				2.67	3.01		
65				2.53	2.97		
66				2.52	3.15		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.62	6.48	7.26	9.78	14.67	30.07	54.63
26	4.72	6.62	7.42	10.00	14.96	30.38	55.07
27	4.82	6.78	7.60	10.25	15.24	30.61	55.41
28	4.94	6.95	7.79	10.52	15.51	30.83	55.65
29	5.06	7.13	8.00	10.79	15.77	30.98	55.78
30	5.20	7.31	8.20	11.05	16.00	31.09	55.84
31	5.32	7.50	8.41	11.33	16.22	31.15	55.80
32	5.45	7.68	8.61	11.60	16.42	31.19	55.69
33	5.57	7.84	8.80	11.84	16.60	31.16	55.53
34	5.69	8.00	8.98	12.08	16.75	31.11	55.30
35	5.82	8.15	9.15	12.29	16.87	31.00	55.01
36	5.92	8.29	9.30	12.48	16.98	30.87	54.66
37	6.02	8.41	9.44	12.64	17.05	30.69	54.27
38	6.11	8.52	9.56	12.76	17.08	30.50	53.89
39	6.18	8.60	9.66	12.86	17.09	30.26	53.45
40	6.25	8.67	9.74	12.93	17.06	29.99	52.95
41	6.29	8.72	9.79	12.97	17.00	29.67	52.40
42	6.33	8.74	9.82	12.97	16.89	29.30	51.80
43	6.41	8.79	9.84	12.95	16.77	28.92	51.21
44	6.47	8.82	9.84	12.88	16.61	28.49	50.51
45	6.51	8.81	9.79	12.77	16.39	27.97	49.71
46	6.52	8.77	9.70	12.60	16.11	27.39	48.77
47	6.50	8.69	9.58	12.40	15.76	26.71	47.66
48	6.42	8.55	9.40	12.10	15.29	25.91	46.34
49	6.31	8.36	9.17	11.75	14.74	24.99	44.81
50	6.17	8.12	8.89	11.33	14.12	23.97	43.09
51	5.99	7.84	8.56	10.86	13.41	22.83	41.15
52	5.76	7.50	8.17	10.30	12.64	21.57	38.97
53	5.44	7.05	7.67	9.62	11.68	20.04	36.28
54	5.10	6.57	7.13	8.89	10.69	18.43	33.40
55	4.72	6.05	6.55	8.13	9.65	16.75	30.42
56	4.33	5.52	5.96	7.35	8.63	15.08	27.39
57	3.91	4.98	5.36	6.57	7.61	13.44	24.41
58	3.47	4.43	4.77	5.82	6.65	11.85	21.51
59	3.05	3.92	4.21	5.12	5.76	10.35	18.76
60	2.67	3.43	3.69	4.48	4.96	8.99	16.23
61	2.33	3.00	3.22	3.90	4.28	7.80	14.00
62	2.04	2.63	2.81	3.43	3.74	6.81	12.12
63	1.81	2.33	2.49				
64	1.66	2.11	2.26				
65	1.58	2.00	2.14				
66	1.55	1.98	2.12				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.17	5.73	6.28	8.43	12.59		
26	4.28	5.87	6.43	8.65	12.88		
27	4.39	6.04	6.61	8.90	13.17		
28	4.51	6.20	6.80	9.15	13.43		
29	4.63	6.38	7.00	9.43	13.71		
30	4.77	6.57	7.21	9.70	13.96		
31	4.90	6.76	7.42	9.97	14.20		
32	5.04	6.94	7.62	10.24	14.43		
33	5.18	7.12	7.82	10.51	14.65		
34	5.31	7.30	8.02	10.74	14.84		
35	5.43	7.47	8.19	10.98	15.02		
36	5.57	7.63	8.37	11.19	15.17		
37	5.69	7.78	8.54	11.40	15.32		
38	5.81	7.91	8.70	11.58	15.44		
39	5.90	8.04	8.83	11.73	15.53		
40	6.00	8.14	8.95	11.86	15.61		
41	6.08	8.24	9.05	11.96	15.63		
42	6.15	8.32	9.15	12.04	15.63		
43	6.27	8.42	9.23	12.10	15.61		
44	6.38	8.51	9.28	12.15	15.56		
45	6.47	8.58	9.32	12.14	15.43		
46	6.54	8.60	9.32	12.10	15.26		
47	6.58	8.60	9.29	12.00	15.02		
48	6.58	8.57	9.21	11.86	14.71		
49	6.54	8.47	9.10	11.65	14.31		
50	6.47	8.33	8.93	11.39	13.84		
51	6.37	8.16	8.72	11.08	13.30		
52	6.22	7.92	8.45	10.68	12.68		
53	5.98	7.57	8.07	10.16	11.89		
54	5.70	7.19	7.63	9.57	11.04		
55	5.40	6.77	7.17	8.95	10.17		
56	5.07	6.33	6.70	8.31	9.29		
57	4.71	5.87	6.19	7.67	8.42		
58	4.35	5.44	5.72	7.08	7.65		
59	4.00	5.01	5.27	6.50	6.92		
60	3.66	4.59	4.83	5.96	6.24		
61	3.33	4.18	4.39	5.42	5.59		
62	3.01	3.79	3.97	4.92	5.00		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.17	5.74	6.30	8.45	12.62		
26	4.28	5.88	6.45	8.68	12.91		
27	4.39	6.04	6.63	8.93	13.20		
28	4.51	6.21	6.82	9.17	13.46		
29	4.64	6.40	7.01	9.45	13.74		
30	4.78	6.59	7.23	9.73	14.00		
31	4.91	6.77	7.45	10.00	14.24		
32	5.05	6.96	7.65	10.28	14.48		
33	5.19	7.14	7.85	10.54	14.71		
34	5.32	7.32	8.04	10.78	14.89		
35	5.44	7.49	8.23	11.02	15.07		
36	5.58	7.65	8.41	11.24	15.23		
37	5.70	7.79	8.58	11.44	15.38		
38	5.81	7.94	8.73	11.63	15.50		
39	5.92	8.07	8.87	11.78	15.60		
40	6.01	8.17	8.99	11.91	15.67		
41	6.09	8.26	9.10	12.02	15.71		
42	6.17	8.35	9.20	12.10	15.71		
43	6.29	8.46	9.28	12.17	15.70		
44	6.40	8.54	9.33	12.21	15.64		
45	6.49	8.61	9.38	12.21	15.52		
46	6.55	8.64	9.38	12.17	15.35		
47	6.60	8.64	9.35	12.09	15.12		
48	6.60	8.61	9.28	11.94	14.81		
49	6.56	8.52	9.16	11.75	14.42		
50	6.49	8.38	9.00	11.48	13.96		
51	6.39	8.21	8.80	11.18	13.42		
52	6.25	7.97	8.53	10.79	12.80		
53	6.00	7.62	8.14	10.26	12.02		
54	5.73	7.25	7.72	9.68	11.17		
55	5.42	6.83	7.26	9.06	10.30		
56	5.10	6.39	6.78	8.42	9.42		
57	4.74	5.93	6.27	7.78	8.53		
58	4.38	5.49	5.80	7.18	7.77		
59	4.02	5.06	5.35	6.60	7.03		
60	3.68	4.63	4.90	6.04	6.34		
61	3.35	4.22	4.45	5.50	5.68		
62	3.03	3.83	4.02	4.99	5.07		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.18	5.75	6.32	8.48	12.67		
26	4.29	5.90	6.48	8.71	12.96		
27	4.39	6.06	6.66	8.96	13.25		
28	4.52	6.23	6.85	9.21	13.52		
29	4.65	6.42	7.05	9.49	13.80		
30	4.79	6.60	7.27	9.78	14.06		
31	4.92	6.80	7.48	10.05	14.31		
32	5.07	6.99	7.68	10.33	14.54		
33	5.19	7.17	7.89	10.59	14.77		
34	5.34	7.35	8.08	10.84	14.97		
35	5.46	7.52	8.27	11.08	15.16		
36	5.59	7.68	8.45	11.31	15.32		
37	5.71	7.83	8.62	11.51	15.46		
38	5.83	7.97	8.78	11.70	15.59		
39	5.93	8.10	8.93	11.86	15.69		
40	6.03	8.21	9.05	11.99	15.78		
41	6.11	8.30	9.16	12.10	15.82		
42	6.19	8.39	9.27	12.19	15.83		
43	6.32	8.50	9.35	12.27	15.82		
44	6.43	8.59	9.41	12.32	15.77		
45	6.52	8.66	9.45	12.32	15.66		
46	6.59	8.70	9.46	12.28	15.50		
47	6.63	8.70	9.44	12.21	15.27		
48	6.63	8.67	9.38	12.07	14.97		
49	6.60	8.59	9.27	11.88	14.59		
50	6.54	8.46	9.11	11.63	14.13		
51	6.43	8.29	8.91	11.32	13.60		
52	6.29	8.05	8.64	10.94	12.99		
53	6.04	7.71	8.26	10.42	12.21		
54	5.77	7.34	7.84	9.84	11.36		
55	5.47	6.91	7.38	9.22	10.50		
56	5.14	6.48	6.90	8.59	9.61		
57	4.79	6.02	6.39	7.94	8.72		
58	4.42	5.58	5.92	7.34	7.95		
59	4.06	5.14	5.46	6.75	7.20		
60	3.71	4.70	4.99	6.18	6.49		
61	3.38	4.28	4.54	5.62	5.81		
62	3.05	3.87	4.10	5.08	5.18		
63				4.55	4.56		
64				4.04	4.00		
65				3.58	3.51		
66				3.19	3.09		
67				2.86	2.75		
68				2.64	2.51		
69				2.51	2.35		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.34	6.09	6.83	9.19	13.73		
26	4.45	6.25	7.00	9.44	14.05		
27	4.56	6.42	7.19	9.71	14.36		
28	4.69	6.60	7.40	9.98	14.65		
29	4.83	6.79	7.61	10.28	14.95		
30	4.96	6.99	7.84	10.58	15.22		
31	5.11	7.19	8.07	10.87	15.49		
32	5.25	7.39	8.29	11.18	15.74		
33	5.39	7.58	8.50	11.46	15.98		
34	5.53	7.77	8.71	11.72	16.19		
35	5.66	7.95	8.91	11.99	16.39		
36	5.80	8.12	9.10	12.21	16.56		
37	5.92	8.27	9.28	12.44	16.70		
38	6.04	8.42	9.45	12.63	16.84		
39	6.15	8.55	9.60	12.80	16.94		
40	6.25	8.66	9.73	12.94	17.03		
41	6.33	8.76	9.84	13.05	17.06		
42	6.41	8.85	9.95	13.13	17.06		
43	6.54	8.96	10.03	13.21	17.03		
44	6.65	9.05	10.09	13.25	16.97		
45	6.74	9.12	10.13	13.24	16.84		
46	6.81	9.15	10.13	13.20	16.65		
47	6.85	9.15	10.10	13.11	16.40		
48	6.85	9.11	10.01	12.95	16.05		
49	6.81	9.01	9.89	12.72	15.62		
50	6.74	8.87	9.71	12.44	15.11		
51	6.63	8.68	9.48	12.10	14.53		
52	6.48	8.42	9.18	11.67	13.85		
53	6.22	8.06	8.76	11.09	12.99		
54	5.93	7.65	8.30	10.46	12.07		
55	5.62	7.20	7.79	9.78	11.12		
56	5.28	6.74	7.28	9.09	10.15		
57	4.90	6.25	6.72	8.38	9.20		
58	4.53	5.79	6.22	7.74	8.36		
59	4.17	5.33	5.73	7.11	7.57		
60	3.81	4.88	5.24	6.51	6.82		
61	3.47	4.45	4.78	5.93	6.11		
62	3.14	4.03	4.32	5.38	5.47		
63	2.80	3.60	3.86				
64	2.47	3.19	3.43				
65	2.18	2.82	3.03				
66	1.93	2.51	2.69				
67	1.73	2.25	2.42				
68	1.57	2.07	2.23				
69	1.49	1.96	2.11				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.91	6.74	7.39	9.92	14.81		
26	5.03	6.91	7.57	10.18	15.15		
27	5.16	7.10	7.78	10.47	15.49		
28	5.30	7.29	8.00	10.76	15.80		
29	5.45	7.51	8.23	11.09	16.13		
30	5.61	7.73	8.48	11.41	16.42		
31	5.77	7.95	8.73	11.73	16.70		
32	5.93	8.17	8.97	12.05	16.98		
33	6.09	8.38	9.20	12.36	17.24		
34	6.25	8.59	9.43	12.64	17.46		
35	6.39	8.79	9.64	12.92	17.67		
36	6.55	8.98	9.85	13.17	17.85		
37	6.69	9.15	10.05	13.41	18.02		
38	6.83	9.31	10.23	13.62	18.16		
39	6.94	9.46	10.39	13.80	18.27		
40	7.06	9.58	10.53	13.95	18.36		
41	7.15	9.69	10.65	14.07	18.39		
42	7.24	9.79	10.76	14.16	18.39		
43	7.38	9.91	10.86	14.24	18.37		
44	7.51	10.01	10.92	14.29	18.30		
45	7.61	10.09	10.97	14.28	18.15		
46	7.69	10.12	10.97	14.23	17.95		
47	7.74	10.12	10.93	14.12	17.67		
48	7.74	10.08	10.84	13.95	17.30		
49	7.69	9.96	10.70	13.71	16.83		
50	7.61	9.80	10.51	13.40	16.28		
51	7.49	9.60	10.26	13.03	15.65		
52	7.32	9.32	9.94	12.57	14.92		
53	7.03	8.91	9.49	11.95	13.99		
54	6.70	8.46	8.98	11.26	12.99		
55	6.35	7.96	8.44	10.53	11.97		
56	5.96	7.45	7.88	9.78	10.93		
57	5.54	6.91	7.28	9.02	9.90		
58	5.12	6.40	6.73	8.33	9.00		
59	4.70	5.89	6.20	7.65	8.14		
60	4.30	5.40	5.68	7.01	7.34		
61	3.92	4.92	5.17	6.38	6.58		
62	3.54	4.46	4.67	5.79	5.88		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.91	6.75	7.41	9.94	14.85		
26	5.04	6.92	7.59	10.21	15.19		
27	5.16	7.11	7.80	10.50	15.53		
28	5.31	7.31	8.02	10.79	15.84		
29	5.46	7.53	8.25	11.12	16.17		
30	5.62	7.75	8.51	11.45	16.47		
31	5.78	7.97	8.76	11.77	16.75		
32	5.94	8.19	9.00	12.09	17.03		
33	6.10	8.40	9.23	12.40	17.30		
34	6.26	8.61	9.46	12.68	17.52		
35	6.40	8.81	9.68	12.97	17.73		
36	6.56	9.00	9.89	13.22	17.92		
37	6.70	9.17	10.09	13.46	18.09		
38	6.84	9.34	10.27	13.68	18.23		
39	6.96	9.49	10.43	13.86	18.35		
40	7.07	9.61	10.58	14.01	18.44		
41	7.17	9.72	10.70	14.14	18.48		
42	7.26	9.82	10.82	14.23	18.48		
43	7.40	9.95	10.92	14.32	18.47		
44	7.53	10.05	10.98	14.37	18.40		
45	7.63	10.13	11.03	14.36	18.26		
46	7.71	10.17	11.03	14.32	18.06		
47	7.76	10.17	11.00	14.22	17.79		
48	7.76	10.13	10.92	14.05	17.42		
49	7.72	10.02	10.78	13.82	16.96		
50	7.64	9.86	10.59	13.51	16.42		
51	7.52	9.66	10.35	13.15	15.79		
52	7.35	9.38	10.03	12.69	15.06		
53	7.06	8.97	9.58	12.07	14.14		
54	6.74	8.53	9.08	11.39	13.14		
55	6.38	8.03	8.54	10.66	12.12		
56	6.00	7.52	7.98	9.91	11.08		
57	5.58	6.98	7.38	9.15	10.04		
58	5.15	6.46	6.82	8.45	9.14		
59	4.73	5.95	6.29	7.77	8.27		
60	4.33	5.45	5.76	7.11	7.46		
61	3.94	4.97	5.24	6.47	6.68		
62	3.56	4.50	4.73	5.87	5.96		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.92	6.77	7.43	9.98	14.90		
26	5.05	6.94	7.62	10.25	15.25		
27	5.17	7.13	7.84	10.54	15.59		
28	5.32	7.33	8.06	10.84	15.91		
29	5.47	7.55	8.29	11.17	16.24		
30	5.63	7.77	8.55	11.50	16.54		
31	5.79	8.00	8.80	11.82	16.83		
32	5.96	8.22	9.04	12.15	17.11		
33	6.11	8.44	9.28	12.46	17.38		
34	6.28	8.65	9.51	12.75	17.61		
35	6.42	8.85	9.73	13.04	17.83		
36	6.58	9.04	9.94	13.30	18.02		
37	6.72	9.21	10.14	13.54	18.19		
38	6.86	9.38	10.33	13.76	18.34		
39	6.98	9.53	10.50	13.95	18.46		
40	7.09	9.66	10.65	14.11	18.56		
41	7.19	9.77	10.78	14.24	18.61		
42	7.28	9.87	10.90	14.34	18.62		
43	7.43	10.00	11.00	14.43	18.61		
44	7.56	10.11	11.07	14.49	18.55		
45	7.67	10.19	11.12	14.49	18.42		
46	7.75	10.24	11.13	14.45	18.23		
47	7.80	10.24	11.11	14.36	17.97		
48	7.80	10.20	11.03	14.20	17.61		
49	7.76	10.10	10.90	13.98	17.16		
50	7.69	9.95	10.72	13.68	16.62		
51	7.56	9.75	10.48	13.32	16.00		
52	7.40	9.47	10.16	12.87	15.28		
53	7.11	9.07	9.72	12.26	14.36		
54	6.79	8.63	9.22	11.58	13.37		
55	6.43	8.13	8.68	10.85	12.35		
56	6.05	7.62	8.12	10.10	11.30		
57	5.63	7.08	7.52	9.34	10.26		
58	5.20	6.56	6.96	8.64	9.35		
59	4.78	6.05	6.42	7.94	8.47		
60	4.37	5.53	5.87	7.27	7.63		
61	3.98	5.04	5.34	6.61	6.83		
62	3.59	4.55	4.82	5.98	6.09		
63				5.35	5.37		
64				4.75	4.71		
65				4.21	4.13		
66				3.75	3.64		
67				3.37	3.24		
68				3.10	2.95		
69				2.95	2.77		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.11	7.17	8.03	10.81	16.15		
26	5.24	7.35	8.23	11.11	16.53		
27	5.37	7.55	8.46	11.42	16.89		
28	5.52	7.76	8.70	11.74	17.23		
29	5.68	7.99	8.95	12.09	17.59		
30	5.84	8.22	9.22	12.45	17.91		
31	6.01	8.46	9.49	12.79	18.22		
32	6.18	8.69	9.75	13.15	18.52		
33	6.34	8.92	10.00	13.48	18.80		
34	6.51	9.14	10.25	13.79	19.05		
35	6.66	9.35	10.48	14.10	19.28		
36	6.82	9.55	10.71	14.37	19.48		
37	6.97	9.73	10.92	14.63	19.65		
38	7.11	9.90	11.12	14.86	19.81		
39	7.23	10.06	11.29	15.06	19.93		
40	7.35	10.19	11.45	15.22	20.03		
41	7.45	10.31	11.58	15.35	20.07		
42	7.54	10.41	11.70	15.45	20.07		
43	7.69	10.54	11.80	15.54	20.04		
44	7.82	10.65	11.87	15.59	19.97		
45	7.93	10.73	11.92	15.58	19.81		
46	8.01	10.77	11.92	15.53	19.59		
47	8.06	10.77	11.88	15.42	19.29		
48	8.06	10.72	11.78	15.23	18.88		
49	8.01	10.60	11.63	14.97	18.38		
50	7.93	10.43	11.42	14.63	17.78		
51	7.80	10.21	11.15	14.23	17.09		
52	7.62	9.91	10.80	13.73	16.29		
53	7.32	9.48	10.31	13.05	15.28		
54	6.98	9.00	9.76	12.30	14.20		
55	6.61	8.47	9.17	11.50	13.08		
56	6.21	7.93	8.56	10.69	11.94		
57	5.77	7.35	7.91	9.86	10.82		
58	5.33	6.81	7.32	9.11	9.84		
59	4.90	6.27	6.74	8.37	8.91		
60	4.48	5.74	6.17	7.66	8.02		
61	4.08	5.23	5.62	6.98	7.19		
62	3.69	4.74	5.08	6.33	6.43		
63	3.29	4.23	4.54				
64	2.91	3.75	4.03				
65	2.56	3.32	3.57				
66	2.27	2.95	3.17				
67	2.03	2.65	2.85				
68	1.85	2.43	2.62				
69	1.75	2.30	2.48				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.73	16.09	17.65	23.78			
26	12.14	16.68	18.28	24.67			
27	12.58	17.31	18.99	25.64			
28	13.07	17.99	19.74	26.66			
29	13.57	18.71	20.53	27.74			
30	14.11	19.46	21.35	28.87			
31	14.67	20.23	22.20	30.03			
32	15.24	21.02	23.07	31.20			
33	15.84	21.84	23.97	32.40			
34	16.45	22.65	24.87	33.59			
35	17.05	23.46	25.76	34.77			
36	17.66	24.25	26.64	35.90			
37	18.26	25.02	27.48	37.00			
38	18.84	25.76	28.31	38.05			
39	19.39	26.46	29.08	39.00			
40	19.90	27.11	29.79	39.86			
41	20.37	27.67	30.42	40.60			
42	20.76	28.14	30.94	41.19			
43	21.26	28.62	31.36	41.61			
44	21.68	28.99	31.63	41.85			
45	21.99	29.23	31.77	41.91			
46	22.22	29.33	31.76	41.75			
47	22.32	29.28	31.59	41.38			
48	22.20	28.97	31.19	40.72			
49	21.95	28.49	30.61	39.81			
50	21.56	27.85	29.84	38.69			
51	21.04	27.02	28.89	37.35			
52	20.37	26.04	27.77	35.77			
53	19.45	24.72	26.32	33.79			
54	18.40	23.27	24.71	31.63			
55	17.25	21.71	23.00	29.35			
56	16.02	20.07	21.21	26.98			
57	14.76	18.38	19.38	24.57			
58	13.32	16.63	17.51	22.18			
59	11.91	14.90	15.69	19.85			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.73	16.10	17.66	23.80			
26	12.15	16.69	18.30	24.69			
27	12.59	17.33	19.01	25.66			
28	13.08	18.01	19.75	26.69			
29	13.58	18.73	20.54	27.77			
30	14.12	19.47	21.37	28.90			
31	14.68	20.25	22.23	30.06			
32	15.25	21.04	23.09	31.23			
33	15.85	21.85	24.00	32.44			
34	16.46	22.67	24.90	33.63			
35	17.06	23.48	25.79	34.81			
36	17.67	24.27	26.67	35.95			
37	18.27	25.04	27.51	37.04			
38	18.84	25.78	28.34	38.10			
39	19.41	26.49	29.11	39.05			
40	19.92	27.13	29.84	39.91			
41	20.38	27.70	30.46	40.66			
42	20.77	28.17	30.99	41.25			
43	21.28	28.65	31.41	41.68			
44	21.69	29.02	31.68	41.92			
45	22.01	29.27	31.82	41.97			
46	22.24	29.37	31.82	41.83			
47	22.34	29.33	31.65	41.46			
48	22.23	29.01	31.25	40.80			
49	21.97	28.54	30.68	39.91			
50	21.58	27.90	29.91	38.79			
51	21.06	27.07	28.97	37.45			
52	20.40	26.09	27.85	35.87			
53	19.47	24.78	26.39	33.89			
54	18.43	23.33	24.79	31.74			
55	17.28	21.77	23.09	29.46			
56	16.06	20.13	21.29	27.09			
57	14.78	18.44	19.47	24.68			
58	13.35	16.68	17.59	22.28			
59	11.93	14.95	15.76	19.95			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.74	16.12	17.69	23.83			
26	12.16	16.70	18.33	24.73			
27	12.60	17.35	19.03	25.70			
28	13.09	18.03	19.79	26.73			
29	13.59	18.74	20.58	27.81			
30	14.13	19.49	21.40	28.94			
31	14.69	20.27	22.26	30.11			
32	15.27	21.06	23.13	31.28			
33	15.87	21.88	24.03	32.49			
34	16.47	22.70	24.94	33.69			
35	17.08	23.51	25.83	34.87			
36	17.69	24.30	26.72	36.01			
37	18.28	25.08	27.57	37.11			
38	18.86	25.81	28.40	38.17			
39	19.42	26.53	29.17	39.13			
40	19.93	27.17	29.89	39.99			
41	20.40	27.74	30.52	40.74			
42	20.80	28.21	31.06	41.34			
43	21.29	28.70	31.48	41.77			
44	21.72	29.07	31.76	42.02			
45	22.04	29.32	31.91	42.08			
46	22.27	29.43	31.91	41.94			
47	22.37	29.38	31.74	41.58			
48	22.26	29.08	31.35	40.93			
49	22.01	28.61	30.78	40.04			
50	21.62	27.97	30.02	38.93			
51	21.11	27.15	29.08	37.60			
52	20.44	26.16	27.97	36.02			
53	19.52	24.86	26.51	34.05			
54	18.47	23.42	24.91	31.90			
55	17.32	21.85	23.21	29.62			
56	16.10	20.21	21.41	27.25			
57	14.82	18.52	19.58	24.85			
58	13.39	16.76	17.71	22.44			
59	11.98	15.03	15.87	20.09			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.21	17.12	19.18	25.93			
26	12.65	17.74	19.87	26.89			
27	13.11	18.42	20.64	27.95			
28	13.62	19.14	21.45	29.07			
29	14.14	19.91	22.31	30.24			
30	14.70	20.70	23.21	31.48			
31	15.28	21.52	24.13	32.74			
32	15.88	22.36	25.08	34.01			
33	16.51	23.23	26.05	35.33			
34	17.14	24.10	27.03	36.63			
35	17.77	24.96	28.00	37.90			
36	18.40	25.80	28.95	39.15			
37	19.01	26.61	29.87	40.34			
38	19.62	27.40	30.77	41.48			
39	20.20	28.15	31.61	42.52			
40	20.73	28.84	32.39	43.46			
41	21.22	29.44	33.07	44.26			
42	21.62	29.94	33.63	44.91			
43	22.14	30.45	34.09	45.36			
44	22.58	30.84	34.38	45.64			
45	22.91	31.09	34.54	45.69			
46	23.15	31.20	34.53	45.53			
47	23.25	31.15	34.34	45.13			
48	23.13	30.82	33.90	44.40			
49	22.87	30.31	33.27	43.42			
50	22.46	29.62	32.44	42.19			
51	21.91	28.75	31.41	40.73			
52	21.22	27.69	30.18	39.01			
53	20.26	26.30	28.60	36.85			
54	19.17	24.76	26.86	34.50			
55	17.97	23.09	25.00	32.01			
56	16.69	21.35	23.05	29.43			
57	15.37	19.55	21.06	26.81			
58	13.87	17.69	19.03	24.20			
59	12.40	15.85	17.05	21.66			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.80	18.93	20.76	27.98			
26	14.28	19.62	21.51	29.02			
27	14.80	20.37	22.34	30.16			
28	15.38	21.17	23.22	31.37			
29	15.97	22.01	24.15	32.64			
30	16.60	22.89	25.12	33.96			
31	17.26	23.80	26.12	35.33			
32	17.93	24.73	27.14	36.70			
33	18.64	25.69	28.20	38.12			
34	19.35	26.65	29.26	39.52			
35	20.06	27.60	30.30	40.90			
36	20.78	28.53	31.34	42.24			
37	21.48	29.43	32.33	43.53			
38	22.16	30.31	33.30	44.76			
39	22.81	31.13	34.21	45.88			
40	23.41	31.89	35.05	46.89			
41	23.96	32.55	35.79	47.76			
42	24.42	33.11	36.40	48.46			
43	25.01	33.67	36.89	48.95			
44	25.50	34.10	37.21	49.24			
45	25.87	34.39	37.38	49.30			
46	26.14	34.51	37.37	49.12			
47	26.26	34.45	37.17	48.68			
48	26.12	34.08	36.69	47.90			
49	25.82	33.52	36.01	46.84			
50	25.36	32.76	35.11	45.52			
51	24.75	31.79	33.99	43.94			
52	23.97	30.63	32.67	42.08			
53	22.88	29.08	30.96	39.75			
54	21.65	27.38	29.07	37.21			
55	20.29	25.54	27.06	34.53			
56	18.85	23.61	24.95	31.74			
57	17.36	21.62	22.80	28.91			
58	15.67	19.56	20.60	26.09			
59	14.01	17.53	18.46	23.35			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.80	18.94	20.78	28.00			
26	14.29	19.63	21.53	29.05			
27	14.81	20.39	22.36	30.19			
28	15.39	21.19	23.24	31.40			
29	15.98	22.03	24.17	32.67			
30	16.61	22.91	25.14	34.00			
31	17.27	23.82	26.15	35.37			
32	17.94	24.75	27.17	36.74			
33	18.65	25.71	28.23	38.16			
34	19.36	26.67	29.29	39.56			
35	20.07	27.62	30.34	40.95			
36	20.79	28.55	31.38	42.29			
37	21.49	29.46	32.37	43.58			
38	22.17	30.33	33.34	44.82			
39	22.83	31.16	34.25	45.94			
40	23.43	31.92	35.10	46.95			
41	23.98	32.59	35.84	47.83			
42	24.44	33.14	36.46	48.53			
43	25.03	33.71	36.95	49.03			
44	25.52	34.14	37.27	49.32			
45	25.89	34.43	37.44	49.38			
46	26.16	34.55	37.44	49.21			
47	26.28	34.50	37.24	48.78			
48	26.15	34.13	36.77	48.00			
49	25.85	33.58	36.09	46.95			
50	25.39	32.82	35.19	45.63			
51	24.78	31.85	34.08	44.06			
52	24.00	30.69	32.76	42.20			
53	22.91	29.15	31.05	39.87			
54	21.68	27.45	29.17	37.34			
55	20.33	25.61	27.16	34.66			
56	18.89	23.68	25.05	31.87			
57	17.39	21.69	22.90	29.04			
58	15.70	19.62	20.69	26.21			
59	14.04	17.59	18.54	23.47			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.81	18.96	20.81	28.04			
26	14.30	19.65	21.56	29.09			
27	14.82	20.41	22.39	30.23			
28	15.40	21.21	23.28	31.45			
29	15.99	22.05	24.21	32.72			
30	16.62	22.93	25.18	34.05			
31	17.28	23.85	26.19	35.42			
32	17.96	24.78	27.21	36.80			
33	18.67	25.74	28.27	38.22			
34	19.38	26.70	29.34	39.63			
35	20.09	27.66	30.39	41.02			
36	20.81	28.59	31.43	42.37			
37	21.51	29.50	32.43	43.66			
38	22.19	30.37	33.41	44.90			
39	22.85	31.21	34.32	46.03			
40	23.45	31.97	35.17	47.05			
41	24.00	32.64	35.91	47.93			
42	24.47	33.19	36.54	48.64			
43	25.05	33.76	37.03	49.14			
44	25.55	34.20	37.36	49.44			
45	25.93	34.49	37.54	49.51			
46	26.20	34.62	37.54	49.34			
47	26.32	34.57	37.34	48.92			
48	26.19	34.21	36.88	48.15			
49	25.89	33.66	36.21	47.11			
50	25.44	32.90	35.32	45.80			
51	24.83	31.94	34.21	44.23			
52	24.05	30.78	32.90	42.38			
53	22.96	29.25	31.19	40.06			
54	21.73	27.55	29.31	37.53			
55	20.38	25.71	27.30	34.85			
56	18.94	23.78	25.19	32.06			
57	17.44	21.79	23.04	29.23			
58	15.75	19.72	20.83	26.40			
59	14.09	17.68	18.67	23.64			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.37	20.14	22.57	30.50			
26	14.88	20.87	23.38	31.64			
27	15.42	21.67	24.28	32.88			
28	16.02	22.52	25.24	34.20			
29	16.64	23.42	26.25	35.58			
30	17.29	24.35	27.30	37.03			
31	17.98	25.32	28.39	38.52			
32	18.68	26.31	29.50	40.01			
33	19.42	27.33	30.65	41.56			
34	20.16	28.35	31.80	43.09			
35	20.90	29.36	32.94	44.59			
36	21.65	30.35	34.06	46.06			
37	22.37	31.31	35.14	47.46			
38	23.08	32.24	36.20	48.80			
39	23.76	33.12	37.19	50.02			
40	24.39	33.93	38.10	51.13			
41	24.96	34.63	38.90	52.07			
42	25.44	35.22	39.57	52.84			
43	26.05	35.82	40.10	53.37			
44	26.56	36.28	40.45	53.69			
45	26.95	36.58	40.63	53.75			
46	27.23	36.71	40.62	53.56			
47	27.35	36.65	40.40	53.09			
48	27.21	36.26	39.88	52.23			
49	26.90	35.66	39.14	51.08			
50	26.42	34.85	38.16	49.64			
51	25.78	33.82	36.95	47.92			
52	24.97	32.58	35.51	45.89			
53	23.83	30.94	33.65	43.35			
54	22.55	29.13	31.60	40.59			
55	21.14	27.17	29.41	37.66			
56	19.64	25.12	27.12	34.62			
57	18.08	23.00	24.78	31.54			
58	16.32	20.81	22.39	28.47			
59	14.59	18.65	20.06	25.48			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.55	9.61	10.58	12.58	15.82	27.29	48.04
26	7.79	9.94	10.92	13.03	16.33	27.81	48.86
27	8.04	10.32	11.33	13.54	16.85	28.39	49.77
28	8.33	10.70	11.80	14.08	17.41	29.01	50.76
29	8.67	11.15	12.29	14.70	18.02	29.67	51.89
30	9.00	11.64	12.82	15.35	18.66	30.43	53.09
31	9.37	12.15	13.39	16.08	19.34	31.24	54.40
32	9.78	12.70	14.02	16.81	20.06	32.12	55.86
33	10.23	13.28	14.68	17.62	20.82	33.07	57.42
34	10.68	13.89	15.35	18.44	21.61	34.10	59.16
35	11.16	14.54	16.10	19.31	22.45	35.22	61.05
36	11.69	15.23	16.88	20.24	23.35	36.40	63.10
37	12.25	15.96	17.70	21.23	24.31	37.71	65.38
38	12.83	16.70	18.55	22.21	25.30	39.12	67.86
39	13.44	17.52	19.45	23.28	26.37	40.64	70.54
40	14.10	18.36	20.42	24.39	27.49	42.28	73.46
41	14.77	19.27	21.44	25.59	28.68	44.02	76.64
42	15.50	20.23	22.50	26.84	29.96	45.92	80.08
43	16.43	21.32	23.68	28.18	31.35	47.97	83.85
44	17.39	22.53	24.88	29.59	32.81	50.16	87.90
45	18.42	23.74	26.15	31.07	34.37	52.51	92.25
46	19.54	25.07	27.52	32.62	35.99	55.03	96.92
47	20.70	26.47	28.94	34.28	37.71	57.70	101.91
48	21.92	27.96	30.54	36.08	39.56	60.69	107.58
49	23.20	29.51	32.18	37.96	41.48	63.87	113.53
50	24.54	31.13	33.87	39.88	43.42	67.10	119.64
51	25.87	32.76	35.56	41.86	45.37	70.45	125.88
52	27.23	34.40	37.27	43.81	47.31	73.83	132.14
53	28.67	36.12	39.07	45.87	49.29	77.40	138.73
54	30.07	37.82	40.79	47.87	51.20	80.92	145.10
55	31.23	39.42	42.43	49.78	52.97	84.26	151.12
56	32.31	40.89	43.93	51.53	54.60	87.39	156.60
57	33.28	42.24	45.27	53.09	56.03	90.17	161.35
58	33.40	42.42	45.46	53.28	55.93	90.62	161.25
59	33.50	42.64	45.60	53.44	55.87	91.08	161.13
60	33.77	43.04	45.96	53.86	56.12	91.96	161.80
61	34.29	43.77	46.71	54.74	56.97	93.69	164.06
62	35.23	45.07	48.07	56.33	58.69	96.63	168.78

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.86	10.01	11.02	13.10	16.48	28.43	50.04
26	8.11	10.35	11.37	13.57	17.01	28.97	50.90
27	8.38	10.75	11.80	14.10	17.55	29.57	51.84
28	8.68	11.15	12.29	14.67	18.14	30.22	52.88
29	9.03	11.61	12.80	15.31	18.77	30.91	54.05
30	9.38	12.12	13.35	15.99	19.44	31.70	55.30
31	9.76	12.66	13.95	16.75	20.15	32.54	56.67
32	10.19	13.23	14.60	17.51	20.90	33.46	58.19
33	10.66	13.83	15.29	18.35	21.69	34.45	59.81
34	11.13	14.47	15.99	19.21	22.51	35.52	61.62
35	11.63	15.15	16.77	20.11	23.39	36.69	63.59
36	12.18	15.86	17.58	21.08	24.32	37.92	65.73
37	12.76	16.63	18.44	22.11	25.32	39.28	68.10
38	13.36	17.40	19.32	23.14	26.35	40.75	70.69
39	14.00	18.25	20.26	24.25	27.47	42.33	73.48
40	14.69	19.13	21.27	25.41	28.64	44.04	76.52
41	15.39	20.07	22.33	26.66	29.88	45.85	79.83
42	16.15	21.07	23.44	27.96	31.21	47.83	83.42
43	17.11	22.21	24.67	29.35	32.66	49.97	87.34
44	18.11	23.47	25.92	30.82	34.18	52.25	91.56
45	19.19	24.73	27.24	32.36	35.80	54.70	96.09
46	20.35	26.11	28.67	33.98	37.49	57.32	100.96
47	21.56	27.57	30.15	35.71	39.28	60.10	106.16
48	22.83	29.13	31.81	37.58	41.21	63.22	112.06
49	24.17	30.74	33.52	39.54	43.21	66.53	118.26
50	25.56	32.43	35.28	41.54	45.23	69.90	124.62
51	26.95	34.13	37.04	43.60	47.26	73.39	131.13
52	28.36	35.83	38.82	45.64	49.28	76.91	137.65
53	29.86	37.63	40.70	47.78	51.34	80.63	144.51
54	31.32	39.40	42.49	49.86	53.33	84.29	151.15
55	32.53	41.06	44.20	51.85	55.18	87.77	157.42
56	33.66	42.59	45.76	53.68	56.88	91.03	163.12
57	34.67	44.00	47.16	55.30	58.36	93.93	168.07
58	34.79	44.19	47.35	55.50	58.26	94.40	167.97
59	34.90	44.42	47.50	55.67	58.20	94.88	167.84
60	35.18	44.83	47.87	56.10	58.46	95.79	168.54
61	35.72	45.59	48.66	57.02	59.34	97.59	170.90
62	36.70	46.95	50.07	58.68	61.14	100.66	175.81

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.49	8.15	8.94	10.56	13.39	23.35	40.82
26	6.69	8.42	9.22	10.93	13.82	23.82	41.58
27	6.90	8.74	9.56	11.36	14.27	24.34	42.40
28	7.14	9.06	9.96	11.82	14.76	24.90	43.31
29	7.42	9.43	10.36	12.33	15.27	25.50	44.32
30	7.71	9.84	10.80	12.87	15.82	26.18	45.41
31	8.02	10.27	11.29	13.48	16.41	26.90	46.59
32	8.36	10.73	11.81	14.09	17.03	27.69	47.89
33	8.74	11.21	12.36	14.76	17.68	28.53	49.30
34	9.12	11.73	12.93	15.46	18.36	29.45	50.85
35	9.52	12.28	13.56	16.19	19.09	30.45	52.54
36	9.96	12.85	14.21	16.97	19.87	31.51	54.37
37	10.44	13.48	14.91	17.81	20.71	32.67	56.40
38	10.92	14.10	15.62	18.64	21.57	33.93	58.61
39	11.44	14.79	16.39	19.55	22.51	35.27	61.00
40	12.01	15.51	17.21	20.50	23.50	36.73	63.60
41	12.58	16.28	18.08	21.51	24.55	38.28	66.43
42	13.20	17.10	18.99	22.59	25.67	39.98	69.50
43	13.99	18.04	20.00	23.72	26.89	41.81	72.84
44	14.81	19.07	21.02	24.93	28.18	43.76	76.45
45	15.70	20.11	22.12	26.21	29.55	45.86	80.34
46	16.66	21.25	23.30	27.55	30.98	48.12	84.53
47	17.66	22.46	24.54	28.99	32.52	50.52	89.01
48	18.72	23.77	25.92	30.56	34.17	53.21	94.10
49	19.84	25.12	27.36	32.21	35.88	56.08	99.47
50	21.01	26.54	28.85	33.91	37.64	59.03	105.01
51	22.20	27.99	30.35	35.66	39.42	62.10	110.74
52	23.40	29.45	31.88	37.43	41.21	65.23	116.52
53	24.70	31.03	33.52	39.31	43.08	68.58	122.71
54	25.99	32.59	35.12	41.16	44.90	71.91	128.76
55	27.10	34.08	36.66	42.96	46.63	75.13	134.57
56	28.16	35.49	38.09	44.65	48.25	78.19	139.97
57	29.14	36.81	39.42	46.19	49.71	80.98	144.79
58	29.39	37.14	39.76	46.57	49.88	81.74	145.39
59	29.64	37.53	40.10	46.95	50.09	82.54	146.03
60	30.05	38.06	40.63	47.57	50.58	83.74	147.44
61	30.68	38.92	41.51	48.60	51.59	85.71	150.32
62	31.68	40.26	42.92	50.27	53.35	88.79	155.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.76	8.49	9.31	11.00	13.95	24.32	42.52
26	6.97	8.77	9.60	11.39	14.40	24.81	43.31
27	7.19	9.10	9.96	11.83	14.86	25.35	44.17
28	7.44	9.44	10.37	12.31	15.37	25.94	45.11
29	7.73	9.82	10.79	12.84	15.91	26.56	46.17
30	8.03	10.25	11.25	13.41	16.48	27.27	47.30
31	8.35	10.70	11.76	14.04	17.09	28.02	48.53
32	8.71	11.18	12.30	14.68	17.74	28.84	49.89
33	9.10	11.68	12.88	15.38	18.42	29.72	51.35
34	9.50	12.22	13.47	16.10	19.13	30.68	52.97
35	9.92	12.79	14.12	16.86	19.89	31.72	54.73
36	10.38	13.39	14.80	17.68	20.70	32.82	56.64
37	10.87	14.04	15.53	18.55	21.57	34.03	58.75
38	11.38	14.69	16.27	19.42	22.47	35.34	61.05
39	11.92	15.41	17.07	20.36	23.45	36.74	63.54
40	12.51	16.16	17.93	21.35	24.48	38.26	66.25
41	13.10	16.96	18.83	22.41	25.57	39.88	69.20
42	13.75	17.81	19.78	23.53	26.74	41.65	72.40
43	14.57	18.79	20.83	24.71	28.01	43.55	75.88
44	15.43	19.86	21.90	25.97	29.35	45.58	79.64
45	16.35	20.95	23.04	27.30	30.78	47.77	83.69
46	17.35	22.14	24.27	28.70	32.27	50.12	88.05
47	18.40	23.40	25.56	30.20	33.87	52.62	92.72
48	19.50	24.76	27.00	31.83	35.59	55.43	98.02
49	20.67	26.17	28.50	33.55	37.38	58.42	103.61
50	21.89	27.65	30.05	35.32	39.21	61.49	109.39
51	23.12	29.16	31.61	37.15	41.06	64.69	115.35
52	24.38	30.68	33.21	38.99	42.93	67.95	121.38
53	25.73	32.32	34.92	40.95	44.87	71.44	127.82
54	27.07	33.95	36.58	42.88	46.77	74.91	134.13
55	28.23	35.50	38.19	44.75	48.57	78.26	140.18
56	29.33	36.97	39.68	46.51	50.26	81.45	145.80
57	30.35	38.34	41.06	48.11	51.78	84.35	150.82
58	30.61	38.69	41.42	48.51	51.96	85.15	151.45
59	30.88	39.09	41.77	48.91	52.18	85.98	152.11
60	31.30	39.65	42.32	49.55	52.69	87.23	153.58
61	31.96	40.54	43.24	50.63	53.74	89.28	156.58
62	33.00	41.94	44.71	52.36	55.57	92.49	161.90

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.44	5.31	5.74	6.62	9.29	18.24	31.48
26	4.56	5.47	5.91	6.85	9.61	18.64	32.17
27	4.68	5.65	6.12	7.11	9.92	19.10	32.92
28	4.83	5.86	6.36	7.39	10.27	19.60	33.73
29	5.00	6.08	6.60	7.69	10.65	20.13	34.63
30	5.18	6.33	6.87	8.02	11.04	20.72	35.57
31	5.37	6.60	7.16	8.39	11.47	21.35	36.61
32	5.58	6.87	7.50	8.77	11.94	22.02	37.75
33	5.82	7.18	7.84	9.19	12.42	22.75	38.97
34	6.06	7.51	8.20	9.63	12.94	23.54	40.31
35	6.32	7.85	8.60	10.09	13.51	24.40	41.77
36	6.61	8.23	9.01	10.60	14.10	25.31	43.35
37	6.90	8.64	9.47	11.15	14.76	26.31	45.09
38	7.23	9.04	9.94	11.69	15.44	27.39	46.98
39	7.56	9.50	10.44	12.29	16.19	28.52	49.03
40	7.95	9.98	11.00	12.91	16.99	29.78	51.25
41	8.33	10.50	11.58	13.62	17.84	31.12	53.68
42	8.76	11.06	12.21	14.36	18.75	32.57	56.31
43	9.30	11.70	12.89	15.14	19.73	34.14	59.16
44	9.86	12.41	13.61	15.98	20.77	35.81	62.26
45	10.48	13.14	14.39	16.89	21.89	37.60	65.59
46	11.16	13.97	15.24	17.86	23.06	39.55	69.19
47	11.88	14.84	16.14	18.91	24.33	41.63	73.07
48	12.65	15.79	17.16	20.07	25.71	43.98	77.45
49	13.50	16.81	18.23	21.32	27.17	46.47	82.11
50	14.37	17.89	19.36	22.63	28.67	49.07	86.97
51	15.28	19.02	20.53	24.02	30.22	51.79	92.02
52	16.23	20.18	21.77	25.44	31.81	54.59	97.20
53	17.27	21.47	23.13	27.01	33.52	57.63	102.81
54	18.35	22.78	24.48	28.61	35.23	60.67	108.40
55	19.41	24.09	25.84	30.20	36.88	63.66	113.84
56	20.46	25.36	27.16	31.75	38.47	66.52	119.01
57	21.47	26.59	28.42	33.22	39.94	69.18	123.75
58	21.95	27.14	28.99	33.88	40.45	70.13	125.00
59	22.44	27.74	29.60	34.56	41.01	71.11	126.34
60	23.05	28.48	30.36	35.45	41.73	72.47	128.41
61	23.86	29.48	31.39	36.67	42.81	74.51	131.85
62	24.94	30.84	32.82	38.37	44.40	77.53	137.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.62	5.53	5.98	6.90	9.68	19.00	32.79
26	4.75	5.70	6.16	7.14	10.01	19.42	33.51
27	4.88	5.89	6.37	7.41	10.33	19.90	34.29
28	5.03	6.10	6.62	7.70	10.70	20.42	35.14
29	5.21	6.33	6.87	8.01	11.09	20.97	36.07
30	5.40	6.59	7.16	8.35	11.50	21.58	37.05
31	5.59	6.87	7.46	8.74	11.95	22.24	38.14
32	5.81	7.16	7.81	9.14	12.44	22.94	39.32
33	6.06	7.48	8.17	9.57	12.94	23.70	40.59
34	6.31	7.82	8.54	10.03	13.48	24.52	41.99
35	6.58	8.18	8.96	10.51	14.07	25.42	43.51
36	6.89	8.57	9.39	11.04	14.69	26.36	45.16
37	7.19	9.00	9.86	11.61	15.37	27.41	46.97
38	7.53	9.42	10.35	12.18	16.08	28.53	48.94
39	7.88	9.90	10.88	12.80	16.86	29.71	51.07
40	8.28	10.40	11.46	13.45	17.70	31.02	53.39
41	8.68	10.94	12.06	14.19	18.58	32.42	55.92
42	9.12	11.52	12.72	14.96	19.53	33.93	58.66
43	9.69	12.19	13.43	15.77	20.55	35.56	61.63
44	10.27	12.93	14.18	16.65	21.64	37.30	64.85
45	10.92	13.69	14.99	17.59	22.80	39.17	68.32
46	11.62	14.55	15.87	18.60	24.02	41.20	72.07
47	12.38	15.46	16.81	19.70	25.34	43.36	76.11
48	13.18	16.45	17.87	20.91	26.78	45.81	80.68
49	14.06	17.51	18.99	22.21	28.30	48.41	85.53
50	14.97	18.64	20.17	23.57	29.86	51.11	90.59
51	15.92	19.81	21.39	25.02	31.48	53.95	95.85
52	16.91	21.02	22.68	26.50	33.14	56.86	101.25
53	17.99	22.36	24.09	28.14	34.92	60.03	107.09
54	19.11	23.73	25.50	29.80	36.70	63.20	112.92
55	20.22	25.09	26.92	31.46	38.42	66.31	118.58
56	21.31	26.42	28.29	33.07	40.07	69.29	123.97
57	22.36	27.70	29.60	34.60	41.60	72.06	128.91
58	22.86	28.27	30.20	35.29	42.14	73.05	130.21
59	23.38	28.90	30.83	36.00	42.72	74.07	131.60
60	24.01	29.67	31.62	36.93	43.47	75.49	133.76
61	24.85	30.71	32.70	38.20	44.59	77.61	137.34
62	25.98	32.12	34.19	39.97	46.25	80.76	142.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.63	11.06	12.13	14.44	18.78	34.79	61.68
26	8.95	11.49	12.57	15.03	19.46	35.69	63.17
27	9.28	11.97	13.10	15.66	20.17	36.66	64.76
28	9.66	12.48	13.69	16.35	20.93	37.68	66.48
29	10.09	13.04	14.32	17.15	21.76	38.78	68.32
30	10.53	13.66	14.99	17.97	22.65	39.98	70.30
31	11.01	14.32	15.72	18.88	23.58	41.26	72.41
32	11.53	15.03	16.51	19.80	24.55	42.64	74.73
33	12.10	15.76	17.34	20.80	25.58	44.11	77.17
34	12.69	16.54	18.20	21.86	26.66	45.66	79.83
35	13.31	17.38	19.13	22.95	27.80	47.36	82.70
36	14.00	18.26	20.13	24.12	29.02	49.14	85.81
37	14.71	19.19	21.17	25.37	30.31	51.08	89.20
38	15.45	20.16	22.25	26.64	31.65	53.15	92.87
39	16.25	21.19	23.40	27.97	33.09	55.38	96.79
40	17.09	22.28	24.62	29.41	34.60	57.76	101.04
41	17.98	23.44	25.92	30.91	36.20	60.28	105.62
42	18.92	24.67	27.28	32.48	37.91	62.99	110.52
43	20.09	26.08	28.76	34.19	39.78	65.94	115.92
44	21.32	27.59	30.29	35.96	41.72	69.04	121.66
45	22.65	29.16	31.90	37.82	43.78	72.34	127.76
46	24.05	30.82	33.61	39.78	45.90	75.81	134.21
47	25.51	32.57	35.39	41.83	48.12	79.46	141.02
48	27.07	34.47	37.40	44.09	50.55	83.58	148.78
49	28.68	36.41	39.42	46.41	53.00	87.82	156.76
50	30.34	38.40	41.49	48.75	55.44	92.04	164.74
51	31.99	40.37	43.51	51.08	57.81	96.24	172.60
52	33.60	42.30	45.50	53.34	60.07	100.28	180.14
53	35.30	44.31	47.57	55.69	62.33	104.49	187.90
54	36.86	46.17	49.47	57.87	64.37	108.31	194.86
55	38.08	47.80	51.11	59.80	66.08	111.53	200.69
56	39.09	49.15	52.47	61.37	67.37	114.06	205.08
57	39.81	50.18	53.46	62.51	68.18	115.65	207.65
58	39.77	50.17	53.41	62.46	67.64	115.31	206.39
59	39.42	49.83	52.98	61.96	66.63	113.93	203.11
60	38.85	49.18	52.27	61.14	65.26	111.54	197.90
61	38.04	48.27	51.32	60.04	63.65	108.23	190.87
62	37.06	47.22	50.22	58.80	61.92	104.00	182.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.67	11.14	12.25	14.61	19.02	35.33	62.65
26	8.98	11.58	12.70	15.21	19.72	36.25	64.19
27	9.33	12.06	13.24	15.85	20.44	37.25	65.82
28	9.71	12.57	13.84	16.55	21.22	38.30	67.57
29	10.15	13.14	14.48	17.36	22.06	39.41	69.46
30	10.58	13.77	15.16	18.20	22.96	40.65	71.49
31	11.07	14.44	15.89	19.12	23.92	41.96	73.66
32	11.60	15.16	16.69	20.06	24.91	43.37	76.04
33	12.16	15.89	17.54	21.08	25.95	44.87	78.53
34	12.76	16.69	18.41	22.16	27.05	46.45	81.24
35	13.38	17.53	19.36	23.27	28.22	48.19	84.18
36	14.07	18.42	20.38	24.46	29.45	50.02	87.35
37	14.80	19.36	21.43	25.72	30.77	51.99	90.81
38	15.54	20.35	22.53	27.01	32.14	54.11	94.57
39	16.34	21.39	23.70	28.37	33.61	56.39	98.57
40	17.20	22.49	24.93	29.83	35.14	58.81	102.91
41	18.09	23.66	26.25	31.36	36.77	61.38	107.58
42	19.03	24.91	27.63	32.96	38.51	64.14	112.58
43	20.21	26.33	29.14	34.69	40.42	67.15	118.08
44	21.46	27.86	30.69	36.50	42.40	70.32	123.94
45	22.79	29.43	32.32	38.39	44.49	73.68	130.16
46	24.20	31.12	34.06	40.37	46.66	77.22	136.72
47	25.68	32.88	35.86	42.46	48.91	80.93	143.66
48	27.25	34.81	37.90	44.76	51.38	85.12	151.56
49	28.87	36.77	39.95	47.11	53.87	89.44	159.68
50	30.53	38.78	42.05	49.49	56.35	93.73	167.79
51	32.20	40.77	44.09	51.86	58.75	97.98	175.76
52	33.81	42.71	46.10	54.14	61.04	102.08	183.40
53	35.53	44.73	48.19	56.52	63.32	106.33	191.24
54	37.09	46.61	50.10	58.72	65.37	110.17	198.25
55	38.32	48.25	51.75	60.65	67.08	113.39	204.09
56	39.32	49.60	53.10	62.22	68.36	115.89	208.41
57	40.04	50.61	54.07	63.33	69.13	117.42	210.86
58	39.99	50.59	54.01	63.26	68.56	117.03	209.53
59	39.63	50.23	53.55	62.72	67.49	115.54	206.07
60	39.03	49.53	52.77	61.81	66.01	112.96	200.51
61	38.18	48.55	51.71	60.56	64.24	109.34	192.89
62	37.14	47.38	50.46	59.12	62.26	104.66	183.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.73	11.26	12.43	14.87	19.38	36.13	64.11
26	9.05	11.71	12.90	15.48	20.10	37.09	65.70
27	9.39	12.20	13.45	16.14	20.85	38.12	67.40
28	9.78	12.72	14.06	16.86	21.65	39.21	69.23
29	10.22	13.30	14.71	17.69	22.52	40.37	71.18
30	10.67	13.94	15.41	18.54	23.44	41.65	73.28
31	11.16	14.62	16.16	19.49	24.42	43.00	75.53
32	11.69	15.35	16.98	20.45	25.44	44.45	77.99
33	12.27	16.10	17.84	21.50	26.51	46.01	80.57
34	12.86	16.91	18.74	22.60	27.65	47.64	83.37
35	13.49	17.76	19.71	23.73	28.84	49.44	86.41
36	14.19	18.67	20.74	24.96	30.11	51.32	89.68
37	14.93	19.62	21.82	26.25	31.47	53.35	93.25
38	15.67	20.62	22.94	27.57	32.88	55.54	97.12
39	16.49	21.69	24.13	28.98	34.38	57.88	101.24
40	17.34	22.80	25.40	30.47	35.96	60.38	105.71
41	18.25	23.98	26.75	32.04	37.64	63.04	110.52
42	19.20	25.26	28.15	33.68	39.42	65.87	115.66
43	20.39	26.70	29.69	35.45	41.38	68.97	121.33
44	21.66	28.26	31.29	37.30	43.41	72.23	127.35
45	23.00	29.86	32.95	39.25	45.56	75.68	133.75
46	24.43	31.57	34.73	41.27	47.78	79.32	140.50
47	25.92	33.37	36.57	43.41	50.09	83.12	147.61
48	27.51	35.32	38.64	45.77	52.63	87.44	155.73
49	29.15	37.31	40.74	48.18	55.18	91.86	164.05
50	30.82	39.35	42.87	50.61	57.71	96.26	172.36
51	32.50	41.37	44.97	53.02	60.16	100.60	180.49
52	34.14	43.33	47.00	55.34	62.49	104.76	188.27
53	35.86	45.38	49.13	57.76	64.81	109.08	196.24
54	37.43	47.27	51.06	59.99	66.88	112.97	203.34
55	38.66	48.92	52.72	61.93	68.59	116.19	209.18
56	39.66	50.26	54.06	63.48	69.83	118.64	213.42
57	40.37	51.25	55.00	64.56	70.55	120.07	215.68
58	40.32	51.22	54.93	64.47	69.95	119.62	214.25
59	39.93	50.82	54.41	63.85	68.78	117.96	210.51
60	39.30	50.05	53.52	62.80	67.15	115.08	204.40
61	38.39	48.96	52.30	61.35	65.11	111.00	195.91
62	37.27	47.63	50.82	59.59	62.78	105.65	185.07

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.28	11.89	13.04	15.53	20.19	37.41	66.32
26	9.62	12.35	13.52	16.16	20.92	38.38	67.93
27	9.98	12.87	14.09	16.84	21.69	39.42	69.63
28	10.39	13.42	14.72	17.58	22.51	40.52	71.48
29	10.85	14.02	15.40	18.44	23.40	41.70	73.46
30	11.32	14.69	16.12	19.32	24.35	42.99	75.59
31	11.84	15.40	16.90	20.30	25.36	44.37	77.86
32	12.40	16.16	17.75	21.29	26.40	45.85	80.36
33	13.01	16.95	18.64	22.37	27.50	47.43	82.98
34	13.64	17.79	19.57	23.51	28.67	49.10	85.84
35	14.31	18.69	20.57	24.68	29.89	50.93	88.93
36	15.05	19.63	21.65	25.94	31.20	52.84	92.27
37	15.82	20.63	22.76	27.28	32.59	54.92	95.91
38	16.61	21.68	23.93	28.64	34.03	57.15	99.86
39	17.47	22.79	25.16	30.08	35.58	59.55	104.07
40	18.38	23.96	26.47	31.62	37.20	62.11	108.65
41	19.33	25.20	27.87	33.24	38.92	64.82	113.57
42	20.34	26.53	29.33	34.93	40.76	67.73	118.84
43	21.60	28.04	30.93	36.76	42.77	70.90	124.64
44	22.93	29.67	32.57	38.67	44.86	74.24	130.82
45	24.35	31.35	34.30	40.67	47.07	77.79	137.38
46	25.86	33.14	36.14	42.77	49.36	81.52	144.31
47	27.43	35.02	38.05	44.98	51.74	85.44	151.63
48	29.11	37.06	40.21	47.41	54.35	89.87	159.98
49	30.84	39.15	42.39	49.90	56.99	94.43	168.56
50	32.62	41.29	44.61	52.42	59.61	98.97	177.14
51	34.40	43.41	46.79	54.93	62.16	103.48	185.59
52	36.13	45.48	48.92	57.35	64.59	107.83	193.70
53	37.96	47.64	51.15	59.88	67.02	112.35	202.04
54	39.63	49.65	53.19	62.23	69.21	116.46	209.53
55	40.95	51.40	54.96	64.30	71.05	119.93	215.80
56	42.03	52.85	56.42	65.99	72.44	122.64	220.52
57	42.81	53.96	57.48	67.22	73.31	124.36	223.28
58	42.76	53.95	57.43	67.16	72.73	123.99	221.92
59	42.39	53.58	56.97	66.62	71.64	122.50	218.40
60	41.77	52.88	56.20	65.74	70.17	119.94	212.80
61	40.90	51.90	55.18	64.56	68.44	116.38	205.24
62	39.85	50.77	54.00	63.23	66.58	111.83	195.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.32	11.98	13.17	15.71	20.45	37.99	67.37
26	9.66	12.45	13.66	16.35	21.20	38.98	69.02
27	10.03	12.97	14.24	17.04	21.98	40.05	70.77
28	10.44	13.52	14.88	17.80	22.82	41.18	72.66
29	10.91	14.13	15.57	18.67	23.72	42.38	74.69
30	11.38	14.81	16.30	19.57	24.69	43.71	76.87
31	11.90	15.53	17.09	20.56	25.72	45.12	79.20
32	12.47	16.30	17.95	21.57	26.78	46.63	81.76
33	13.08	17.09	18.86	22.67	27.90	48.25	84.44
34	13.72	17.95	19.80	23.83	29.09	49.95	87.36
35	14.39	18.85	20.82	25.02	30.34	51.82	90.52
36	15.13	19.81	21.91	26.30	31.67	53.78	93.93
37	15.91	20.82	23.04	27.66	33.09	55.90	97.65
38	16.71	21.88	24.23	29.04	34.56	58.18	101.69
39	17.57	23.00	25.48	30.51	36.14	60.63	105.99
40	18.49	24.18	26.81	32.08	37.79	63.24	110.66
41	19.45	25.44	28.23	33.72	39.54	66.00	115.68
42	20.46	26.78	29.71	35.44	41.41	68.97	121.05
43	21.73	28.31	31.33	37.30	43.46	72.20	126.97
44	23.07	29.96	33.00	39.25	45.59	75.61	133.27
45	24.50	31.65	34.75	41.28	47.84	79.23	139.96
46	26.02	33.46	36.62	43.41	50.17	83.03	147.01
47	27.61	35.36	38.56	45.66	52.59	87.02	154.47
48	29.30	37.43	40.75	48.13	55.25	91.53	162.97
49	31.04	39.54	42.96	50.66	57.93	96.17	171.70
50	32.83	41.70	45.21	53.22	60.59	100.78	180.42
51	34.62	43.84	47.41	55.76	63.17	105.36	188.99
52	36.36	45.92	49.57	58.21	65.63	109.76	197.20
53	38.20	48.10	51.82	60.77	68.09	114.33	205.63
54	39.88	50.12	53.87	63.14	70.29	118.46	213.17
55	41.20	51.88	55.65	65.22	72.13	121.93	219.45
56	42.28	53.33	57.10	66.90	73.50	124.61	224.10
57	43.05	54.42	58.14	68.10	74.33	126.26	226.73
58	43.00	54.40	58.08	68.02	73.72	125.84	225.30
59	42.61	54.01	57.58	67.44	72.57	124.24	221.58
60	41.97	53.26	56.74	66.46	70.98	121.46	215.60
61	41.05	52.20	55.60	65.12	69.07	117.57	207.41
62	39.94	50.95	54.26	63.57	66.95	112.54	197.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.39	12.11	13.37	15.99	20.84	38.85	68.94
26	9.73	12.59	13.87	16.64	21.61	39.88	70.65
27	10.10	13.12	14.46	17.35	22.42	40.99	72.47
28	10.52	13.68	15.12	18.13	23.28	42.16	74.44
29	10.99	14.30	15.82	19.02	24.21	43.41	76.54
30	11.47	14.99	16.57	19.94	25.20	44.78	78.80
31	12.00	15.72	17.38	20.96	26.26	46.24	81.21
32	12.57	16.50	18.26	21.99	27.35	47.80	83.86
33	13.19	17.31	19.18	23.12	28.51	49.47	86.63
34	13.83	18.18	20.15	24.30	29.73	51.23	89.65
35	14.51	19.10	21.19	25.52	31.01	53.16	92.91
36	15.26	20.07	22.30	26.84	32.38	55.18	96.43
37	16.05	21.10	23.46	28.23	33.84	57.37	100.27
38	16.85	22.17	24.67	29.65	35.35	59.72	104.43
39	17.73	23.32	25.95	31.16	36.97	62.24	108.86
40	18.65	24.52	27.31	32.76	38.67	64.93	113.67
41	19.62	25.79	28.76	34.45	40.47	67.78	118.84
42	20.65	27.16	30.27	36.21	42.39	70.83	124.37
43	21.93	28.71	31.93	38.12	44.49	74.16	130.46
44	23.29	30.39	33.64	40.11	46.68	77.67	136.94
45	24.73	32.11	35.43	42.20	48.99	81.38	143.82
46	26.27	33.95	37.34	44.38	51.38	85.29	151.07
47	27.87	35.88	39.32	46.68	53.86	89.38	158.72
48	29.58	37.98	41.55	49.21	56.59	94.02	167.45
49	31.34	40.12	43.81	51.81	59.33	98.77	176.40
50	33.14	42.31	46.10	54.42	62.05	103.50	185.33
51	34.95	44.48	48.35	57.01	64.69	108.17	194.08
52	36.71	46.59	50.54	59.51	67.19	112.65	202.44
53	38.56	48.80	52.83	62.11	69.69	117.29	211.01
54	40.25	50.83	54.90	64.51	71.91	121.47	218.64
55	41.57	52.60	56.69	66.59	73.75	124.94	224.92
56	42.65	54.04	58.13	68.26	75.09	127.57	229.48
57	43.41	55.11	59.14	69.42	75.86	129.11	231.91
58	43.35	55.08	59.06	69.32	75.21	128.62	230.38
59	42.94	54.65	58.50	68.66	73.96	126.84	226.36
60	42.26	53.82	57.55	67.53	72.20	123.74	219.79
61	41.28	52.64	56.24	65.97	70.01	119.35	210.66
62	40.08	51.22	54.64	64.07	67.50	113.60	199.00

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.61	9.64	10.54	12.49	16.42	30.97	54.68
26	7.89	10.02	10.93	13.00	17.03	31.82	56.12
27	8.17	10.43	11.39	13.55	17.67	32.74	57.62
28	8.51	10.89	11.90	14.15	18.36	33.70	59.25
29	8.88	11.37	12.45	14.85	19.10	34.74	60.99
30	9.27	11.92	13.04	15.57	19.89	35.86	62.86
31	9.70	12.50	13.68	16.36	20.74	37.06	64.84
32	10.16	13.12	14.37	17.17	21.61	38.34	67.02
33	10.65	13.76	15.09	18.04	22.53	39.71	69.30
34	11.17	14.45	15.86	18.97	23.52	41.16	71.79
35	11.72	15.19	16.67	19.93	24.54	42.74	74.47
36	12.32	15.96	17.55	20.96	25.65	44.40	77.36
37	12.95	16.78	18.46	22.06	26.82	46.19	80.50
38	13.61	17.64	19.42	23.18	28.04	48.12	83.90
39	14.31	18.55	20.43	24.36	29.35	50.18	87.54
40	15.07	19.52	21.51	25.63	30.73	52.39	91.49
41	15.85	20.54	22.66	26.96	32.19	54.73	95.73
42	16.68	21.64	23.87	28.37	33.75	57.24	100.27
43	17.73	22.90	25.19	29.87	35.45	59.97	105.26
44	18.83	24.24	26.55	31.45	37.23	62.84	110.58
45	20.00	25.64	27.99	33.12	39.11	65.90	116.23
46	21.26	27.13	29.52	34.87	41.05	69.12	122.20
47	22.57	28.69	31.12	36.71	43.09	72.50	128.52
48	23.98	30.40	32.92	38.74	45.32	76.33	135.72
49	25.43	32.16	34.75	40.84	47.58	80.28	143.14
50	26.92	33.95	36.62	42.97	49.84	84.22	150.58
51	28.43	35.75	38.46	45.09	52.04	88.15	157.92
52	29.90	37.51	40.28	47.15	54.16	91.95	165.01
53	31.46	39.37	42.19	49.34	56.31	95.94	172.38
54	32.90	41.11	43.97	51.38	58.26	99.58	179.03
55	34.08	42.63	45.52	53.20	59.93	102.69	184.66
56	35.06	43.92	46.82	54.70	61.21	105.15	188.98
57	35.80	44.92	47.78	55.83	62.06	106.75	191.61
58	35.88	45.06	47.90	55.96	61.78	106.71	191.02
59	35.68	44.87	47.65	55.67	61.03	105.65	188.48
60	35.24	44.36	47.10	55.05	59.89	103.58	183.99
61	34.54	43.57	46.28	54.10	58.44	100.51	177.56
62	33.62	42.56	45.24	52.93	56.74	96.40	169.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.64	9.73	10.66	12.66	16.67	31.51	55.66
26	7.92	10.11	11.06	13.18	17.29	32.38	57.13
27	8.22	10.53	11.53	13.74	17.94	33.32	58.68
28	8.56	10.98	12.05	14.36	18.65	34.32	60.35
29	8.94	11.48	12.61	15.07	19.40	35.37	62.13
30	9.33	12.03	13.21	15.80	20.21	36.53	64.05
31	9.76	12.62	13.86	16.60	21.07	37.76	66.09
32	10.22	13.25	14.55	17.43	21.97	39.07	68.32
33	10.71	13.89	15.30	18.32	22.91	40.47	70.66
34	11.24	14.60	16.07	19.27	23.91	41.95	73.20
35	11.79	15.34	16.90	20.25	24.96	43.57	75.94
36	12.40	16.13	17.79	21.30	26.09	45.27	78.90
37	13.04	16.95	18.72	22.41	27.29	47.10	82.12
38	13.70	17.83	19.70	23.55	28.53	49.08	85.61
39	14.41	18.75	20.73	24.76	29.87	51.19	89.33
40	15.17	19.73	21.83	26.06	31.28	53.44	93.36
41	15.96	20.77	23.00	27.41	32.76	55.83	97.70
42	16.80	21.87	24.23	28.84	34.35	58.39	102.33
43	17.85	23.15	25.57	30.37	36.09	61.18	107.42
44	18.96	24.51	26.95	31.99	37.91	64.11	112.86
45	20.14	25.92	28.41	33.68	39.82	67.24	118.63
46	21.41	27.43	29.96	35.46	41.80	70.52	124.71
47	22.74	29.01	31.59	37.34	43.88	73.97	131.16
48	24.15	30.75	33.42	39.41	46.16	77.88	138.50
49	25.61	32.52	35.28	41.54	48.45	81.90	146.06
50	27.12	34.34	37.18	43.71	50.75	85.90	153.63
51	28.63	36.15	39.04	45.86	52.98	89.89	161.09
52	30.11	37.92	40.88	47.95	55.13	93.74	168.26
53	31.69	39.79	42.82	50.16	57.31	97.78	175.71
54	33.14	41.54	44.60	52.23	59.27	101.44	182.42
55	34.32	43.08	46.17	54.05	60.93	104.55	188.06
56	35.29	44.37	47.45	55.55	62.20	106.98	192.31
57	36.02	45.35	48.40	56.65	63.01	108.51	194.82
58	36.10	45.48	48.50	56.76	62.70	108.43	194.17
59	35.89	45.27	48.22	56.43	61.89	107.27	191.44
60	35.42	44.71	47.61	55.72	60.65	105.00	186.60
61	34.68	43.85	46.67	54.62	59.03	101.61	179.57
62	33.70	42.72	45.48	53.24	57.08	97.06	170.38

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.71	9.85	10.84	12.92	17.03	32.31	57.12
26	7.99	10.24	11.25	13.45	17.67	33.22	58.65
27	8.29	10.67	11.74	14.02	18.35	34.20	60.26
28	8.63	11.13	12.28	14.67	19.07	35.23	62.00
29	9.01	11.63	12.84	15.39	19.86	36.33	63.85
30	9.41	12.20	13.46	16.14	20.68	37.53	65.84
31	9.85	12.80	14.13	16.97	21.58	38.80	67.96
32	10.31	13.44	14.84	17.82	22.50	40.16	70.27
33	10.82	14.10	15.60	18.74	23.47	41.61	72.70
34	11.35	14.81	16.40	19.71	24.51	43.14	75.33
35	11.90	15.57	17.24	20.71	25.58	44.82	78.17
36	12.52	16.37	18.15	21.80	26.75	46.57	81.23
37	13.17	17.21	19.11	22.94	27.98	48.47	84.56
38	13.83	18.10	20.11	24.11	29.27	50.51	88.15
39	14.55	19.05	21.17	25.36	30.64	52.68	92.00
40	15.32	20.04	22.29	26.69	32.09	55.01	96.16
41	16.12	21.09	23.49	28.09	33.63	57.48	100.64
42	16.97	22.23	24.75	29.56	35.27	60.12	105.42
43	18.03	23.52	26.12	31.14	37.05	63.00	110.67
44	19.17	24.91	27.55	32.79	38.92	66.03	116.27
45	20.36	26.35	29.04	34.54	40.89	69.24	122.22
46	21.64	27.88	30.63	36.36	42.93	72.62	128.49
47	22.98	29.49	32.30	38.29	45.06	76.17	135.11
48	24.41	31.26	34.17	40.42	47.40	80.19	142.67
49	25.89	33.06	36.07	42.61	49.76	84.31	150.43
50	27.41	34.90	38.01	44.83	52.11	88.43	158.19
51	28.94	36.74	39.92	47.02	54.40	92.51	165.82
52	30.44	38.54	41.78	49.16	56.58	96.43	173.14
53	32.02	40.45	43.76	51.41	58.79	100.53	180.72
54	33.48	42.20	45.56	53.50	60.78	104.24	187.51
55	34.66	43.75	47.13	55.33	62.44	107.35	193.14
56	35.64	45.03	48.41	56.81	63.68	109.73	197.31
57	36.35	45.99	49.33	57.87	64.43	111.16	199.63
58	36.43	46.11	49.41	57.97	64.09	111.01	198.89
59	36.20	45.87	49.08	57.57	63.18	109.68	195.89
60	35.69	45.24	48.36	56.71	61.78	107.12	190.49
61	34.89	44.26	47.26	55.41	59.90	103.27	182.60
62	33.83	42.98	45.83	53.71	57.59	98.05	172.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.18	10.37	11.33	13.43	17.66	33.30	58.80
26	8.48	10.77	11.75	13.98	18.31	34.22	60.34
27	8.79	11.22	12.25	14.57	19.00	35.20	61.96
28	9.15	11.71	12.80	15.22	19.74	36.24	63.71
29	9.55	12.23	13.39	15.97	20.54	37.35	65.58
30	9.97	12.82	14.02	16.74	21.39	38.56	67.59
31	10.43	13.44	14.71	17.59	22.30	39.85	69.72
32	10.92	14.11	15.45	18.46	23.24	41.23	72.06
33	11.45	14.80	16.23	19.40	24.23	42.70	74.52
34	12.01	15.54	17.05	20.40	25.29	44.26	77.19
35	12.60	16.33	17.92	21.43	26.39	45.96	80.07
36	13.25	17.16	18.87	22.54	27.58	47.74	83.18
37	13.93	18.04	19.85	23.72	28.84	49.67	86.56
38	14.63	18.97	20.88	24.92	30.15	51.74	90.22
39	15.39	19.95	21.97	26.19	31.56	53.96	94.13
40	16.20	20.99	23.13	27.56	33.04	56.33	98.38
41	17.04	22.09	24.37	28.99	34.61	58.85	102.94
42	17.94	23.27	25.67	30.50	36.29	61.55	107.82
43	19.06	24.62	27.09	32.12	38.12	64.48	113.18
44	20.25	26.06	28.55	33.82	40.03	67.57	118.90
45	21.51	27.57	30.10	35.61	42.05	70.86	124.98
46	22.86	29.17	31.74	37.49	44.14	74.32	131.40
47	24.27	30.85	33.46	39.47	46.33	77.96	138.19
48	25.78	32.69	35.40	41.66	48.73	82.08	145.94
49	27.34	34.58	37.37	43.91	51.16	86.32	153.91
50	28.95	36.51	39.38	46.20	53.59	90.56	161.91
51	30.57	38.44	41.36	48.48	55.96	94.78	169.81
52	32.15	40.33	43.31	50.70	58.24	98.87	177.43
53	33.83	42.33	45.37	53.05	60.55	103.16	185.35
54	35.38	44.20	47.28	55.25	62.65	107.08	192.51
55	36.65	45.84	48.95	57.20	64.44	110.42	198.56
56	37.70	47.23	50.34	58.82	65.82	113.06	203.20
57	38.49	48.30	51.38	60.03	66.73	114.78	206.03
58	38.58	48.45	51.50	60.17	66.43	114.74	205.40
59	38.37	48.25	51.24	59.86	65.62	113.60	202.67
60	37.89	47.70	50.65	59.19	64.40	111.38	197.84
61	37.14	46.85	49.76	58.17	62.84	108.07	190.92
62	36.15	45.76	48.64	56.91	61.01	103.66	181.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.22	10.46	11.46	13.61	17.92	33.88	59.85
26	8.52	10.87	11.89	14.17	18.59	34.82	61.43
27	8.84	11.32	12.40	14.77	19.29	35.83	63.10
28	9.20	11.81	12.96	15.44	20.05	36.90	64.89
29	9.61	12.34	13.56	16.20	20.86	38.03	66.81
30	10.03	12.94	14.20	16.99	21.73	39.28	68.87
31	10.49	13.57	14.90	17.85	22.66	40.60	71.06
32	10.99	14.25	15.65	18.74	23.62	42.01	73.46
33	11.52	14.94	16.45	19.70	24.63	43.52	75.98
34	12.09	15.70	17.28	20.72	25.71	45.11	78.71
35	12.68	16.49	18.17	21.77	26.84	46.85	81.66
36	13.33	17.34	19.13	22.90	28.05	48.68	84.84
37	14.02	18.23	20.13	24.10	29.34	50.65	88.30
38	14.73	19.17	21.18	25.32	30.68	52.77	92.05
39	15.49	20.16	22.29	26.62	32.12	55.04	96.05
40	16.31	21.21	23.47	28.02	33.63	57.46	100.39
41	17.16	22.33	24.73	29.47	35.23	60.03	105.05
42	18.06	23.52	26.05	31.01	36.94	62.79	110.03
43	19.19	24.89	27.49	32.66	38.81	65.78	115.51
44	20.39	26.35	28.98	34.40	40.76	68.94	121.35
45	21.66	27.87	30.55	36.22	42.82	72.30	127.56
46	23.02	29.49	32.22	38.13	44.95	75.83	134.10
47	24.45	31.19	33.97	40.15	47.18	79.54	141.03
48	25.97	33.06	35.94	42.38	49.63	83.74	148.93
49	27.54	34.97	37.94	44.67	52.10	88.06	157.05
50	29.16	36.92	39.98	47.00	54.57	92.37	165.19
51	30.79	38.87	41.98	49.31	56.97	96.66	173.21
52	32.38	40.77	43.96	51.56	59.28	100.80	180.93
53	34.07	42.79	46.04	53.94	61.62	105.14	188.94
54	35.63	44.67	47.96	56.16	63.73	109.08	196.15
55	36.90	46.32	49.64	58.12	65.52	112.42	202.21
56	37.95	47.71	51.02	59.73	66.88	115.03	206.78
57	38.73	48.76	52.04	60.91	67.75	116.68	209.48
58	38.82	48.90	52.15	61.03	67.42	116.59	208.78
59	38.59	48.68	51.85	60.68	66.55	115.34	205.85
60	38.09	48.08	51.19	59.91	65.21	112.90	200.64
61	37.29	47.15	50.18	58.73	63.47	109.26	193.09
62	36.24	45.94	48.90	57.25	61.38	104.37	183.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.29	10.59	11.66	13.89	18.31	34.74	61.42
26	8.59	11.01	12.10	14.46	19.00	35.72	63.06
27	8.91	11.47	12.62	15.08	19.73	36.77	64.80
28	9.28	11.97	13.20	15.77	20.51	37.88	66.67
29	9.69	12.51	13.81	16.55	21.35	39.06	68.66
30	10.12	13.12	14.47	17.36	22.24	40.35	70.80
31	10.59	13.76	15.19	18.25	23.20	41.72	73.07
32	11.09	14.45	15.96	19.16	24.19	43.18	75.56
33	11.63	15.16	16.77	20.15	25.24	44.74	78.17
34	12.20	15.93	17.63	21.19	26.35	46.39	81.00
35	12.80	16.74	18.54	22.27	27.51	48.19	84.05
36	13.46	17.60	19.52	23.44	28.76	50.08	87.34
37	14.16	18.51	20.55	24.67	30.09	52.12	90.92
38	14.87	19.46	21.62	25.93	31.47	54.31	94.79
39	15.65	20.48	22.76	27.27	32.95	56.65	98.92
40	16.47	21.55	23.97	28.70	34.51	59.15	103.40
41	17.33	22.68	25.26	30.20	36.16	61.81	108.21
42	18.25	23.90	26.61	31.78	37.92	64.65	113.35
43	19.39	25.29	28.09	33.48	39.84	67.74	119.00
44	20.61	26.78	29.62	35.26	41.85	71.00	125.02
45	21.89	28.33	31.23	37.14	43.97	74.45	131.42
46	23.27	29.98	32.94	39.10	46.16	78.09	138.16
47	24.71	31.71	34.73	41.17	48.45	81.90	145.28
48	26.25	33.61	36.74	43.46	50.97	86.23	153.41
49	27.84	35.55	38.79	45.82	53.50	90.66	161.75
50	29.47	37.53	40.87	48.20	56.03	95.09	170.10
51	31.12	39.51	42.92	50.56	58.49	99.47	178.30
52	32.73	41.44	44.93	52.86	60.84	103.69	186.17
53	34.43	43.49	47.05	55.28	63.22	108.10	194.32
54	36.00	45.38	48.99	57.53	65.35	112.09	201.62
55	37.27	47.04	50.68	59.49	67.14	115.43	207.68
56	38.32	48.42	52.05	61.09	68.47	117.99	212.16
57	39.09	49.45	53.04	62.23	69.28	119.53	214.66
58	39.17	49.58	53.13	62.33	68.91	119.37	213.86
59	38.92	49.32	52.77	61.90	67.94	117.94	210.63
60	38.38	48.64	52.00	60.98	66.43	115.18	204.83
61	37.52	47.59	50.82	59.58	64.41	111.04	196.34
62	36.38	46.21	49.28	57.75	61.93	105.43	185.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.62	6.89	7.44	8.68	12.45	26.02	45.64
26	5.82	7.16	7.73	9.05	12.95	26.81	47.00
27	6.03	7.45	8.05	9.44	13.46	27.67	48.43
28	6.27	7.78	8.42	9.87	14.02	28.57	49.98
29	6.54	8.13	8.81	10.36	14.62	29.54	51.60
30	6.83	8.52	9.23	10.86	15.26	30.57	53.33
31	7.13	8.94	9.68	11.43	15.96	31.69	55.18
32	7.46	9.38	10.19	12.02	16.68	32.86	57.19
33	7.82	9.86	10.71	12.64	17.44	34.11	59.30
34	8.20	10.36	11.27	13.33	18.27	35.43	61.58
35	8.61	10.90	11.87	14.02	19.13	36.88	64.03
36	9.08	11.48	12.52	14.79	20.06	38.39	66.68
37	9.53	12.09	13.19	15.61	21.06	40.04	69.55
38	10.03	12.74	13.91	16.44	22.10	41.78	72.64
39	10.56	13.43	14.68	17.33	23.22	43.64	75.94
40	11.13	14.16	15.49	18.28	24.42	45.65	79.53
41	11.74	14.95	16.37	19.32	25.69	47.79	83.38
42	12.38	15.79	17.31	20.39	27.04	50.06	87.49
43	13.19	16.76	18.31	21.56	28.51	52.54	92.00
44	14.03	17.79	19.37	22.79	30.06	55.14	96.82
45	14.95	18.89	20.51	24.09	31.69	57.90	101.94
46	15.93	20.07	21.71	25.47	33.38	60.82	107.34
47	16.97	21.31	22.98	26.94	35.15	63.89	113.07
48	18.10	22.67	24.43	28.59	37.13	67.39	119.60
49	19.28	24.11	25.91	30.29	39.13	70.97	126.32
50	20.49	25.58	27.44	32.04	41.14	74.57	133.09
51	21.73	27.05	28.96	33.81	43.13	78.16	139.79
52	22.95	28.50	30.49	35.54	45.06	81.64	146.29
53	24.24	30.08	32.12	37.42	47.06	85.33	153.10
54	25.46	31.55	33.67	39.22	48.90	88.69	159.31
55	26.59	32.91	35.04	40.84	50.49	91.58	164.57
56	27.56	34.08	36.22	42.20	51.74	93.84	168.67
57	28.32	34.98	37.13	43.26	52.59	95.32	171.23
58	28.63	35.32	37.46	43.66	52.65	95.46	171.27
59	28.66	35.36	37.48	43.66	52.23	94.57	169.41
60	28.42	35.04	37.15	43.31	51.32	92.67	165.56
61	27.89	34.40	36.47	42.54	49.93	89.65	159.66
62	27.07	33.41	35.45	41.40	48.07	85.49	151.60

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.65	6.98	7.56	8.84	12.69	26.56	46.61
26	5.86	7.25	7.86	9.23	13.21	27.37	48.02
27	6.07	7.54	8.19	9.63	13.73	28.25	49.49
28	6.31	7.88	8.57	10.07	14.30	29.18	51.08
29	6.59	8.23	8.97	10.57	14.92	30.17	52.74
30	6.88	8.63	9.40	11.09	15.58	31.24	54.52
31	7.19	9.06	9.86	11.67	16.29	32.38	56.42
32	7.52	9.51	10.38	12.28	17.04	33.58	58.49
33	7.89	9.99	10.92	12.92	17.81	34.88	60.65
34	8.28	10.51	11.49	13.62	18.66	36.22	62.99
35	8.69	11.05	12.10	14.34	19.55	37.71	65.51
36	9.15	11.64	12.76	15.12	20.50	39.26	68.22
37	9.62	12.27	13.45	15.96	21.52	40.95	71.16
38	10.12	12.93	14.19	16.81	22.59	42.74	74.34
39	10.65	13.62	14.97	17.73	23.74	44.65	77.73
40	11.23	14.37	15.81	18.71	24.97	46.70	81.40
41	11.85	15.17	16.70	19.76	26.26	48.89	85.35
42	12.49	16.02	17.66	20.87	27.65	51.22	89.55
43	13.31	17.01	18.68	22.06	29.16	53.74	94.17
44	14.16	18.06	19.77	23.32	30.74	56.41	99.10
45	15.09	19.17	20.93	24.65	32.40	59.24	104.34
46	16.08	20.37	22.15	26.07	34.13	62.23	109.85
47	17.14	21.62	23.45	27.57	35.94	65.36	115.71
48	18.27	23.02	24.93	29.26	37.96	68.93	122.38
49	19.46	24.47	26.44	31.00	40.01	72.59	129.24
50	20.68	25.96	27.99	32.78	42.05	76.25	136.14
51	21.94	27.45	29.54	34.58	44.07	79.91	142.95
52	23.17	28.93	31.09	36.34	46.03	83.43	149.54
53	24.48	30.52	32.75	38.25	48.05	87.17	156.44
54	25.71	32.01	34.30	40.06	49.90	90.55	162.69
55	26.84	33.38	35.68	41.69	51.49	93.44	167.97
56	27.81	34.53	36.86	43.05	52.72	95.67	172.00
57	28.56	35.42	37.74	44.08	53.54	97.08	174.44
58	28.87	35.76	38.06	44.46	53.57	97.18	174.41
59	28.89	35.77	38.05	44.43	53.09	96.19	172.37
60	28.62	35.41	37.66	43.98	52.07	94.08	168.16
61	28.05	34.69	36.87	43.06	50.52	90.76	161.68
62	27.17	33.58	35.69	41.72	48.42	86.16	152.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.72	7.10	7.75	9.10	13.06	27.36	48.07
26	5.92	7.38	8.05	9.50	13.59	28.21	49.53
27	6.14	7.68	8.40	9.91	14.14	29.13	51.08
28	6.39	8.03	8.79	10.38	14.73	30.09	52.73
29	6.67	8.39	9.20	10.90	15.37	31.13	54.46
30	6.97	8.80	9.65	11.44	16.05	32.23	56.31
31	7.28	9.23	10.13	12.04	16.80	33.42	58.29
32	7.62	9.70	10.67	12.67	17.57	34.67	60.44
33	7.99	10.19	11.22	13.34	18.38	36.01	62.69
34	8.38	10.72	11.81	14.06	19.25	37.41	65.12
35	8.80	11.28	12.44	14.81	20.17	38.96	67.73
36	9.27	11.89	13.12	15.62	21.16	40.57	70.55
37	9.75	12.53	13.84	16.49	22.22	42.32	73.60
38	10.25	13.20	14.60	17.38	23.32	44.18	76.89
39	10.80	13.92	15.41	18.33	24.51	46.15	80.40
40	11.38	14.68	16.28	19.34	25.79	48.28	84.20
41	12.01	15.49	17.20	20.44	27.13	50.55	88.28
42	12.67	16.38	18.18	21.59	28.56	52.94	92.64
43	13.49	17.38	19.24	22.82	30.11	55.57	97.42
44	14.37	18.46	20.37	24.12	31.75	58.33	102.51
45	15.31	19.60	21.56	25.51	33.47	61.24	107.93
46	16.31	20.82	22.82	26.97	35.26	64.33	113.63
47	17.38	22.11	24.16	28.52	37.13	67.56	119.66
48	18.53	23.53	25.68	30.26	39.21	71.25	126.55
49	19.74	25.01	27.23	32.07	41.31	75.00	133.61
50	20.97	26.52	28.82	33.90	43.41	78.78	140.71
51	22.25	28.05	30.41	35.74	45.49	82.52	147.68
52	23.49	29.56	31.99	37.54	47.48	86.12	154.42
53	24.82	31.18	33.68	39.50	49.54	89.92	161.44
54	26.08	32.70	35.26	41.34	51.41	93.35	167.78
55	27.21	34.07	36.65	42.97	53.00	96.24	173.05
56	28.18	35.22	37.81	44.31	54.20	98.42	177.01
57	28.92	36.09	38.67	45.31	54.96	99.73	179.26
58	29.22	36.42	38.98	45.67	54.95	99.76	179.14
59	29.22	36.39	38.90	45.56	54.39	98.61	176.81
60	28.91	35.95	38.41	44.97	53.21	96.20	172.06
61	28.28	35.12	37.46	43.85	51.39	92.41	164.70
62	27.30	33.84	36.05	42.18	48.93	87.14	154.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.04	7.41	8.00	9.33	13.39	27.98	49.07
26	6.26	7.70	8.31	9.73	13.92	28.83	50.54
27	6.48	8.01	8.66	10.15	14.47	29.75	52.08
28	6.74	8.37	9.05	10.61	15.07	30.72	53.74
29	7.03	8.74	9.47	11.14	15.72	31.76	55.48
30	7.34	9.16	9.93	11.68	16.41	32.87	57.34
31	7.67	9.61	10.41	12.29	17.16	34.07	59.33
32	8.02	10.09	10.96	12.92	17.94	35.33	61.49
33	8.41	10.60	11.52	13.59	18.75	36.68	63.76
34	8.82	11.14	12.12	14.33	19.64	38.10	66.21
35	9.26	11.72	12.76	15.08	20.57	39.66	68.85
36	9.76	12.34	13.46	15.90	21.57	41.28	71.70
37	10.25	13.00	14.18	16.78	22.64	43.05	74.78
38	10.78	13.70	14.96	17.68	23.76	44.93	78.11
39	11.35	14.44	15.78	18.63	24.97	46.93	81.66
40	11.97	15.23	16.66	19.66	26.26	49.09	85.52
41	12.62	16.07	17.60	20.77	27.62	51.39	89.66
42	13.31	16.98	18.61	21.93	29.08	53.83	94.08
43	14.18	18.02	19.69	23.18	30.66	56.49	98.93
44	15.09	19.13	20.83	24.50	32.32	59.29	104.11
45	16.08	20.31	22.05	25.90	34.07	62.26	109.61
46	17.13	21.58	23.34	27.39	35.89	65.40	115.42
47	18.25	22.91	24.71	28.97	37.80	68.70	121.58
48	19.46	24.38	26.27	30.74	39.92	72.46	128.60
49	20.73	25.92	27.86	32.57	42.08	76.31	135.83
50	22.03	27.50	29.50	34.45	44.24	80.18	143.11
51	23.37	29.09	31.14	36.35	46.38	84.04	150.31
52	24.68	30.65	32.78	38.21	48.45	87.78	157.30
53	26.06	32.34	34.54	40.24	50.60	91.75	164.62
54	27.38	33.93	36.20	42.17	52.58	95.37	171.30
55	28.59	35.39	37.68	43.91	54.29	98.47	176.96
56	29.63	36.64	38.95	45.38	55.63	100.90	181.37
57	30.45	37.61	39.92	46.52	56.55	102.49	184.12
58	30.78	37.98	40.28	46.95	56.61	102.64	184.16
59	30.82	38.02	40.30	46.95	56.16	101.69	182.16
60	30.56	37.68	39.95	46.57	55.18	99.64	178.02
61	29.99	36.99	39.22	45.74	53.69	96.40	171.68
62	29.11	35.92	38.12	44.52	51.69	91.93	163.01

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.08	7.50	8.13	9.51	13.65	28.56	50.12
26	6.30	7.80	8.45	9.92	14.20	29.43	51.63
27	6.53	8.11	8.81	10.35	14.76	30.38	53.22
28	6.79	8.47	9.21	10.83	15.38	31.38	54.92
29	7.09	8.85	9.64	11.37	16.04	32.44	56.71
30	7.40	9.28	10.11	11.93	16.75	33.59	58.62
31	7.73	9.74	10.60	12.55	17.52	34.82	60.67
32	8.09	10.23	11.16	13.20	18.32	36.11	62.89
33	8.48	10.74	11.74	13.89	19.15	37.50	65.22
34	8.90	11.30	12.35	14.65	20.06	38.95	67.73
35	9.34	11.88	13.01	15.42	21.02	40.55	70.44
36	9.84	12.52	13.72	16.26	22.04	42.22	73.36
37	10.34	13.19	14.46	17.16	23.14	44.03	76.52
38	10.88	13.90	15.26	18.08	24.29	45.96	79.94
39	11.45	14.65	16.10	19.06	25.53	48.01	83.58
40	12.08	15.45	17.00	20.12	26.85	50.22	87.53
41	12.74	16.31	17.96	21.25	28.24	52.57	91.77
42	13.43	17.23	18.99	22.44	29.73	55.07	96.29
43	14.31	18.29	20.09	23.72	31.35	57.79	101.26
44	15.23	19.42	21.26	25.08	33.05	60.66	106.56
45	16.23	20.61	22.50	26.51	34.84	63.70	112.19
46	17.29	21.90	23.82	28.03	36.70	66.91	118.12
47	18.43	23.25	25.22	29.65	38.65	70.28	124.42
48	19.65	24.75	26.81	31.46	40.82	74.12	131.59
49	20.93	26.31	28.43	33.33	43.02	78.05	138.97
50	22.24	27.91	30.10	35.25	45.22	81.99	146.39
51	23.59	29.52	31.76	37.18	47.39	85.92	153.71
52	24.91	31.11	33.43	39.07	49.49	89.71	160.80
53	26.32	32.82	35.21	41.13	51.67	93.73	168.21
54	27.64	34.42	36.88	43.08	53.66	97.37	174.94
55	28.86	35.89	38.37	44.83	55.37	100.47	180.61
56	29.90	37.13	39.63	46.29	56.69	102.87	184.95
57	30.71	38.09	40.58	47.40	57.57	104.39	187.57
58	31.04	38.45	40.93	47.81	57.60	104.49	187.54
59	31.06	38.46	40.91	47.77	57.09	103.43	185.34
60	30.77	38.07	40.49	47.29	55.99	101.16	180.82
61	30.16	37.30	39.64	46.30	54.32	97.59	173.85
62	29.21	36.11	38.38	44.86	52.06	92.64	164.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.15	7.63	8.33	9.79	14.04	29.42	51.69
26	6.37	7.94	8.66	10.21	14.61	30.33	53.26
27	6.60	8.26	9.03	10.66	15.20	31.32	54.92
28	6.87	8.63	9.45	11.16	15.84	32.36	56.70
29	7.17	9.02	9.89	11.72	16.53	33.47	58.56
30	7.49	9.46	10.38	12.30	17.26	34.66	60.55
31	7.83	9.93	10.89	12.95	18.06	35.94	62.68
32	8.19	10.43	11.47	13.62	18.89	37.28	64.99
33	8.59	10.96	12.06	14.34	19.76	38.72	67.41
34	9.01	11.53	12.70	15.12	20.70	40.23	70.02
35	9.46	12.13	13.38	15.92	21.69	41.89	72.83
36	9.97	12.78	14.11	16.80	22.75	43.62	75.86
37	10.48	13.47	14.88	17.73	23.89	45.50	79.14
38	11.02	14.19	15.70	18.69	25.08	47.50	82.68
39	11.61	14.97	16.57	19.71	26.36	49.62	86.45
40	12.24	15.79	17.50	20.80	27.73	51.91	90.54
41	12.91	16.66	18.49	21.98	29.17	54.35	94.93
42	13.62	17.61	19.55	23.21	30.71	56.93	99.61
43	14.51	18.69	20.69	24.54	32.38	59.75	104.75
44	15.45	19.85	21.90	25.94	34.14	62.72	110.23
45	16.46	21.07	23.18	27.43	35.99	65.85	116.05
46	17.54	22.39	24.54	29.00	37.91	69.17	122.18
47	18.69	23.77	25.98	30.67	39.92	72.64	128.67
48	19.93	25.30	27.61	32.54	42.16	76.61	136.07
49	21.23	26.89	29.28	34.48	44.42	80.65	143.67
50	22.55	28.52	30.99	36.45	46.68	84.71	151.30
51	23.92	30.16	32.70	38.43	48.91	88.73	158.80
52	25.26	31.78	34.40	40.37	51.05	92.60	166.04
53	26.69	33.53	36.22	42.47	53.27	96.69	173.59
54	28.04	35.16	37.91	44.45	55.28	100.38	180.41
55	29.26	36.63	39.41	46.20	56.99	103.48	186.08
56	30.30	37.87	40.66	47.65	58.28	105.83	190.33
57	31.10	38.81	41.58	48.72	59.10	107.24	192.75
58	31.42	39.16	41.91	49.11	59.09	107.27	192.62
59	31.42	39.13	41.83	48.99	58.48	106.03	190.12
60	31.09	38.66	41.30	48.36	57.21	103.44	185.01
61	30.41	37.76	40.28	47.15	55.26	99.37	177.10
62	29.36	36.39	38.76	45.36	52.61	93.70	166.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.68	5.60	5.99	6.90	9.69	20.06	34.71
26	4.85	5.82	6.23	7.21	10.09	20.78	35.94
27	5.02	6.06	6.50	7.52	10.53	21.53	37.24
28	5.23	6.34	6.80	7.88	10.99	22.33	38.61
29	5.44	6.63	7.12	8.29	11.49	23.18	40.05
30	5.68	6.95	7.47	8.70	12.03	24.08	41.59
31	5.94	7.29	7.85	9.16	12.61	25.04	43.22
32	6.21	7.66	8.26	9.64	13.22	26.07	44.97
33	6.51	8.05	8.69	10.16	13.85	27.15	46.82
34	6.83	8.46	9.15	10.71	14.54	28.29	48.80
35	7.17	8.92	9.63	11.30	15.25	29.53	50.92
36	7.54	9.39	10.17	11.92	16.03	30.84	53.21
37	7.93	9.90	10.73	12.59	16.86	32.23	55.66
38	8.34	10.44	11.33	13.29	17.74	33.73	58.30
39	8.79	11.01	11.97	14.02	18.67	35.33	61.14
40	9.26	11.63	12.64	14.83	19.67	37.04	64.20
41	9.77	12.29	13.37	15.68	20.73	38.86	67.48
42	10.31	12.99	14.15	16.58	21.87	40.81	71.00
43	10.98	13.80	14.99	17.55	23.10	42.90	74.82
44	11.70	14.66	15.88	18.57	24.39	45.12	78.91
45	12.47	15.59	16.82	19.67	25.76	47.49	83.27
46	13.30	16.57	17.84	20.84	27.19	49.99	87.89
47	14.17	17.62	18.92	22.08	28.70	52.64	92.81
48	15.13	18.79	20.14	23.47	30.37	55.63	98.42
49	16.14	20.00	21.41	24.92	32.09	58.73	104.22
50	17.18	21.26	22.72	26.43	33.83	61.87	110.11
51	18.25	22.53	24.04	27.96	35.57	65.03	116.00
52	19.30	23.81	25.38	29.48	37.28	68.13	121.78
53	20.46	25.22	26.85	31.18	39.12	71.52	128.02
54	21.57	26.57	28.26	32.83	40.84	74.66	133.81
55	22.61	27.83	29.55	34.34	42.37	77.42	138.86
56	23.52	28.94	30.67	35.66	43.64	79.69	142.95
57	24.27	29.83	31.58	36.73	44.57	81.30	145.78
58	24.74	30.39	32.15	37.40	45.04	82.13	147.12
59	24.95	30.66	32.42	37.71	45.04	82.01	146.70
60	24.89	30.57	32.35	37.65	44.57	80.83	144.24
61	24.51	30.11	31.87	37.13	43.55	78.44	139.52
62	23.78	29.24	30.99	36.14	41.95	74.71	132.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.72	5.68	6.11	7.07	9.93	20.60	35.68
26	4.88	5.91	6.36	7.38	10.35	21.33	36.96
27	5.07	6.16	6.64	7.71	10.80	22.12	38.30
28	5.27	6.44	6.95	8.08	11.28	22.94	39.71
29	5.50	6.73	7.28	8.50	11.79	23.81	41.19
30	5.74	7.06	7.64	8.94	12.35	24.75	42.78
31	6.00	7.41	8.03	9.40	12.95	25.74	44.46
32	6.28	7.79	8.44	9.90	13.57	26.79	46.28
33	6.58	8.18	8.89	10.43	14.22	27.91	48.17
34	6.90	8.61	9.37	11.01	14.93	29.08	50.21
35	7.24	9.07	9.87	11.62	15.67	30.36	52.40
36	7.62	9.56	10.42	12.26	16.47	31.71	54.75
37	8.02	10.07	10.99	12.95	17.33	33.15	57.28
38	8.44	10.63	11.61	13.66	18.23	34.69	60.00
39	8.88	11.21	12.27	14.42	19.20	36.34	62.92
40	9.37	11.83	12.95	15.26	20.22	38.09	66.07
41	9.89	12.51	13.71	16.13	21.31	39.95	69.44
42	10.43	13.22	14.51	17.06	22.48	41.96	73.05
43	11.10	14.05	15.36	18.05	23.74	44.11	76.99
44	11.83	14.93	16.28	19.11	25.07	46.40	81.19
45	12.61	15.87	17.24	20.24	26.48	48.83	85.67
46	13.45	16.87	18.28	21.44	27.95	51.39	90.41
47	14.34	17.94	19.39	22.71	29.49	54.11	95.46
48	15.31	19.13	20.65	24.14	31.21	57.18	101.20
49	16.32	20.37	21.94	25.63	32.97	60.35	107.14
50	17.37	21.64	23.28	27.17	34.74	63.56	113.16
51	18.45	22.94	24.62	28.73	36.51	66.77	119.16
52	19.53	24.24	25.98	30.28	38.25	69.93	125.04
53	20.70	25.67	27.47	32.01	40.11	73.36	131.36
54	21.81	27.03	28.90	33.68	41.84	76.52	137.19
55	22.86	28.29	30.19	35.19	43.38	79.28	142.25
56	23.77	29.40	31.30	36.50	44.62	81.52	146.28
57	24.51	30.28	32.20	37.54	45.52	83.07	148.99
58	24.98	30.83	32.75	38.20	45.96	83.85	150.26
59	25.18	31.07	32.99	38.47	45.90	83.63	149.66
60	25.08	30.93	32.85	38.32	45.32	82.24	146.85
61	24.66	30.40	32.26	37.65	44.14	79.54	141.54
62	23.87	29.42	31.23	36.46	42.30	75.37	133.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.78	5.80	6.30	7.33	10.30	21.40	37.14
26	4.95	6.05	6.56	7.65	10.73	22.17	38.47
27	5.13	6.30	6.84	8.00	11.21	22.99	39.88
28	5.35	6.58	7.17	8.39	11.71	23.85	41.37
29	5.57	6.89	7.51	8.83	12.25	24.77	42.91
30	5.82	7.23	7.89	9.28	12.82	25.74	44.57
31	6.09	7.59	8.30	9.77	13.45	26.78	46.33
32	6.37	7.98	8.73	10.30	14.10	27.88	48.23
33	6.68	8.39	9.19	10.85	14.79	29.04	50.21
34	7.00	8.83	9.69	11.45	15.52	30.27	52.34
35	7.36	9.30	10.21	12.08	16.29	31.60	54.62
36	7.74	9.80	10.78	12.76	17.13	33.02	57.07
37	8.15	10.33	11.38	13.48	18.02	34.51	59.72
38	8.57	10.90	12.02	14.23	18.96	36.12	62.55
39	9.03	11.50	12.70	15.03	19.97	37.83	65.59
40	9.51	12.15	13.42	15.89	21.04	39.66	68.87
41	10.04	12.83	14.20	16.81	22.17	41.61	72.38
42	10.60	13.58	15.03	17.77	23.39	43.69	76.14
43	11.29	14.42	15.92	18.81	24.70	45.93	80.23
44	12.03	15.33	16.87	19.91	26.09	48.31	84.60
45	12.82	16.29	17.87	21.09	27.55	50.82	89.26
46	13.68	17.33	18.95	22.34	29.07	53.49	94.18
47	14.58	18.42	20.10	23.66	30.67	56.30	99.41
48	15.57	19.64	21.39	25.15	32.46	59.49	105.37
49	16.60	20.91	22.73	26.70	34.27	62.77	111.51
50	17.66	22.21	24.11	28.29	36.10	66.09	117.73
51	18.76	23.54	25.49	29.89	37.93	69.39	123.89
52	19.86	24.87	26.89	31.49	39.70	72.61	129.91
53	21.06	26.34	28.41	33.26	41.60	76.11	136.37
54	22.18	27.71	29.85	34.95	43.35	79.32	142.28
55	23.23	28.98	31.16	36.47	44.88	82.08	147.34
56	24.14	30.09	32.26	37.77	46.10	84.28	151.28
57	24.88	30.95	33.13	38.77	46.95	85.72	153.80
58	25.33	31.49	33.67	39.40	47.35	86.43	154.98
59	25.51	31.69	33.84	39.61	47.20	86.04	154.10
60	25.38	31.48	33.60	39.31	46.45	84.36	150.74
61	24.90	30.83	32.86	38.44	45.01	81.20	144.56
62	24.01	29.68	31.58	36.92	42.81	76.35	135.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.03	6.02	6.44	7.42	10.42	21.57	37.32
26	5.21	6.26	6.70	7.75	10.85	22.34	38.65
27	5.40	6.52	6.99	8.09	11.32	23.15	40.04
28	5.62	6.82	7.31	8.47	11.82	24.01	41.52
29	5.85	7.13	7.66	8.91	12.36	24.92	43.06
30	6.11	7.47	8.03	9.36	12.94	25.89	44.72
31	6.39	7.84	8.44	9.85	13.56	26.93	46.47
32	6.68	8.24	8.88	10.37	14.21	28.03	48.36
33	7.00	8.66	9.34	10.92	14.89	29.19	50.34
34	7.34	9.10	9.84	11.52	15.63	30.42	52.47
35	7.71	9.59	10.36	12.15	16.40	31.75	54.75
36	8.11	10.10	10.94	12.82	17.24	33.16	57.21
37	8.53	10.64	11.54	13.54	18.13	34.66	59.85
38	8.97	11.23	12.18	14.29	19.07	36.27	62.69
39	9.45	11.84	12.87	15.08	20.08	37.99	65.74
40	9.96	12.50	13.59	15.95	21.15	39.83	69.03
41	10.51	13.21	14.38	16.86	22.29	41.78	72.56
42	11.09	13.97	15.22	17.83	23.52	43.88	76.34
43	11.81	14.84	16.12	18.87	24.84	46.13	80.45
44	12.58	15.76	17.07	19.97	26.23	48.52	84.85
45	13.41	16.76	18.09	21.15	27.70	51.06	89.54
46	14.30	17.82	19.18	22.41	29.24	53.75	94.51
47	15.24	18.95	20.34	23.74	30.86	56.60	99.80
48	16.27	20.20	21.66	25.24	32.66	59.82	105.83
49	17.35	21.51	23.02	26.80	34.51	63.15	112.06
50	18.47	22.86	24.43	28.42	36.38	66.53	118.40
51	19.62	24.23	25.85	30.06	38.25	69.92	124.73
52	20.75	25.60	27.29	31.70	40.09	73.26	130.95
53	22.00	27.12	28.87	33.53	42.06	76.90	137.66
54	23.19	28.57	30.39	35.30	43.91	80.28	143.88
55	24.31	29.92	31.77	36.92	45.56	83.25	149.31
56	25.29	31.12	32.98	38.34	46.92	85.69	153.71
57	26.10	32.08	33.96	39.49	47.93	87.42	156.75
58	26.60	32.68	34.57	40.21	48.43	88.31	158.19
59	26.83	32.97	34.86	40.55	48.43	88.18	157.74
60	26.76	32.87	34.78	40.48	47.92	86.91	155.10
61	26.35	32.38	34.27	39.92	46.83	84.34	150.02
62	25.57	31.44	33.32	38.86	45.11	80.33	142.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.07	6.11	6.57	7.60	10.68	22.15	38.37
26	5.25	6.36	6.84	7.94	11.13	22.94	39.74
27	5.45	6.62	7.14	8.29	11.61	23.78	41.18
28	5.67	6.92	7.47	8.69	12.13	24.67	42.70
29	5.91	7.24	7.83	9.14	12.68	25.60	44.29
30	6.17	7.59	8.21	9.61	13.28	26.61	46.00
31	6.45	7.97	8.63	10.11	13.92	27.68	47.81
32	6.75	8.38	9.08	10.65	14.59	28.81	49.76
33	7.07	8.80	9.56	11.22	15.29	30.01	51.80
34	7.42	9.26	10.07	11.84	16.05	31.27	53.99
35	7.79	9.75	10.61	12.49	16.85	32.64	56.34
36	8.19	10.28	11.20	13.18	17.71	34.10	58.87
37	8.62	10.83	11.82	13.92	18.63	35.64	61.59
38	9.07	11.43	12.48	14.69	19.60	37.30	64.52
39	9.55	12.05	13.19	15.51	20.64	39.07	67.66
40	10.07	12.72	13.93	16.41	21.74	40.96	71.04
41	10.63	13.45	14.74	17.34	22.91	42.96	74.67
42	11.21	14.22	15.60	18.34	24.17	45.12	78.55
43	11.94	15.11	16.52	19.41	25.53	47.43	82.78
44	12.72	16.05	17.50	20.55	26.96	49.89	87.30
45	13.56	17.06	18.54	21.76	28.47	52.50	92.12
46	14.46	18.14	19.66	23.05	30.05	55.26	97.21
47	15.42	19.29	20.85	24.42	31.71	58.18	102.64
48	16.46	20.57	22.20	25.96	33.56	61.48	108.82
49	17.55	21.90	23.59	27.56	35.45	64.89	115.20
50	18.68	23.27	25.03	29.22	37.36	68.34	121.68
51	19.84	24.67	26.47	30.89	39.26	71.80	128.13
52	21.00	26.06	27.94	32.56	41.13	75.19	134.45
53	22.26	27.60	29.54	34.42	43.13	78.88	141.25
54	23.45	29.06	31.07	36.21	44.99	82.28	147.52
55	24.58	30.42	32.46	37.84	46.64	85.25	152.96
56	25.56	31.61	33.66	39.25	47.98	87.66	157.29
57	26.36	32.56	34.62	40.37	48.95	89.32	160.20
58	26.86	33.15	35.22	41.07	49.42	90.16	161.57
59	27.07	33.41	35.47	41.37	49.36	89.92	160.92
60	26.97	33.26	35.32	41.20	48.73	88.43	157.90
61	26.52	32.69	34.69	40.48	47.46	85.53	152.19
62	25.67	31.63	33.58	39.20	45.48	81.04	143.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.14	6.24	6.77	7.88	11.07	23.01	39.94
26	5.32	6.50	7.05	8.23	11.54	23.84	41.37
27	5.52	6.77	7.36	8.60	12.05	24.72	42.88
28	5.75	7.08	7.71	9.02	12.59	25.65	44.48
29	5.99	7.41	8.08	9.49	13.17	26.63	46.14
30	6.26	7.77	8.48	9.98	13.79	27.68	47.93
31	6.55	8.16	8.92	10.51	14.46	28.80	49.82
32	6.85	8.58	9.39	11.07	15.16	29.98	51.86
33	7.18	9.02	9.88	11.67	15.90	31.23	53.99
34	7.53	9.49	10.42	12.31	16.69	32.55	56.28
35	7.91	10.00	10.98	12.99	17.52	33.98	58.73
36	8.32	10.54	11.59	13.72	18.42	35.50	61.37
37	8.76	11.11	12.24	14.49	19.38	37.11	64.21
38	9.21	11.72	12.92	15.30	20.39	38.84	67.26
39	9.71	12.37	13.66	16.16	21.47	40.68	70.53
40	10.23	13.06	14.43	17.09	22.62	42.65	74.05
41	10.80	13.80	15.27	18.07	23.84	44.74	77.83
42	11.40	14.60	16.16	19.11	25.15	46.98	81.87
43	12.14	15.51	17.12	20.23	26.56	49.39	86.27
44	12.94	16.48	18.14	21.41	28.05	51.95	90.97
45	13.79	17.52	19.22	22.68	29.62	54.65	95.98
46	14.71	18.63	20.38	24.02	31.26	57.52	101.27
47	15.68	19.81	21.61	25.44	32.98	60.54	106.89
48	16.74	21.12	23.00	27.04	34.90	63.97	113.30
49	17.85	22.48	24.44	28.71	36.85	67.49	119.90
50	18.99	23.88	25.92	30.42	38.82	71.06	126.59
51	20.17	25.31	27.41	32.14	40.78	74.61	133.22
52	21.35	26.74	28.91	33.86	42.69	78.08	139.69
53	22.64	28.32	30.55	35.76	44.73	81.84	146.63
54	23.85	29.80	32.10	37.58	46.61	85.29	152.99
55	24.98	31.16	33.50	39.21	48.26	88.26	158.43
56	25.96	32.35	34.69	40.61	49.57	90.62	162.67
57	26.75	33.28	35.62	41.69	50.48	92.17	165.38
58	27.24	33.86	36.20	42.37	50.91	92.94	166.65
59	27.43	34.08	36.39	42.59	50.75	92.52	165.70
60	27.29	33.85	36.13	42.27	49.95	90.71	162.09
61	26.77	33.15	35.33	41.33	48.40	87.31	155.44
62	25.82	31.91	33.96	39.70	46.03	82.10	145.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.20	4.95	5.26	6.02	8.32	17.03	29.08
26	4.36	5.15	5.49	6.30	8.70	17.71	30.28
27	4.52	5.38	5.74	6.59	9.10	18.43	31.52
28	4.71	5.63	6.00	6.92	9.51	19.20	32.85
29	4.89	5.90	6.30	7.27	9.98	20.00	34.21
30	5.12	6.18	6.60	7.65	10.46	20.85	35.67
31	5.35	6.48	6.95	8.05	10.98	21.74	37.21
32	5.60	6.82	7.31	8.50	11.53	22.69	38.84
33	5.86	7.16	7.70	8.96	12.10	23.70	40.56
34	6.15	7.53	8.11	9.45	12.72	24.76	42.39
35	6.45	7.94	8.55	9.97	13.37	25.88	44.34
36	6.78	8.36	9.02	10.53	14.06	27.07	46.43
37	7.12	8.82	9.51	11.12	14.81	28.36	48.68
38	7.50	9.30	10.04	11.75	15.59	29.71	51.07
39	7.89	9.80	10.61	12.40	16.42	31.16	53.64
40	8.31	10.35	11.22	13.11	17.32	32.69	56.39
41	8.77	10.95	11.86	13.86	18.27	34.34	59.34
42	9.24	11.56	12.56	14.67	19.27	36.07	62.51
43	9.84	12.28	13.30	15.52	20.37	37.95	65.92
44	10.47	13.04	14.08	16.42	21.50	39.94	69.56
45	11.16	13.87	14.92	17.39	22.71	42.05	73.44
46	11.89	14.73	15.80	18.41	23.98	44.26	77.56
47	12.67	15.66	16.75	19.51	25.31	46.60	81.91
48	13.50	16.68	17.83	20.74	26.77	49.26	86.86
49	14.39	17.76	18.93	22.00	28.29	52.00	91.98
50	15.32	18.85	20.09	23.32	29.82	54.76	97.17
51	16.25	19.98	21.24	24.66	31.34	57.53	102.33
52	17.19	21.09	22.41	25.98	32.82	60.25	107.38
53	18.20	22.31	23.70	27.47	34.42	63.17	112.79
54	19.17	23.50	24.91	28.89	35.91	65.89	117.79
55	20.06	24.59	26.03	30.20	37.22	68.28	122.13
56	20.85	25.54	27.00	31.32	38.31	70.20	125.59
57	21.49	26.30	27.76	32.23	39.11	71.54	127.95
58	21.87	26.76	28.24	32.79	39.46	72.17	128.96
59	22.04	26.95	28.45	33.02	39.43	71.97	128.42
60	21.96	26.86	28.36	32.94	38.97	70.83	126.09
61	21.59	26.43	27.92	32.47	38.06	68.61	121.74
62	20.93	25.64	27.13	31.59	36.65	65.20	115.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.24	5.03	5.38	6.18	8.57	17.57	30.06
26	4.40	5.25	5.62	6.47	8.96	18.27	31.29
27	4.57	5.47	5.88	6.78	9.37	19.02	32.58
28	4.75	5.72	6.15	7.12	9.80	19.81	33.95
29	4.95	6.00	6.45	7.49	10.28	20.63	35.36
30	5.17	6.29	6.77	7.89	10.78	21.52	36.86
31	5.40	6.60	7.12	8.30	11.32	22.44	38.46
32	5.66	6.95	7.50	8.76	11.89	23.42	40.14
33	5.92	7.29	7.91	9.23	12.47	24.46	41.92
34	6.22	7.68	8.32	9.75	13.11	25.55	43.80
35	6.53	8.09	8.78	10.29	13.79	26.71	45.82
36	6.85	8.53	9.26	10.86	14.50	27.95	47.98
37	7.21	8.99	9.77	11.48	15.27	29.27	50.29
38	7.59	9.49	10.32	12.12	16.08	30.67	52.77
39	7.98	10.00	10.91	12.80	16.94	32.16	55.43
40	8.42	10.56	11.53	13.54	17.87	33.74	58.26
41	8.88	11.17	12.19	14.30	18.84	35.43	61.31
42	9.36	11.79	12.91	15.14	19.87	37.23	64.56
43	9.96	12.53	13.67	16.02	21.01	39.16	68.09
44	10.60	13.31	14.48	16.96	22.18	41.22	71.84
45	11.30	14.15	15.34	17.96	23.43	43.38	75.84
46	12.03	15.03	16.25	19.01	24.74	45.66	80.07
47	12.83	15.98	17.22	20.14	26.11	48.07	84.55
48	13.68	17.03	18.33	21.41	27.61	50.81	89.64
49	14.57	18.13	19.46	22.71	29.16	53.61	94.90
50	15.51	19.23	20.65	24.07	30.73	56.44	100.22
51	16.45	20.38	21.82	25.44	32.28	59.28	105.49
52	17.40	21.52	23.02	26.78	33.79	62.04	110.63
53	18.44	22.76	24.32	28.30	35.41	65.02	116.13
54	19.41	23.96	25.55	29.73	36.91	67.75	121.18
55	20.31	25.05	26.67	31.05	38.22	70.14	125.52
56	21.10	25.99	27.63	32.17	39.29	72.03	128.92
57	21.73	26.75	28.37	33.05	40.06	73.30	131.16
58	22.12	27.19	28.85	33.59	40.38	73.89	132.11
59	22.26	27.36	29.02	33.79	40.30	73.59	131.38
60	22.15	27.22	28.86	33.61	39.72	72.24	128.69
61	21.75	26.72	28.31	32.99	38.65	69.71	123.76
62	21.03	25.82	27.37	31.91	37.00	65.86	116.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.31	5.15	5.57	6.44	8.93	18.37	31.52
26	4.46	5.38	5.81	6.74	9.34	19.10	32.81
27	4.63	5.61	6.08	7.07	9.77	19.89	34.16
28	4.83	5.87	6.37	7.43	10.23	20.72	35.60
29	5.02	6.16	6.69	7.81	10.73	21.59	37.08
30	5.25	6.45	7.02	8.23	11.25	22.52	38.65
31	5.50	6.78	7.39	8.67	11.82	23.48	40.32
32	5.76	7.13	7.78	9.15	12.42	24.51	42.09
33	6.03	7.50	8.20	9.65	13.04	25.59	43.95
34	6.32	7.90	8.65	10.18	13.71	26.74	45.93
35	6.64	8.32	9.12	10.75	14.42	27.96	48.04
36	6.98	8.77	9.63	11.36	15.16	29.25	50.30
37	7.34	9.25	10.16	12.01	15.97	30.63	52.73
38	7.72	9.76	10.73	12.69	16.81	32.10	55.32
39	8.13	10.30	11.35	13.40	17.72	33.66	58.10
40	8.57	10.87	12.00	14.17	18.68	35.31	61.05
41	9.04	11.49	12.69	14.98	19.71	37.09	64.24
42	9.53	12.15	13.43	15.86	20.79	38.96	67.65
43	10.15	12.90	14.23	16.79	21.97	40.99	71.33
44	10.81	13.71	15.08	17.76	23.19	43.13	75.26
45	11.51	14.57	15.97	18.81	24.50	45.38	79.43
46	12.27	15.48	16.92	19.91	25.86	47.76	83.85
47	13.08	16.46	17.93	21.09	27.29	50.27	88.50
48	13.94	17.54	19.07	22.41	28.86	53.12	93.81
49	14.85	18.67	20.26	23.78	30.47	56.03	99.27
50	15.80	19.80	21.47	25.18	32.09	58.97	104.78
51	16.76	20.97	22.69	26.60	33.69	61.89	110.22
52	17.73	22.14	23.92	27.99	35.24	64.73	115.51
53	18.80	23.43	25.26	29.55	36.90	67.77	121.13
54	19.78	24.65	26.51	31.01	38.42	70.55	126.27
55	20.68	25.74	27.64	32.33	39.73	72.94	130.61
56	21.47	26.68	28.59	33.43	40.77	74.78	133.92
57	22.10	27.42	29.30	34.28	41.48	75.95	135.98
58	22.47	27.85	29.76	34.80	41.77	76.47	136.83
59	22.60	27.98	29.87	34.92	41.59	76.01	135.83
60	22.45	27.77	29.61	34.61	40.85	74.36	132.59
61	21.99	27.15	28.90	33.78	39.53	71.37	126.78
62	21.17	26.08	27.72	32.37	37.51	66.85	118.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.52	5.32	5.66	6.47	8.95	18.31	31.27
26	4.69	5.54	5.90	6.77	9.35	19.04	32.56
27	4.86	5.78	6.17	7.09	9.78	19.82	33.89
28	5.06	6.05	6.45	7.44	10.23	20.64	35.32
29	5.26	6.34	6.77	7.82	10.73	21.50	36.79
30	5.50	6.64	7.10	8.23	11.25	22.42	38.35
31	5.75	6.97	7.47	8.66	11.81	23.38	40.01
32	6.02	7.33	7.86	9.14	12.40	24.40	41.76
33	6.30	7.70	8.28	9.63	13.01	25.48	43.61
34	6.61	8.10	8.72	10.16	13.68	26.62	45.58
35	6.94	8.54	9.19	10.72	14.38	27.83	47.68
36	7.29	8.99	9.70	11.32	15.12	29.11	49.93
37	7.66	9.48	10.23	11.96	15.92	30.49	52.34
38	8.06	10.00	10.80	12.63	16.76	31.95	54.91
39	8.48	10.54	11.41	13.33	17.66	33.50	57.68
40	8.94	11.13	12.06	14.10	18.62	35.15	60.63
41	9.43	11.77	12.75	14.90	19.64	36.92	63.81
42	9.94	12.43	13.50	15.77	20.72	38.79	67.21
43	10.58	13.20	14.30	16.69	21.90	40.81	70.88
44	11.26	14.02	15.14	17.66	23.12	42.95	74.80
45	12.00	14.91	16.04	18.70	24.42	45.21	78.97
46	12.78	15.84	16.99	19.80	25.79	47.59	83.40
47	13.62	16.84	18.01	20.98	27.22	50.11	88.07
48	14.52	17.94	19.17	22.30	28.79	52.97	93.40
49	15.47	19.10	20.36	23.66	30.42	55.91	98.90
50	16.47	20.27	21.60	25.08	32.06	58.88	104.48
51	17.47	21.48	22.84	26.52	33.70	61.86	110.03
52	18.48	22.68	24.10	27.94	35.29	64.78	115.46
53	19.57	23.99	25.48	29.54	37.01	67.93	121.28
54	20.61	25.27	26.79	31.06	38.61	70.85	126.66
55	21.57	26.44	27.99	32.47	40.02	73.42	131.32
56	22.42	27.46	29.03	33.68	41.19	75.48	135.04
57	23.11	28.28	29.85	34.66	42.05	76.92	137.58
58	23.52	28.77	30.37	35.26	42.43	77.60	138.67
59	23.70	28.98	30.59	35.51	42.40	77.39	138.09
60	23.61	28.88	30.49	35.42	41.90	76.16	135.58
61	23.22	28.42	30.02	34.91	40.93	73.77	130.90
62	22.51	27.57	29.17	33.97	39.41	70.11	123.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.56	5.41	5.79	6.65	9.21	18.89	32.32
26	4.73	5.64	6.04	6.96	9.63	19.64	33.65
27	4.91	5.88	6.32	7.29	10.07	20.45	35.03
28	5.11	6.15	6.61	7.66	10.54	21.30	36.50
29	5.32	6.45	6.94	8.05	11.05	22.18	38.02
30	5.56	6.76	7.28	8.48	11.59	23.14	39.63
31	5.81	7.10	7.66	8.92	12.17	24.13	41.35
32	6.09	7.47	8.06	9.42	12.78	25.18	43.16
33	6.37	7.84	8.50	9.93	13.41	26.30	45.07
34	6.69	8.26	8.95	10.48	14.10	27.47	47.10
35	7.02	8.70	9.44	11.06	14.83	28.72	49.27
36	7.37	9.17	9.96	11.68	15.59	30.05	51.59
37	7.75	9.67	10.51	12.34	16.42	31.47	54.08
38	8.16	10.20	11.10	13.03	17.29	32.98	56.74
39	8.58	10.75	11.73	13.76	18.22	34.58	59.60
40	9.05	11.35	12.40	14.56	19.21	36.28	62.64
41	9.55	12.01	13.11	15.38	20.26	38.10	65.92
42	10.06	12.68	13.88	16.28	21.37	40.03	69.42
43	10.71	13.47	14.70	17.23	22.59	42.11	73.21
44	11.40	14.31	15.57	18.24	23.85	44.32	77.25
45	12.15	15.21	16.49	19.31	25.19	46.65	81.55
46	12.94	16.16	17.47	20.44	26.60	49.10	86.10
47	13.80	17.18	18.52	21.66	28.07	51.69	90.91
48	14.71	18.31	19.71	23.02	29.69	54.63	96.39
49	15.67	19.49	20.93	24.42	31.36	57.65	102.04
50	16.68	20.68	22.20	25.88	33.04	60.69	107.76
51	17.69	21.91	23.46	27.35	34.71	63.74	113.43
52	18.71	23.14	24.75	28.80	36.33	66.71	118.96
53	19.83	24.47	26.15	30.43	38.08	69.91	124.87
54	20.87	25.76	27.47	31.97	39.69	72.85	130.30
55	21.84	26.94	28.68	33.39	41.10	75.42	134.97
56	22.69	27.95	29.71	34.59	42.25	77.45	138.62
57	23.37	28.76	30.51	35.54	43.07	78.82	141.03
58	23.78	29.24	31.02	36.12	43.42	79.45	142.05
59	23.94	29.42	31.20	36.33	43.33	79.13	141.27
60	23.82	29.27	31.03	36.14	42.71	77.68	138.38
61	23.39	28.73	30.44	35.47	41.56	74.96	133.07
62	22.61	27.76	29.43	34.31	39.78	70.82	125.06

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.63	5.54	5.99	6.93	9.60	19.75	33.89
26	4.80	5.78	6.25	7.25	10.04	20.54	35.28
27	4.98	6.03	6.54	7.60	10.51	21.39	36.73
28	5.19	6.31	6.85	7.99	11.00	22.28	38.28
29	5.40	6.62	7.19	8.40	11.54	23.21	39.87
30	5.65	6.94	7.55	8.85	12.10	24.21	41.56
31	5.91	7.29	7.95	9.32	12.71	25.25	43.36
32	6.19	7.67	8.37	9.84	13.35	26.35	45.26
33	6.48	8.06	8.82	10.38	14.02	27.52	47.26
34	6.80	8.49	9.30	10.95	14.74	28.75	49.39
35	7.14	8.95	9.81	11.56	15.50	30.06	51.66
36	7.50	9.43	10.35	12.22	16.30	31.45	54.09
37	7.89	9.95	10.93	12.91	17.17	32.94	56.70
38	8.30	10.49	11.54	13.64	18.08	34.52	59.48
39	8.74	11.07	12.20	14.41	19.05	36.19	62.47
40	9.21	11.69	12.90	15.24	20.09	37.97	65.65
41	9.72	12.36	13.64	16.11	21.19	39.88	69.08
42	10.25	13.06	14.44	17.05	22.35	41.89	72.74
43	10.91	13.87	15.30	18.05	23.62	44.07	76.70
44	11.62	14.74	16.21	19.10	24.94	46.38	80.92
45	12.38	15.67	17.17	20.23	26.34	48.80	85.41
46	13.19	16.65	18.19	21.41	27.81	51.36	90.16
47	14.06	17.70	19.28	22.68	29.34	54.05	95.16
48	14.99	18.86	20.51	24.10	31.03	57.12	100.87
49	15.97	20.07	21.78	25.57	32.76	60.25	106.74
50	16.99	21.29	23.09	27.08	34.50	63.41	112.67
51	18.02	22.55	24.40	28.60	36.23	66.55	118.52
52	19.06	23.81	25.72	30.10	37.89	69.60	124.20
53	20.21	25.19	27.16	31.77	39.68	72.87	130.25
54	21.27	26.50	28.50	33.34	41.31	75.86	135.77
55	22.24	27.68	29.72	34.76	42.72	78.43	140.44
56	23.09	28.69	30.74	35.95	43.84	80.41	144.00
57	23.76	29.48	31.51	36.86	44.60	81.67	146.21
58	24.16	29.95	32.00	37.42	44.91	82.23	147.13
59	24.30	30.09	32.12	37.55	44.72	81.73	146.05
60	24.14	29.86	31.84	37.21	43.93	79.96	142.57
61	23.64	29.19	31.08	36.32	42.50	76.74	136.32
62	22.76	28.04	29.81	34.81	40.33	71.88	126.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.39	14.81	16.15	20.34	28.17	54.74	97.90
26	11.82	15.37	16.76	21.16	29.19	56.18	100.30
27	12.27	16.01	17.46	22.06	30.25	57.65	102.73
28	12.76	16.69	18.22	23.01	31.36	59.16	105.22
29	13.31	17.42	19.03	24.07	32.52	60.71	107.78
30	13.87	18.21	19.89	25.17	33.73	62.33	110.41
31	14.49	19.04	20.81	26.35	34.97	63.99	113.12
32	15.14	19.92	21.77	27.56	36.25	65.71	115.95
33	15.83	20.82	22.77	28.82	37.57	67.48	118.85
34	16.52	21.76	23.81	30.12	38.93	69.31	121.89
35	17.27	22.73	24.90	31.46	40.33	71.21	125.06
36	18.05	23.75	26.05	32.83	41.76	73.16	128.39
37	18.86	24.80	27.21	34.26	43.24	75.20	131.89
38	19.69	25.88	28.40	35.70	44.72	77.33	135.62
39	20.57	27.00	29.64	37.17	46.26	79.54	139.50
40	21.45	28.14	30.92	38.69	47.81	81.83	143.57
41	22.37	29.33	32.25	40.23	49.41	84.16	147.82
42	23.32	30.56	33.60	41.81	51.04	86.57	152.23
43	24.52	31.96	35.04	43.45	52.82	89.15	157.02
44	25.75	33.43	36.50	45.13	54.59	91.75	161.93
45	27.02	34.89	37.98	46.79	56.37	94.38	166.91
46	28.32	36.40	39.49	48.47	58.11	97.01	171.95
47	29.65	37.93	41.00	50.15	59.80	99.61	176.96
48	30.97	39.47	42.61	51.88	61.46	102.34	182.31
49	32.27	40.99	44.17	53.54	63.02	104.97	187.49
50	33.55	42.48	45.69	55.14	64.41	107.39	192.29
51	34.78	43.88	47.12	56.64	65.62	109.57	196.60
52	35.90	45.16	48.42	57.95	66.59	111.41	200.24
53	36.94	46.31	49.59	59.04	67.18	112.73	202.82
54	37.83	47.30	50.54	59.93	67.50	113.63	204.53
55	38.32	48.05	51.27	60.60	67.55	114.04	205.25
56	38.67	48.58	51.78	60.99	67.31	113.95	204.94
57	38.83	48.90	52.02	61.13	66.80	113.31	203.47
58	38.00	47.93	51.00	59.67	64.58	109.95	196.51
59	37.13	46.94	49.91	58.20	62.42	106.52	189.33
60	36.39	46.09	49.00	57.06	60.68	103.49	182.90
61	35.90	45.59	48.49	56.51	59.73	101.38	178.21
62	35.87	45.69	48.60	56.91	59.92	100.65	176.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.43	14.89	16.26	20.50	28.40	55.26	98.85
26	11.85	15.45	16.88	21.33	29.44	56.72	101.28
27	12.31	16.10	17.60	22.24	30.51	58.21	103.75
28	12.81	16.79	18.36	23.21	31.64	59.75	106.28
29	13.37	17.51	19.18	24.27	32.81	61.32	108.89
30	13.92	18.32	20.05	25.40	34.04	62.97	111.56
31	14.54	19.16	20.98	26.59	35.30	64.67	114.33
32	15.20	20.04	21.95	27.81	36.59	66.41	117.21
33	15.89	20.94	22.97	29.09	37.93	68.22	120.16
34	16.60	21.91	24.01	30.41	39.31	70.07	123.26
35	17.34	22.88	25.13	31.76	40.73	72.01	126.50
36	18.13	23.91	26.28	33.16	42.18	74.01	129.88
37	18.95	24.98	27.46	34.61	43.69	76.08	133.45
38	19.78	26.06	28.67	36.06	45.20	78.26	137.27
39	20.66	27.19	29.92	37.56	46.76	80.51	141.23
40	21.55	28.34	31.22	39.11	48.34	82.85	145.38
41	22.48	29.55	32.57	40.66	49.97	85.22	149.72
42	23.43	30.78	33.94	42.26	51.62	87.69	154.22
43	24.63	32.20	35.40	43.94	53.44	90.32	159.12
44	25.88	33.69	36.88	45.65	55.24	92.98	164.13
45	27.15	35.16	38.39	47.34	57.06	95.68	169.24
46	28.47	36.68	39.92	49.05	58.84	98.37	174.38
47	29.81	38.23	41.46	50.76	60.56	101.03	179.51
48	31.14	39.80	43.09	52.52	62.27	103.83	185.00
49	32.45	41.34	44.69	54.23	63.86	106.53	190.31
50	33.74	42.85	46.23	55.86	65.30	109.02	195.24
51	34.97	44.26	47.68	57.38	66.53	111.26	199.66
52	36.11	45.56	49.01	58.73	67.53	113.15	203.39
53	37.15	46.73	50.19	59.84	68.14	114.51	206.06
54	38.05	47.73	51.16	60.75	68.47	115.43	207.80
55	38.55	48.48	51.89	61.43	68.52	115.84	208.54
56	38.90	49.01	52.39	61.81	68.27	115.72	208.16
57	39.04	49.31	52.61	61.92	67.72	115.02	206.58
58	38.21	48.33	51.59	60.44	65.47	111.62	199.55
59	37.32	47.32	50.46	58.94	63.25	108.09	192.20
60	36.56	46.43	49.48	57.71	61.41	104.86	185.42
61	36.04	45.86	48.87	57.02	60.30	102.45	180.16
62	35.95	45.86	48.83	57.21	60.26	101.29	177.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.49	15.01	16.44	20.75	28.76	56.03	100.26
26	11.92	15.58	17.07	21.59	29.81	57.53	102.74
27	12.38	16.24	17.79	22.52	30.91	59.06	105.28
28	12.88	16.93	18.57	23.51	32.05	60.63	107.88
29	13.44	17.67	19.40	24.59	33.25	62.24	110.56
30	14.00	18.48	20.29	25.73	34.50	63.94	113.30
31	14.63	19.33	21.23	26.95	35.78	65.67	116.14
32	15.29	20.22	22.23	28.19	37.11	67.46	119.10
33	15.98	21.14	23.26	29.49	38.48	69.32	122.13
34	16.70	22.11	24.33	30.83	39.89	71.23	125.32
35	17.45	23.10	25.46	32.21	41.34	73.22	128.65
36	18.24	24.15	26.63	33.64	42.82	75.27	132.13
37	19.07	25.23	27.84	35.12	44.36	77.40	135.81
38	19.92	26.32	29.07	36.61	45.91	79.64	139.73
39	20.79	27.47	30.34	38.14	47.51	81.96	143.81
40	21.70	28.65	31.67	39.72	49.13	84.37	148.09
41	22.64	29.86	33.05	41.32	50.81	86.82	152.56
42	23.60	31.12	34.44	42.96	52.51	89.36	157.20
43	24.81	32.56	35.95	44.68	54.37	92.08	162.26
44	26.07	34.07	37.46	46.42	56.22	94.83	167.44
45	27.36	35.58	39.00	48.17	58.10	97.61	172.71
46	28.69	37.13	40.56	49.92	59.93	100.40	178.03
47	30.04	38.70	42.15	51.68	61.70	103.16	183.34
48	31.39	40.29	43.82	53.50	63.48	106.07	189.04
49	32.71	41.86	45.45	55.26	65.12	108.87	194.54
50	34.02	43.40	47.03	56.94	66.61	111.47	199.66
51	35.27	44.84	48.53	58.51	67.90	113.79	204.24
52	36.42	46.16	49.88	59.90	68.93	115.75	208.11
53	37.49	47.36	51.09	61.05	69.58	117.17	210.90
54	38.39	48.37	52.08	61.98	69.93	118.13	212.72
55	38.89	49.13	52.83	62.66	69.98	118.55	213.46
56	39.23	49.64	53.32	63.04	69.70	118.39	213.00
57	39.38	49.93	53.51	63.11	69.09	117.59	211.24
58	38.53	48.94	52.47	61.61	66.81	114.12	204.12
59	37.62	47.90	51.29	60.04	64.50	110.43	196.50
60	36.82	46.94	50.21	58.67	62.51	106.91	189.19
61	36.24	46.26	49.45	57.78	61.15	104.05	183.09
62	36.07	46.10	49.18	57.66	60.75	102.24	179.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.72	15.48	17.15	21.74	30.22	59.28	106.16
26	12.15	16.07	17.81	22.62	31.33	60.88	108.80
27	12.62	16.75	18.56	23.59	32.48	62.49	111.48
28	13.13	17.46	19.37	24.62	33.69	64.15	114.22
29	13.70	18.23	20.24	25.76	34.94	65.84	117.04
30	14.27	19.06	21.16	26.95	36.24	67.61	119.91
31	14.91	19.94	22.14	28.22	37.58	69.43	122.85
32	15.59	20.85	23.17	29.50	38.96	71.29	125.92
33	16.30	21.80	24.24	30.86	40.38	73.21	129.06
34	17.02	22.79	25.34	32.25	41.85	75.18	132.34
35	17.78	23.81	26.51	33.68	43.34	77.22	135.76
36	18.59	24.87	27.71	35.15	44.87	79.32	139.31
37	19.42	25.97	28.94	36.67	46.45	81.50	143.05
38	20.28	27.08	30.21	38.20	48.03	83.77	147.03
39	21.17	28.25	31.51	39.76	49.67	86.12	151.16
40	22.08	29.44	32.86	41.37	51.31	88.54	155.47
41	23.02	30.67	34.25	42.99	53.00	91.00	159.95
42	23.99	31.94	35.67	44.65	54.71	93.54	164.58
43	25.22	33.39	37.18	46.38	56.58	96.24	169.62
44	26.48	34.91	38.70	48.13	58.44	98.95	174.75
45	27.77	36.41	40.24	49.87	60.29	101.68	179.93
46	29.11	37.96	41.80	51.61	62.10	104.38	185.11
47	30.45	39.52	43.35	53.33	63.82	107.03	190.23
48	31.79	41.09	44.99	55.09	65.51	109.78	195.67
49	33.09	42.62	46.58	56.78	67.06	112.40	200.85
50	34.39	44.13	48.10	58.38	68.43	114.76	205.57
51	35.61	45.51	49.52	59.84	69.57	116.82	209.70
52	36.74	46.78	50.78	61.10	70.43	118.48	213.04
53	37.76	47.89	51.87	62.08	70.86	119.49	215.10
54	38.62	48.81	52.72	62.83	70.97	120.02	216.14
55	39.07	49.47	53.33	63.32	70.78	120.01	216.11
56	39.37	49.90	53.68	63.51	70.27	119.43	214.91
57	39.46	50.09	53.75	63.41	69.46	118.25	212.46
58	38.55	48.97	52.51	61.66	66.87	114.23	204.27
59	37.58	47.82	51.17	59.89	64.33	110.11	195.82
60	36.76	46.81	50.02	58.42	62.22	106.37	188.11
61	36.19	46.14	49.28	57.56	60.90	103.59	182.19
62	36.07	46.10	49.18	57.66	60.75	102.24	179.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.66	16.45	17.94	22.60	31.30	60.82	108.78
26	13.13	17.08	18.62	23.51	32.43	62.42	111.44
27	13.63	17.79	19.40	24.51	33.61	64.05	114.14
28	14.18	18.54	20.24	25.57	34.84	65.73	116.91
29	14.79	19.35	21.14	26.74	36.13	67.45	119.76
30	15.41	20.23	22.10	27.97	37.48	69.25	122.68
31	16.10	21.16	23.12	29.28	38.86	71.10	125.69
32	16.82	22.13	24.19	30.62	40.28	73.01	128.83
33	17.59	23.13	25.30	32.02	41.74	74.98	132.05
34	18.36	24.18	26.45	33.47	43.26	77.01	135.43
35	19.19	25.26	27.67	34.95	44.81	79.12	138.96
36	20.05	26.39	28.94	36.48	46.40	81.29	142.65
37	20.96	27.56	30.23	38.07	48.04	83.55	146.54
38	21.88	28.75	31.56	39.67	49.69	85.92	150.69
39	22.85	30.00	32.93	41.30	51.40	88.38	155.00
40	23.83	31.27	34.35	42.99	53.12	90.92	159.52
41	24.86	32.59	35.83	44.70	54.90	93.51	164.24
42	25.91	33.95	37.33	46.45	56.71	96.19	169.14
43	27.24	35.51	38.93	48.28	58.69	99.05	174.47
44	28.61	37.14	40.55	50.14	60.65	101.94	179.92
45	30.02	38.77	42.20	51.99	62.63	104.87	185.46
46	31.47	40.44	43.88	53.86	64.57	107.79	191.05
47	32.94	42.14	45.56	55.72	66.44	110.68	196.62
48	34.41	43.86	47.34	57.64	68.29	113.71	202.57
49	35.85	45.54	49.08	59.49	70.02	116.63	208.32
50	37.28	47.20	50.77	61.27	71.57	119.32	213.65
51	38.64	48.75	52.36	62.93	72.91	121.74	218.44
52	39.89	50.18	53.80	64.39	73.99	123.79	222.49
53	41.04	51.46	55.10	65.60	74.64	125.25	225.36
54	42.03	52.56	56.16	66.59	75.00	126.25	227.25
55	42.58	53.39	56.97	67.33	75.05	126.71	228.06
56	42.97	53.98	57.53	67.77	74.79	126.61	227.71
57	43.14	54.33	57.80	67.92	74.22	125.90	226.08
58	42.22	53.25	56.67	66.30	71.75	122.17	218.34
59	41.25	52.15	55.46	64.67	69.35	118.36	210.37
60	40.43	51.21	54.44	63.40	67.42	114.99	203.22
61	39.89	50.66	53.88	62.79	66.37	112.64	198.01
62	39.85	50.77	54.00	63.23	66.58	111.83	195.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.70	16.54	18.07	22.78	31.56	61.40	109.83
26	13.17	17.17	18.76	23.70	32.71	63.02	112.53
27	13.68	17.89	19.55	24.71	33.90	64.68	115.28
28	14.23	18.65	20.40	25.79	35.15	66.39	118.09
29	14.85	19.46	21.31	26.97	36.45	68.13	120.99
30	15.47	20.35	22.28	28.22	37.82	69.97	123.96
31	16.16	21.29	23.31	29.54	39.22	71.85	127.03
32	16.89	22.27	24.39	30.90	40.66	73.79	130.23
33	17.66	23.27	25.52	32.32	42.14	75.80	133.51
34	18.44	24.34	26.68	33.79	43.68	77.86	136.95
35	19.27	25.42	27.92	35.29	45.26	80.01	140.55
36	20.14	26.57	29.20	36.84	46.87	82.23	144.31
37	21.05	27.75	30.51	38.45	48.54	84.53	148.28
38	21.98	28.95	31.86	40.07	50.22	86.95	152.52
39	22.95	30.21	33.24	41.73	51.96	89.46	156.92
40	23.94	31.49	34.69	43.45	53.71	92.05	161.53
41	24.98	32.83	36.19	45.18	55.52	94.69	166.35
42	26.03	34.20	37.71	46.96	57.36	97.43	171.35
43	27.37	35.78	39.33	48.82	59.38	100.35	176.80
44	28.75	37.43	40.98	50.72	61.38	103.31	182.37
45	30.17	39.07	42.65	52.60	63.40	106.31	188.04
46	31.63	40.76	44.36	54.50	65.38	109.30	193.75
47	33.12	42.48	46.07	56.40	67.29	112.26	199.46
48	34.60	44.22	47.88	58.36	69.19	115.37	205.56
49	36.05	45.93	49.65	60.25	70.96	118.37	211.46
50	37.49	47.61	51.37	62.07	72.55	121.13	216.93
51	38.86	49.18	52.98	63.76	73.92	123.62	221.84
52	40.12	50.62	54.45	65.25	75.03	125.72	225.99
53	41.28	51.92	55.77	66.49	75.71	127.23	228.95
54	42.28	53.03	56.84	67.50	76.08	128.25	230.89
55	42.83	53.87	57.66	68.25	76.13	128.71	231.71
56	43.22	54.45	58.21	68.68	75.85	128.58	231.29
57	43.38	54.79	58.46	68.80	75.24	127.80	229.53
58	42.46	53.70	57.32	67.16	72.74	124.02	221.72
59	41.47	52.58	56.07	65.49	70.28	120.10	213.55
60	40.62	51.59	54.98	64.12	68.23	116.51	206.02
61	40.04	50.96	54.30	63.35	67.00	113.83	200.18
62	39.94	50.95	54.26	63.57	66.95	112.54	197.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.77	16.68	18.27	23.06	31.95	62.26	111.40
26	13.24	17.31	18.97	23.99	33.12	63.92	114.16
27	13.75	18.04	19.77	25.02	34.34	65.62	116.98
28	14.31	18.81	20.63	26.12	35.61	67.37	119.87
29	14.93	19.63	21.56	27.32	36.94	69.16	122.84
30	15.55	20.53	22.54	28.59	38.33	71.04	125.89
31	16.25	21.48	23.59	29.94	39.76	72.97	129.04
32	16.99	22.47	24.70	31.32	41.23	74.96	132.33
33	17.76	23.49	25.84	32.77	42.75	77.02	135.70
34	18.55	24.57	27.03	34.26	44.32	79.14	139.24
35	19.39	25.67	28.29	35.79	45.93	81.35	142.94
36	20.27	26.83	29.59	37.38	47.58	83.63	146.81
37	21.19	28.03	30.93	39.02	49.29	86.00	150.90
38	22.13	29.24	32.30	40.68	51.01	88.49	155.26
39	23.10	30.52	33.71	42.38	52.79	91.07	159.79
40	24.11	31.83	35.19	44.13	54.59	93.74	164.54
41	25.15	33.18	36.72	45.91	56.45	96.47	169.51
42	26.22	34.58	38.27	47.73	58.34	99.29	174.67
43	27.57	36.18	39.94	49.64	60.41	102.31	180.29
44	28.97	37.86	41.62	51.58	62.47	105.37	186.04
45	30.40	39.53	43.33	53.52	64.55	108.46	191.90
46	31.88	41.25	45.07	55.47	66.59	111.56	197.81
47	33.38	43.00	46.83	57.42	68.56	114.62	203.71
48	34.88	44.77	48.69	59.44	70.53	117.86	210.04
49	36.34	46.51	50.50	61.40	72.36	120.97	216.16
50	37.80	48.22	52.26	63.27	74.01	123.85	221.84
51	39.19	49.82	53.92	65.01	75.44	126.43	226.93
52	40.47	51.29	55.42	66.55	76.59	128.61	231.23
53	41.65	52.62	56.77	67.83	77.31	130.19	234.33
54	42.65	53.74	57.87	68.87	77.70	131.26	236.36
55	43.21	54.59	58.70	69.62	77.75	131.72	237.18
56	43.59	55.16	59.24	70.04	77.44	131.54	236.67
57	43.75	55.48	59.46	70.12	76.77	130.65	234.71
58	42.81	54.38	58.30	68.46	74.23	126.80	226.80
59	41.80	53.22	56.99	66.71	71.67	122.70	218.33
60	40.91	52.16	55.79	65.19	69.45	118.79	210.21
61	40.27	51.40	54.94	64.20	67.94	115.61	203.43
62	40.08	51.22	54.64	64.07	67.50	113.60	199.00

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.02	17.20	19.06	24.16	33.58	65.87	117.95
26	13.50	17.86	19.79	25.13	34.81	67.64	120.89
27	14.02	18.61	20.62	26.21	36.09	69.43	123.87
28	14.59	19.40	21.52	27.36	37.43	71.28	126.91
29	15.22	20.25	22.49	28.62	38.82	73.16	130.04
30	15.86	21.18	23.51	29.94	40.27	75.12	133.23
31	16.57	22.15	24.60	31.35	41.76	77.14	136.50
32	17.32	23.17	25.74	32.78	43.29	79.21	139.91
33	18.11	24.22	26.93	34.29	44.87	81.34	143.40
34	18.91	25.32	28.15	35.83	46.50	83.53	147.04
35	19.76	26.45	29.45	37.42	48.16	85.80	150.84
36	20.65	27.63	30.79	39.05	49.86	88.13	154.79
37	21.58	28.85	32.16	40.74	51.61	90.55	158.94
38	22.53	30.09	33.57	42.44	53.37	93.08	163.37
39	23.52	31.39	35.01	44.18	55.19	95.69	167.95
40	24.53	32.71	36.51	45.97	57.01	98.38	172.74
41	25.58	34.08	38.06	47.77	58.89	101.11	177.72
42	26.66	35.49	39.63	49.61	60.79	103.93	182.87
43	28.02	37.10	41.31	51.53	62.87	106.93	188.47
44	29.42	38.79	43.00	53.48	64.93	109.94	194.17
45	30.86	40.46	44.71	55.41	66.99	112.98	199.92
46	32.34	42.18	46.44	57.34	69.00	115.98	205.68
47	33.83	43.91	48.17	59.25	70.91	118.92	211.37
48	35.32	45.66	49.99	61.21	72.79	121.98	217.41
49	36.77	47.36	51.75	63.09	74.51	124.89	223.17
50	38.21	49.03	53.44	64.87	76.03	127.51	228.41
51	39.57	50.57	55.02	66.49	77.30	129.80	233.00
52	40.82	51.98	56.42	67.89	78.26	131.64	236.71
53	41.95	53.21	57.63	68.98	78.73	132.77	239.00
54	42.91	54.23	58.58	69.81	78.86	133.36	240.16
55	43.41	54.97	59.25	70.35	78.64	133.34	240.12
56	43.74	55.44	59.64	70.57	78.08	132.70	238.79
57	43.84	55.66	59.72	70.46	77.18	131.39	236.07
58	42.83	54.41	58.34	68.51	74.30	126.92	226.97
59	41.76	53.13	56.86	66.54	71.48	122.34	217.58
60	40.84	52.01	55.58	64.91	69.13	118.19	209.01
61	40.21	51.27	54.76	63.96	67.67	115.10	202.43
62	40.08	51.22	54.64	64.07	67.50	113.60	199.00

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.40	13.44	14.61	18.45	25.89	51.04	91.13
26	10.79	13.95	15.17	19.20	26.84	52.43	93.47
27	11.20	14.53	15.80	20.02	27.83	53.85	95.82
28	11.65	15.15	16.49	20.89	28.86	55.31	98.23
29	12.14	15.80	17.22	21.84	29.94	56.79	100.69
30	12.65	16.52	18.00	22.85	31.07	58.34	103.21
31	13.22	17.28	18.84	23.91	32.22	59.92	105.80
32	13.81	18.07	19.70	25.01	33.41	61.55	108.48
33	14.43	18.88	20.60	26.15	34.62	63.23	111.23
34	15.06	19.74	21.54	27.32	35.89	64.95	114.10
35	15.73	20.61	22.52	28.53	37.18	66.74	117.09
36	16.43	21.53	23.54	29.77	38.50	68.57	120.20
37	17.16	22.47	24.59	31.06	39.86	70.47	123.47
38	17.91	23.44	25.66	32.36	41.23	72.46	126.95
39	18.69	24.44	26.77	33.67	42.64	74.51	130.55
40	19.49	25.47	27.91	35.04	44.06	76.63	134.33
41	20.31	26.53	29.10	36.41	45.53	78.79	138.25
42	21.16	27.62	30.30	37.82	47.02	81.01	142.31
43	22.23	28.88	31.58	39.28	48.64	83.37	146.71
44	23.34	30.18	32.88	40.76	50.24	85.74	151.20
45	24.46	31.49	34.20	42.24	51.85	88.15	155.75
46	25.62	32.82	35.53	43.72	53.42	90.53	160.33
47	26.80	34.17	36.87	45.19	54.93	92.88	164.86
48	27.97	35.54	38.28	46.70	56.40	95.33	169.68
49	29.12	36.87	39.65	48.15	57.77	97.67	174.30
50	30.25	38.18	40.99	49.55	59.00	99.82	178.58
51	31.33	39.40	42.24	50.83	60.04	101.74	182.39
52	32.32	40.53	43.37	51.97	60.88	103.35	185.60
53	33.22	41.54	44.39	52.89	61.35	104.45	187.80
54	34.00	42.40	45.23	53.65	61.60	105.18	189.21
55	34.45	43.05	45.86	54.21	61.60	105.48	189.74
56	34.78	43.52	46.31	54.54	61.35	105.33	189.35
57	34.94	43.80	46.53	54.66	60.88	104.69	187.95
58	34.24	42.98	45.67	53.38	58.91	101.63	181.64
59	33.51	42.14	44.76	52.12	57.00	98.51	175.18
60	32.90	41.43	44.00	51.17	55.49	95.79	169.43
61	32.52	41.05	43.61	50.76	54.69	93.90	165.32
62	32.54	41.18	43.78	51.22	54.91	93.29	163.75

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.44	13.52	14.72	18.61	26.13	51.56	92.08
26	10.83	14.03	15.29	19.37	27.09	52.97	94.45
27	11.24	14.62	15.94	20.20	28.09	54.41	96.85
28	11.69	15.25	16.63	21.09	29.14	55.90	99.29
29	12.20	15.90	17.37	22.05	30.23	57.40	101.80
30	12.71	16.63	18.16	23.08	31.37	58.99	104.36
31	13.28	17.40	19.01	24.15	32.54	60.60	107.00
32	13.87	18.20	19.88	25.26	33.75	62.25	109.74
33	14.49	19.01	20.80	26.42	34.98	63.96	112.55
34	15.13	19.88	21.74	27.61	36.27	65.72	115.47
35	15.80	20.75	22.74	28.84	37.58	67.54	118.52
36	16.51	21.69	23.78	30.10	38.93	69.42	121.70
37	17.24	22.64	24.84	31.40	40.31	71.35	125.04
38	18.00	23.62	25.93	32.72	41.71	73.39	128.59
39	18.78	24.63	27.05	34.06	43.15	75.48	132.28
40	19.58	25.67	28.22	35.45	44.60	77.64	136.13
41	20.42	26.75	29.42	36.84	46.09	79.85	140.15
42	21.27	27.85	30.65	38.28	47.60	82.13	144.30
43	22.35	29.12	31.94	39.76	49.26	84.54	148.81
44	23.46	30.44	33.26	41.28	50.90	86.98	153.41
45	24.60	31.76	34.61	42.79	52.54	89.44	158.08
46	25.77	33.11	35.96	44.30	54.14	91.89	162.76
47	26.96	34.48	37.33	45.80	55.69	94.30	167.42
48	28.14	35.87	38.76	47.35	57.21	96.82	172.37
49	29.30	37.22	40.17	48.83	58.62	99.23	177.13
50	30.44	38.55	41.53	50.27	59.88	101.45	181.53
51	31.53	39.79	42.80	51.58	60.95	103.43	185.45
52	32.53	40.92	43.96	52.74	61.81	105.08	188.75
53	33.44	41.95	44.99	53.69	62.32	106.24	191.03
54	34.23	42.82	45.84	54.47	62.57	106.98	192.48
55	34.68	43.48	46.49	55.04	62.57	107.28	193.02
56	35.00	43.95	46.92	55.36	62.31	107.10	192.57
57	35.15	44.22	47.12	55.45	61.79	106.40	191.05
58	34.45	43.38	46.25	54.15	59.80	103.29	184.68
59	33.71	42.53	45.31	52.86	57.83	100.08	178.04
60	33.07	41.77	44.49	51.81	56.21	97.16	171.95
61	32.65	41.32	43.99	51.26	55.26	94.97	167.27
62	32.62	41.35	44.01	51.53	55.24	93.93	164.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.50	13.64	14.90	18.86	26.48	52.34	93.49
26	10.89	14.16	15.48	19.63	27.46	53.78	95.91
27	11.30	14.75	16.14	20.48	28.49	55.26	98.38
28	11.76	15.39	16.84	21.38	29.56	56.78	100.89
29	12.27	16.06	17.60	22.37	30.67	58.33	103.46
30	12.78	16.79	18.40	23.41	31.83	59.95	106.10
31	13.36	17.57	19.26	24.51	33.03	61.61	108.81
32	13.96	18.38	20.16	25.64	34.26	63.31	111.63
33	14.58	19.21	21.09	26.82	35.53	65.06	114.52
34	15.23	20.09	22.06	28.04	36.85	66.87	117.53
35	15.91	20.98	23.08	29.29	38.19	68.74	120.67
36	16.62	21.92	24.13	30.58	39.56	70.68	123.95
37	17.37	22.90	25.22	31.91	40.99	72.68	127.40
38	18.14	23.88	26.33	33.26	42.42	74.77	131.06
39	18.92	24.91	27.47	34.64	43.89	76.93	134.87
40	19.74	25.97	28.67	36.06	45.39	79.16	138.84
41	20.57	27.06	29.90	37.49	46.93	81.45	142.99
42	21.44	28.19	31.15	38.97	48.48	83.80	147.29
43	22.53	29.48	32.49	40.50	50.18	86.30	151.95
44	23.66	30.83	33.84	42.06	51.88	88.83	156.71
45	24.80	32.18	35.22	43.61	53.58	91.38	161.55
46	25.99	33.55	36.60	45.17	55.23	93.92	166.41
47	27.20	34.95	38.02	46.72	56.84	96.43	171.24
48	28.40	36.36	39.49	48.32	58.42	99.06	176.40
49	29.56	37.75	40.93	49.87	59.88	101.57	181.36
50	30.72	39.10	42.33	51.35	61.19	103.90	185.95
51	31.82	40.37	43.64	52.70	62.32	105.96	190.04
52	32.84	41.53	44.83	53.91	63.22	107.69	193.46
53	33.77	42.58	45.89	54.90	63.76	108.90	195.88
54	34.56	43.46	46.76	55.70	64.03	109.69	197.41
55	35.02	44.13	47.42	56.27	64.03	109.99	197.95
56	35.33	44.59	47.84	56.58	63.74	109.76	197.42
57	35.49	44.84	48.02	56.64	63.17	108.96	195.71
58	34.77	43.99	47.13	55.32	61.14	105.80	189.25
59	34.00	43.10	46.13	53.96	59.09	102.42	182.34
60	33.33	42.28	45.22	52.78	57.31	99.21	175.73
61	32.86	41.72	44.57	52.03	56.11	96.57	170.20
62	32.74	41.59	44.35	51.98	55.74	94.89	166.58

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.73	14.11	15.62	19.85	27.95	55.58	99.39
26	11.12	14.65	16.22	20.66	28.98	57.13	101.97
27	11.55	15.26	16.90	21.55	30.06	58.69	104.58
28	12.02	15.92	17.64	22.50	31.19	60.30	107.23
29	12.53	16.61	18.43	23.54	32.36	61.93	109.94
30	13.06	17.38	19.27	24.62	33.58	63.62	112.71
31	13.64	18.17	20.17	25.78	34.83	65.36	115.52
32	14.26	19.01	21.10	26.96	36.12	67.13	118.45
33	14.90	19.86	22.07	28.19	37.44	68.95	121.45
34	15.55	20.76	23.07	29.45	38.81	70.82	124.55
35	16.25	21.68	24.12	30.75	40.19	72.75	127.78
36	16.97	22.64	25.21	32.09	41.62	74.73	131.13
37	17.72	23.63	26.33	33.46	43.07	76.77	134.63
38	18.50	24.64	27.47	34.85	44.54	78.90	138.36
39	19.30	25.70	28.64	36.26	46.05	81.09	142.21
40	20.12	26.77	29.85	37.72	47.57	83.34	146.22
41	20.96	27.87	31.10	39.17	49.12	85.63	150.38
42	21.83	29.01	32.37	40.66	50.69	87.98	154.67
43	22.93	30.31	33.72	42.20	52.40	90.46	159.31
44	24.07	31.66	35.08	43.77	54.09	92.94	164.03
45	25.22	33.01	36.46	45.32	55.77	95.45	168.77
46	26.41	34.39	37.84	46.85	57.40	97.90	173.49
47	27.60	35.77	39.22	48.37	58.95	100.30	178.14
48	28.79	37.16	40.66	49.91	60.45	102.77	183.03
49	29.94	38.51	42.06	51.39	61.81	105.10	187.67
50	31.09	39.83	43.39	52.79	63.01	107.19	191.86
51	32.17	41.04	44.63	54.04	63.99	108.99	195.50
52	33.16	42.15	45.73	55.12	64.72	110.41	198.40
53	34.04	43.11	46.67	55.94	65.03	111.22	200.08
54	34.79	43.90	47.40	56.55	65.07	111.58	200.83
55	35.20	44.47	47.92	56.93	64.83	111.45	200.59
56	35.47	44.84	48.20	57.06	64.31	110.81	199.32
57	35.57	45.00	48.26	56.94	63.54	109.63	196.94
58	34.79	44.02	47.17	55.37	61.20	105.90	189.41
59	33.97	43.02	46.02	53.80	58.91	102.10	181.67
60	33.26	42.15	45.03	52.52	57.02	98.67	174.65
61	32.81	41.60	44.41	51.81	55.86	96.11	169.30
62	32.74	41.59	44.35	51.98	55.74	94.89	166.58

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.56	14.93	16.23	20.50	28.77	56.71	101.26
26	11.99	15.50	16.85	21.33	29.82	58.26	103.85
27	12.44	16.14	17.56	22.24	30.92	59.83	106.47
28	12.94	16.83	18.32	23.21	32.07	61.45	109.14
29	13.49	17.56	19.13	24.27	33.27	63.10	111.88
30	14.06	18.36	20.00	25.39	34.52	64.82	114.68
31	14.69	19.20	20.93	26.57	35.80	66.58	117.55
32	15.34	20.08	21.89	27.79	37.12	68.39	120.53
33	16.03	20.98	22.89	29.05	38.47	70.25	123.59
34	16.73	21.93	23.93	30.36	39.88	72.17	126.78
35	17.48	22.90	25.02	31.70	41.31	74.15	130.10
36	18.25	23.92	26.16	33.08	42.78	76.19	133.56
37	19.07	24.97	27.32	34.51	44.29	78.30	137.19
38	19.90	26.04	28.51	35.95	45.81	80.51	141.05
39	20.77	27.16	29.74	37.41	47.38	82.79	145.06
40	21.65	28.30	31.01	38.93	48.96	85.14	149.25
41	22.57	29.48	32.33	40.45	50.59	87.54	153.61
42	23.51	30.69	33.67	42.02	52.24	90.01	158.12
43	24.70	32.09	35.09	43.64	54.04	92.63	163.01
44	25.93	33.53	36.53	45.29	55.82	95.27	168.00
45	27.18	34.99	38.00	46.93	57.61	97.94	173.06
46	28.47	36.47	39.48	48.58	59.35	100.59	178.14
47	29.78	37.97	40.97	50.21	61.03	103.20	183.18
48	31.08	39.49	42.53	51.89	62.67	105.92	188.53
49	32.35	40.97	44.06	53.50	64.19	108.52	193.67
50	33.61	42.42	45.54	55.05	65.55	110.91	198.42
51	34.81	43.78	46.93	56.48	66.71	113.04	202.66
52	35.91	45.03	48.19	57.74	67.64	114.83	206.22
53	36.91	46.15	49.32	58.77	68.17	116.06	208.67
54	37.78	47.11	50.25	59.61	68.44	116.87	210.23
55	38.28	47.83	50.96	60.23	68.44	117.20	210.82
56	38.64	48.36	51.45	60.60	68.17	117.03	210.39
57	38.82	48.67	51.70	60.73	67.64	116.32	208.83
58	38.04	47.75	50.74	59.31	65.45	112.92	201.82
59	37.23	46.82	49.73	57.91	63.33	109.46	194.64
60	36.55	46.03	48.89	56.85	61.65	106.43	188.26
61	36.13	45.61	48.46	56.40	60.77	104.33	183.69
62	36.15	45.76	48.64	56.91	61.01	103.66	181.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.60	15.02	16.36	20.68	29.03	57.29	102.31
26	12.03	15.59	16.99	21.52	30.10	58.86	104.94
27	12.49	16.24	17.71	22.44	31.21	60.46	107.61
28	12.99	16.94	18.48	23.43	32.38	62.11	110.32
29	13.55	17.67	19.30	24.50	33.59	63.78	113.11
30	14.12	18.48	20.18	25.64	34.86	65.54	115.96
31	14.75	19.33	21.12	26.83	36.16	67.33	118.89
32	15.41	20.22	22.09	28.07	37.50	69.17	121.93
33	16.10	21.12	23.11	29.35	38.87	71.07	125.05
34	16.81	22.09	24.16	30.68	40.30	73.02	128.30
35	17.56	23.06	25.27	32.04	41.76	75.04	131.69
36	18.34	24.10	26.42	33.44	43.25	77.13	135.22
37	19.16	25.16	27.60	34.89	44.79	79.28	138.93
38	20.00	26.24	28.81	36.35	46.34	81.54	142.88
39	20.87	27.37	30.05	37.84	47.94	83.87	146.98
40	21.76	28.52	31.35	39.39	49.55	86.27	151.26
41	22.69	29.72	32.69	40.93	51.21	88.72	155.72
42	23.63	30.94	34.05	42.53	52.89	91.25	160.33
43	24.83	32.36	35.49	44.18	54.73	93.93	165.34
44	26.07	33.82	36.96	45.87	56.55	96.64	170.45
45	27.33	35.29	38.45	47.54	58.38	99.38	175.64
46	28.63	36.79	39.96	49.22	60.16	102.10	180.84
47	29.96	38.31	41.48	50.89	61.88	104.78	186.02
48	31.27	39.85	43.07	52.61	63.57	107.58	191.52
49	32.55	41.36	44.63	54.26	65.13	110.26	196.81
50	33.82	42.83	46.14	55.85	66.53	112.72	201.70
51	35.03	44.21	47.55	57.31	67.72	114.92	206.06
52	36.14	45.47	48.84	58.60	68.68	116.76	209.72
53	37.15	46.61	49.99	59.66	69.24	118.04	212.26
54	38.03	47.58	50.93	60.52	69.52	118.87	213.87
55	38.53	48.31	51.65	61.15	69.52	119.20	214.47
56	38.89	48.83	52.13	61.51	69.23	119.00	213.97
57	39.06	49.13	52.36	61.61	68.66	118.22	212.28
58	38.28	48.20	51.39	60.17	66.44	114.77	205.20
59	37.45	47.25	50.34	58.73	64.26	111.20	197.82
60	36.74	46.41	49.43	57.57	62.46	107.95	191.06
61	36.28	45.91	48.88	56.96	61.40	105.52	185.86
62	36.24	45.94	48.90	57.25	61.38	104.37	183.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.67	15.16	16.56	20.96	29.42	58.15	103.88
26	12.10	15.73	17.20	21.81	30.51	59.76	106.57
27	12.56	16.39	17.93	22.75	31.65	61.40	109.31
28	13.07	17.10	18.71	23.76	32.84	63.09	112.10
29	13.63	17.84	19.55	24.85	34.08	64.81	114.96
30	14.20	18.66	20.44	26.01	35.37	66.61	117.89
31	14.84	19.52	21.40	27.23	36.70	68.45	120.90
32	15.51	20.42	22.40	28.49	38.07	70.34	124.03
33	16.20	21.34	23.43	29.80	39.48	72.29	127.24
34	16.92	22.32	24.51	31.15	40.94	74.30	130.59
35	17.68	23.31	25.64	32.54	42.43	76.38	134.08
36	18.47	24.36	26.81	33.98	43.96	78.53	137.72
37	19.30	25.44	28.02	35.46	45.54	80.75	141.55
38	20.15	26.53	29.25	36.96	47.13	83.08	145.62
39	21.02	27.68	30.52	38.49	48.77	85.48	149.85
40	21.93	28.86	31.85	40.07	50.43	87.96	154.27
41	22.86	30.07	33.22	41.66	52.14	90.50	158.88
42	23.82	31.32	34.61	43.30	53.87	93.11	163.65
43	25.03	32.76	36.10	45.00	55.76	95.89	168.83
44	26.29	34.25	37.60	46.73	57.64	98.70	174.12
45	27.56	35.75	39.13	48.46	59.53	101.53	179.50
46	28.88	37.28	40.67	50.19	61.37	104.36	184.90
47	30.22	38.83	42.24	51.91	63.15	107.14	190.27
48	31.55	40.40	43.88	53.69	64.91	110.07	196.00
49	32.84	41.94	45.48	55.41	66.53	112.86	201.51
50	34.13	43.44	47.03	57.05	67.99	115.44	206.61
51	35.36	44.85	48.49	58.56	69.24	117.73	211.15
52	36.49	46.14	49.81	59.90	70.24	119.65	214.96
53	37.52	47.31	50.99	61.00	70.84	121.00	217.64
54	38.40	48.29	51.96	61.89	71.14	121.88	219.34
55	38.91	49.03	52.69	62.52	71.14	122.21	219.94
56	39.26	49.54	53.16	62.87	70.82	121.96	219.35
57	39.43	49.82	53.36	62.93	70.19	121.07	217.46
58	38.63	48.88	52.37	61.47	67.93	117.55	210.28
59	37.78	47.89	51.26	59.95	65.65	113.80	202.60
60	37.03	46.98	50.24	58.64	63.68	110.23	195.25
61	36.51	46.35	49.52	57.81	62.34	107.30	189.11
62	36.38	46.21	49.28	57.75	61.93	105.43	185.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.92	15.68	17.35	22.06	31.05	61.76	110.43
26	12.36	16.28	18.02	22.95	32.20	63.48	113.30
27	12.83	16.96	18.78	23.94	33.40	65.21	116.20
28	13.35	17.69	19.60	25.00	34.66	67.00	119.14
29	13.92	18.46	20.48	26.15	35.96	68.81	122.16
30	14.51	19.31	21.41	27.36	37.31	70.69	125.23
31	15.16	20.19	22.41	28.64	38.70	72.62	128.36
32	15.84	21.12	23.44	29.95	40.13	74.59	131.61
33	16.55	22.07	24.52	31.32	41.60	76.61	134.94
34	17.28	23.07	25.63	32.72	43.12	78.69	138.39
35	18.05	24.09	26.80	34.17	44.66	80.83	141.98
36	18.85	25.16	28.01	35.65	46.24	83.03	145.70
37	19.69	26.26	29.25	37.18	47.86	85.30	149.59
38	20.55	27.38	30.52	38.72	49.49	87.67	153.73
39	21.44	28.55	31.82	40.29	51.17	90.10	158.01
40	22.35	29.74	33.17	41.91	52.85	92.60	162.47
41	23.29	30.97	34.56	43.52	54.58	95.14	167.09
42	24.26	32.23	35.97	45.18	56.32	97.75	171.85
43	25.48	33.68	37.47	46.89	58.22	100.51	177.01
44	26.74	35.18	38.98	48.63	60.10	103.27	182.25
45	28.02	36.68	40.51	50.35	61.97	106.05	187.52
46	29.34	38.21	42.04	52.06	63.78	108.78	192.77
47	30.67	39.74	43.58	53.74	65.50	111.44	197.93
48	31.99	41.29	45.18	55.46	67.17	114.19	203.37
49	33.27	42.79	46.73	57.10	68.68	116.78	208.52
50	34.54	44.25	48.21	58.65	70.01	119.10	213.18
51	35.74	45.60	49.59	60.04	71.10	121.10	217.22
52	36.84	46.83	50.81	61.24	71.91	122.68	220.44
53	37.82	47.90	51.85	62.15	72.26	123.58	222.31
54	38.66	48.78	52.67	62.83	72.30	123.98	223.14
55	39.11	49.41	53.24	63.25	72.03	123.83	222.88
56	39.41	49.82	53.56	63.40	71.46	123.12	221.47
57	39.52	50.00	53.62	63.27	70.60	121.81	218.82
58	38.65	48.91	52.41	61.52	68.00	117.67	210.45
59	37.74	47.80	51.13	59.78	65.46	113.44	201.85
60	36.96	46.83	50.03	58.36	63.36	109.63	194.05
61	36.45	46.22	49.34	57.57	62.07	106.79	188.11
62	36.38	46.21	49.28	57.75	61.93	105.43	185.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.48	10.77	11.61	14.76	22.05	46.25	82.38
26	8.79	11.19	12.07	15.37	22.89	47.58	84.65
27	9.12	11.64	12.57	16.04	23.75	48.94	86.93
28	9.48	12.14	13.11	16.74	24.66	50.34	89.25
29	9.87	12.66	13.69	17.50	25.61	51.76	91.60
30	10.29	13.23	14.32	18.30	26.59	53.22	93.99
31	10.74	13.83	14.97	19.14	27.59	54.72	96.44
32	11.20	14.45	15.66	20.03	28.64	56.24	98.96
33	11.69	15.10	16.36	20.92	29.69	57.81	101.55
34	12.19	15.78	17.10	21.86	30.81	59.41	104.22
35	12.73	16.46	17.87	22.82	31.94	61.07	106.99
36	13.28	17.19	18.68	23.80	33.09	62.76	109.87
37	13.85	17.94	19.49	24.81	34.28	64.51	112.87
38	14.45	18.69	20.33	25.84	35.48	66.33	116.05
39	15.06	19.49	21.20	26.87	36.71	68.18	119.33
40	15.68	20.29	22.09	27.93	37.96	70.11	122.75
41	16.34	21.11	23.00	29.01	39.24	72.07	126.30
42	16.99	21.96	23.95	30.11	40.53	74.06	129.94
43	17.84	22.94	24.92	31.23	41.92	76.18	133.88
44	18.69	23.94	25.93	32.37	43.30	78.29	137.89
45	19.58	24.96	26.96	33.50	44.67	80.41	141.92
46	20.47	25.99	27.97	34.63	45.99	82.50	145.94
47	21.38	27.03	29.00	35.74	47.25	84.55	149.91
48	22.28	28.06	30.06	36.87	48.47	86.67	154.07
49	23.17	29.08	31.10	37.94	49.60	88.66	158.03
50	24.02	30.07	32.09	38.97	50.58	90.48	161.66
51	24.85	30.99	33.04	39.92	51.42	92.07	164.84
52	25.60	31.83	33.89	40.73	52.07	93.37	167.48
53	26.25	32.55	34.64	41.36	52.40	94.19	169.15
54	26.78	33.14	35.25	41.88	52.53	94.64	170.12
55	27.19	33.62	35.72	42.25	52.46	94.73	170.30
56	27.51	33.98	36.05	42.44	52.18	94.38	169.70
57	27.70	34.17	36.22	42.50	51.71	93.63	168.23
58	27.23	33.55	35.57	41.48	50.07	90.74	162.52
59	26.72	32.93	34.91	40.50	48.48	87.80	156.72
60	26.30	32.42	34.37	39.81	47.19	85.22	151.60
61	26.09	32.18	34.13	39.57	46.46	83.39	148.01
62	26.20	32.33	34.31	40.07	46.52	82.74	146.71

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.51	10.85	11.73	14.92	22.28	46.77	83.32
26	8.83	11.27	12.20	15.54	23.14	48.12	85.63
27	9.16	11.73	12.71	16.22	24.01	49.51	87.96
28	9.52	12.24	13.26	16.94	24.94	50.93	90.32
29	9.93	12.76	13.84	17.70	25.89	52.37	92.71
30	10.34	13.34	14.48	18.52	26.89	53.87	95.14
31	10.79	13.95	15.14	19.38	27.92	55.40	97.65
32	11.26	14.58	15.84	20.28	28.98	56.94	100.22
33	11.75	15.23	16.56	21.19	30.05	58.55	102.86
34	12.26	15.92	17.31	22.15	31.19	60.17	105.59
35	12.80	16.61	18.10	23.12	32.35	61.87	108.42
36	13.37	17.35	18.91	24.12	33.52	63.60	111.37
37	13.93	18.11	19.74	25.16	34.73	65.39	114.44
38	14.54	18.87	20.60	26.20	35.96	67.26	117.69
39	15.15	19.67	21.47	27.25	37.22	69.16	121.06
40	15.78	20.48	22.39	28.34	38.49	71.13	124.56
41	16.44	21.33	23.33	29.44	39.80	73.13	128.20
42	17.10	22.19	24.29	30.56	41.11	75.18	131.93
43	17.96	23.18	25.28	31.72	42.54	77.35	135.98
44	18.82	24.20	26.32	32.90	43.96	79.52	140.09
45	19.71	25.23	27.36	34.05	45.36	81.70	144.24
46	20.61	26.28	28.40	35.21	46.72	83.86	148.37
47	21.55	27.33	29.46	36.35	48.02	85.97	152.47
48	22.46	28.39	30.55	37.52	49.28	88.16	156.76
49	23.35	29.43	31.61	38.63	50.45	90.23	160.86
50	24.21	30.44	32.63	39.69	51.46	92.11	164.61
51	25.05	31.37	33.60	40.66	52.33	93.76	167.90
52	25.80	32.23	34.48	41.50	53.00	95.10	170.63
53	26.47	32.99	35.24	42.17	53.36	95.97	172.38
54	27.02	33.58	35.87	42.70	53.51	96.44	173.39
55	27.43	34.07	36.34	43.07	53.43	96.53	173.58
56	27.75	34.42	36.67	43.26	53.14	96.16	172.93
57	27.94	34.61	36.81	43.29	52.63	95.34	171.33
58	27.45	33.98	36.15	42.26	50.96	92.40	165.56
59	26.94	33.33	35.46	41.24	49.32	89.36	159.58
60	26.49	32.77	34.86	40.46	47.92	86.59	154.12
61	26.24	32.45	34.51	40.08	47.03	84.47	149.96
62	26.29	32.50	34.54	40.37	46.85	83.38	147.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.58	10.98	11.91	15.17	22.64	47.55	84.74
26	8.89	11.39	12.38	15.80	23.51	48.93	87.09
27	9.23	11.86	12.91	16.50	24.41	50.36	89.49
28	9.59	12.38	13.46	17.24	25.35	51.81	91.92
29	10.00	12.92	14.07	18.02	26.33	53.30	94.37
30	10.41	13.50	14.72	18.86	27.35	54.83	96.88
31	10.87	14.12	15.39	19.74	28.40	56.40	99.46
32	11.35	14.76	16.12	20.66	29.49	58.00	102.11
33	11.84	15.43	16.85	21.59	30.60	59.64	104.83
34	12.36	16.13	17.62	22.57	31.76	61.33	107.65
35	12.91	16.83	18.43	23.57	32.95	63.07	110.57
36	13.48	17.59	19.26	24.61	34.16	64.86	113.62
37	14.06	18.36	20.12	25.67	35.41	66.72	116.79
38	14.67	19.13	21.00	26.75	36.67	68.64	120.16
39	15.28	19.95	21.90	27.84	37.96	70.61	123.64
40	15.93	20.79	22.84	28.95	39.29	72.65	127.27
41	16.60	21.65	23.81	30.10	40.64	74.74	131.04
42	17.27	22.53	24.80	31.26	41.99	76.85	134.92
43	18.14	23.54	25.83	32.45	43.47	79.11	139.12
44	19.02	24.59	26.89	33.67	44.94	81.38	143.40
45	19.92	25.64	27.97	34.88	46.40	83.64	147.72
46	20.84	26.72	29.04	36.08	47.81	85.90	152.03
47	21.78	27.80	30.14	37.27	49.16	88.09	156.29
48	22.71	28.88	31.28	38.49	50.49	90.41	160.79
49	23.61	29.95	32.37	39.66	51.71	92.57	165.09
50	24.49	30.99	33.44	40.77	52.78	94.55	169.03
51	25.34	31.95	34.44	41.79	53.69	96.29	172.49
52	26.12	32.83	35.35	42.67	54.41	97.70	175.35
53	26.80	33.62	36.14	43.37	54.80	98.63	177.22
54	27.38	34.25	36.79	43.93	54.96	99.15	178.32
55	27.79	34.75	37.28	44.31	54.89	99.23	178.51
56	28.11	35.08	37.59	44.49	54.57	98.82	177.77
57	28.29	35.25	37.71	44.48	54.01	97.90	176.00
58	27.79	34.61	37.04	43.43	52.30	94.91	170.14
59	27.25	33.93	36.29	42.34	50.57	91.70	163.88
60	26.77	33.30	35.59	41.42	49.01	88.64	157.89
61	26.46	32.87	35.08	40.84	47.87	86.07	152.88
62	26.42	32.75	34.88	40.82	47.35	84.33	149.54

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.80	11.45	12.62	16.16	24.10	50.80	90.63
26	9.13	11.89	13.12	16.83	25.03	52.28	93.15
27	9.47	12.38	13.67	17.57	25.98	53.78	95.69
28	9.85	12.92	14.27	18.35	26.99	55.33	98.25
29	10.26	13.47	14.90	19.19	28.03	56.90	100.85
30	10.69	14.09	15.59	20.07	29.10	58.50	103.48
31	11.16	14.72	16.30	21.01	30.20	60.16	106.17
32	11.65	15.39	17.06	21.97	31.35	61.82	108.94
33	12.16	16.08	17.83	22.96	32.51	63.53	111.76
34	12.68	16.80	18.63	23.99	33.72	65.28	114.67
35	13.24	17.53	19.48	25.04	34.96	67.08	117.68
36	13.82	18.31	20.34	26.11	36.21	68.91	120.80
37	14.41	19.10	21.22	27.22	37.49	70.81	124.03
38	15.03	19.90	22.14	28.33	38.79	72.77	127.46
39	15.66	20.74	23.07	29.46	40.12	74.76	130.99
40	16.31	21.58	24.03	30.61	41.46	76.82	134.65
41	16.98	22.46	25.01	31.77	42.83	78.91	138.43
42	17.67	23.35	26.02	32.95	44.20	81.03	142.30
43	18.54	24.37	27.06	34.16	45.68	83.27	146.48
44	19.42	25.43	28.13	35.38	47.15	85.49	150.71
45	20.33	26.48	29.21	36.58	48.59	87.71	154.94
46	21.25	27.56	30.28	37.76	49.98	89.87	159.11
47	22.19	28.62	31.35	38.92	51.27	91.96	163.19
48	23.10	29.68	32.45	40.09	52.52	94.11	167.43
49	23.99	30.72	33.50	41.18	53.64	96.09	171.40
50	24.86	31.72	34.50	42.21	54.59	97.85	174.94
51	25.69	32.63	35.43	43.12	55.37	99.32	177.95
52	26.43	33.45	36.25	43.88	55.91	100.43	180.28
53	27.07	34.15	36.92	44.41	56.08	100.95	181.42
54	27.63	34.70	37.43	44.78	56.01	101.04	181.74
55	27.99	35.10	37.77	44.96	55.69	100.69	181.15
56	28.25	35.34	37.95	44.96	55.14	99.86	179.68
57	28.38	35.42	37.94	44.78	54.38	98.57	177.22
58	27.81	34.64	37.07	43.47	52.36	95.01	170.29
59	27.22	33.85	36.17	42.18	50.40	91.38	163.21
60	26.70	33.17	35.40	41.17	48.73	88.10	156.81
61	26.41	32.75	34.92	40.63	47.63	85.61	151.98
62	26.42	32.75	34.88	40.82	47.35	84.33	149.54

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.42	11.97	12.90	16.40	24.50	51.39	91.53
26	9.77	12.43	13.41	17.08	25.43	52.87	94.05
27	10.13	12.93	13.97	17.82	26.39	54.38	96.59
28	10.53	13.49	14.57	18.60	27.40	55.93	99.17
29	10.97	14.07	15.21	19.44	28.45	57.51	101.78
30	11.43	14.70	15.91	20.33	29.54	59.13	104.43
31	11.93	15.37	16.63	21.27	30.66	60.80	107.16
32	12.44	16.06	17.40	22.25	31.82	62.49	109.96
33	12.99	16.78	18.18	23.24	32.99	64.23	112.83
34	13.54	17.53	19.00	24.29	34.23	66.01	115.80
35	14.14	18.29	19.86	25.35	35.49	67.85	118.88
36	14.76	19.10	20.75	26.44	36.77	69.73	122.08
37	15.39	19.93	21.65	27.57	38.09	71.68	125.41
38	16.05	20.77	22.59	28.71	39.42	73.70	128.94
39	16.73	21.65	23.55	29.85	40.79	75.76	132.59
40	17.42	22.54	24.54	31.03	42.18	77.90	136.39
41	18.15	23.46	25.56	32.23	43.60	80.08	140.33
42	18.88	24.40	26.61	33.45	45.03	82.29	144.38
43	19.82	25.49	27.69	34.70	46.58	84.64	148.76
44	20.77	26.60	28.81	35.97	48.11	86.99	153.21
45	21.75	27.73	29.95	37.22	49.63	89.34	157.69
46	22.74	28.88	31.08	38.48	51.10	91.67	162.16
47	23.76	30.03	32.22	39.71	52.50	93.94	166.57
48	24.76	31.18	33.40	40.97	53.86	96.30	171.19
49	25.74	32.31	34.55	42.16	55.11	98.51	175.59
50	26.69	33.41	35.66	43.30	56.20	100.53	179.62
51	27.61	34.43	36.71	44.35	57.13	102.30	183.16
52	28.44	35.37	37.66	45.25	57.85	103.74	186.09
53	29.17	36.17	38.49	45.96	58.22	104.65	187.94
54	29.76	36.82	39.17	46.53	58.37	105.16	189.02
55	30.21	37.36	39.69	46.94	58.29	105.25	189.22
56	30.57	37.75	40.06	47.16	57.98	104.87	188.56
57	30.78	37.97	40.24	47.22	57.46	104.03	186.92
58	30.25	37.28	39.52	46.09	55.63	100.82	180.58
59	29.69	36.59	38.79	45.00	53.87	97.55	174.13
60	29.22	36.02	38.19	44.23	52.43	94.69	168.44
61	28.99	35.75	37.92	43.97	51.62	92.66	164.45
62	29.11	35.92	38.12	44.52	51.69	91.93	163.01

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.46	12.06	13.03	16.58	24.76	51.97	92.58
26	9.81	12.52	13.55	17.27	25.71	53.47	95.14
27	10.18	13.03	14.12	18.02	26.68	55.01	97.73
28	10.58	13.60	14.73	18.82	27.71	56.59	100.35
29	11.03	14.18	15.38	19.67	28.77	58.19	103.01
30	11.49	14.82	16.09	20.58	29.88	59.85	105.71
31	11.99	15.50	16.82	21.53	31.02	61.55	108.50
32	12.51	16.20	17.60	22.53	32.20	63.27	111.36
33	13.06	16.92	18.40	23.54	33.39	65.05	114.29
34	13.62	17.69	19.23	24.61	34.65	66.86	117.32
35	14.22	18.45	20.11	25.69	35.94	68.74	120.47
36	14.85	19.28	21.01	26.80	37.24	70.67	123.74
37	15.48	20.12	21.93	27.95	38.59	72.66	127.15
38	16.15	20.97	22.89	29.11	39.95	74.73	130.77
39	16.83	21.86	23.86	30.28	41.35	76.84	134.51
40	17.53	22.76	24.88	31.49	42.77	79.03	138.40
41	18.27	23.70	25.92	32.71	44.22	81.26	142.44
42	19.00	24.65	26.99	33.96	45.68	83.53	146.59
43	19.95	25.76	28.09	35.24	47.27	85.94	151.09
44	20.91	26.89	29.24	36.55	48.84	88.36	155.66
45	21.90	28.03	30.40	37.83	50.40	90.78	160.27
46	22.90	29.20	31.56	39.12	51.91	93.18	164.86
47	23.94	30.37	32.73	40.39	53.35	95.52	169.41
48	24.95	31.54	33.94	41.69	54.76	97.96	174.18
49	25.94	32.70	35.12	42.92	56.05	100.25	178.73
50	26.90	33.82	36.26	44.10	57.18	102.34	182.90
51	27.83	34.86	37.33	45.18	58.14	104.18	186.56
52	28.67	35.81	38.31	46.11	58.89	105.67	189.59
53	29.41	36.65	39.16	46.85	59.29	106.63	191.53
54	30.02	37.31	39.85	47.44	59.45	107.16	192.66
55	30.48	37.86	40.38	47.86	59.37	107.25	192.87
56	30.83	38.24	40.74	48.07	59.04	106.84	192.14
57	31.04	38.45	40.90	48.10	58.48	105.93	190.37
58	30.50	37.75	40.17	46.95	56.62	102.67	183.96
59	29.93	37.03	39.40	45.82	54.80	99.29	177.31
60	29.43	36.41	38.73	44.95	53.24	96.21	171.24
61	29.16	36.06	38.34	44.53	52.25	93.85	166.62
62	29.21	36.11	38.38	44.86	52.06	92.64	164.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.53	12.20	13.23	16.86	25.15	52.83	94.15
26	9.88	12.66	13.76	17.56	26.12	54.37	96.77
27	10.25	13.18	14.34	18.33	27.12	55.95	99.43
28	10.66	13.76	14.96	19.15	28.17	57.57	102.13
29	11.11	14.35	15.63	20.02	29.26	59.22	104.86
30	11.57	15.00	16.35	20.95	30.39	60.92	107.64
31	12.08	15.69	17.10	21.93	31.56	62.67	110.51
32	12.61	16.40	17.91	22.95	32.77	64.44	113.46
33	13.16	17.14	18.72	23.99	34.00	66.27	116.48
34	13.73	17.92	19.58	25.08	35.29	68.14	119.61
35	14.34	18.70	20.48	26.19	36.61	70.08	122.86
36	14.98	19.54	21.40	27.34	37.95	72.07	126.24
37	15.62	20.40	22.35	28.52	39.34	74.13	129.77
38	16.30	21.26	23.33	29.72	40.74	76.27	133.51
39	16.98	22.17	24.33	30.93	42.18	78.45	137.38
40	17.70	23.10	25.38	32.17	43.65	80.72	141.41
41	18.44	24.05	26.45	33.44	45.15	83.04	145.60
42	19.19	25.03	27.55	34.73	46.66	85.39	149.91
43	20.15	26.16	28.70	36.06	48.30	87.90	154.58
44	21.13	27.32	29.88	37.41	49.93	90.42	159.33
45	22.13	28.49	31.08	38.75	51.55	92.93	164.13
46	23.15	29.69	32.27	40.09	53.12	95.44	168.92
47	24.20	30.89	33.49	41.41	54.62	97.88	173.66
48	25.23	32.09	34.75	42.77	56.10	100.45	178.66
49	26.23	33.28	35.97	44.07	57.45	102.85	183.43
50	27.21	34.43	37.15	45.30	58.64	105.06	187.81
51	28.16	35.50	38.27	46.43	59.66	106.99	191.65
52	29.02	36.48	39.28	47.41	60.45	108.56	194.83
53	29.78	37.35	40.16	48.19	60.89	109.59	196.91
54	30.42	38.05	40.88	48.81	61.07	110.17	198.13
55	30.88	38.61	41.42	49.23	60.99	110.26	198.34
56	31.23	38.98	41.77	49.43	60.63	109.80	197.52
57	31.43	39.17	41.90	49.42	60.01	108.78	195.55
58	30.88	38.46	41.15	48.25	58.11	105.45	189.04
59	30.28	37.70	40.32	47.04	56.19	101.89	182.09
60	29.74	37.00	39.54	46.02	54.46	98.49	175.43
61	29.40	36.52	38.98	45.38	53.19	95.63	169.87
62	29.36	36.39	38.76	45.36	52.61	93.70	166.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.78	12.72	14.02	17.96	26.78	56.44	100.70
26	10.14	13.21	14.58	18.70	27.81	58.09	103.50
27	10.52	13.75	15.19	19.52	28.87	59.76	106.32
28	10.94	14.35	15.85	20.39	29.99	61.48	109.17
29	11.40	14.97	16.56	21.32	31.14	63.22	112.06
30	11.88	15.65	17.32	22.30	32.33	65.00	114.98
31	12.40	16.36	18.11	23.34	33.56	66.84	117.97
32	12.94	17.10	18.95	24.41	34.83	68.69	121.04
33	13.51	17.87	19.81	25.51	36.12	70.59	124.18
34	14.09	18.67	20.70	26.65	37.47	72.53	127.41
35	14.71	19.48	21.64	27.82	38.84	74.53	130.76
36	15.36	20.34	22.60	29.01	40.23	76.57	134.22
37	16.01	21.22	23.58	30.24	41.66	78.68	137.81
38	16.70	22.11	24.60	31.48	43.10	80.86	141.62
39	17.40	23.04	25.63	32.73	44.58	83.07	145.54
40	18.12	23.98	26.70	34.01	46.07	85.36	149.61
41	18.87	24.95	27.79	35.30	47.59	87.68	153.81
42	19.63	25.94	28.91	36.61	49.11	90.03	158.11
43	20.60	27.08	30.07	37.95	50.76	92.52	162.76
44	21.58	28.25	31.26	39.31	52.39	94.99	167.46
45	22.59	29.42	32.46	40.64	53.99	97.45	172.15
46	23.61	30.62	33.64	41.96	55.53	99.86	176.79
47	24.65	31.80	34.83	43.24	56.97	102.18	181.32
48	25.67	32.98	36.05	44.54	58.36	104.57	186.03
49	26.66	34.13	37.22	45.76	59.60	106.77	190.44
50	27.62	35.24	38.33	46.90	60.66	108.72	194.38
51	28.54	36.25	39.37	47.91	61.52	110.36	197.72
52	29.37	37.17	40.28	48.75	62.12	111.59	200.31
53	30.08	37.94	41.02	49.34	62.31	112.17	201.58
54	30.70	38.56	41.59	49.75	62.23	112.27	201.93
55	31.10	39.00	41.97	49.96	61.88	111.88	201.28
56	31.39	39.27	42.17	49.96	61.27	110.96	199.64
57	31.53	39.36	42.16	49.76	60.42	109.52	196.91
58	30.90	38.49	41.19	48.30	58.18	105.57	189.21
59	30.24	37.61	40.19	46.87	56.00	101.53	181.34
60	29.67	36.85	39.33	45.74	54.14	97.89	174.23
61	29.34	36.39	38.80	45.14	52.92	95.12	168.87
62	29.36	36.39	38.76	45.36	52.61	93.70	166.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.57	9.52	10.21	13.04	19.38	40.48	71.80
26	7.85	9.89	10.62	13.59	20.12	41.74	73.94
27	8.15	10.30	11.07	14.18	20.92	43.00	76.10
28	8.47	10.75	11.55	14.81	21.74	44.30	78.26
29	8.81	11.21	12.06	15.49	22.58	45.60	80.42
30	9.18	11.71	12.61	16.21	23.46	46.94	82.63
31	9.59	12.24	13.19	16.95	24.35	48.29	84.87
32	9.99	12.79	13.79	17.73	25.28	49.67	87.15
33	10.42	13.36	14.40	18.51	26.22	51.07	89.47
34	10.85	13.94	15.05	19.33	27.20	52.50	91.85
35	11.33	14.54	15.71	20.18	28.19	53.95	94.30
36	11.80	15.17	16.41	21.02	29.20	55.45	96.83
37	12.30	15.81	17.11	21.90	30.22	56.96	99.43
38	12.82	16.47	17.83	22.79	31.26	58.54	102.17
39	13.35	17.15	18.58	23.67	32.31	60.14	105.00
40	13.87	17.83	19.32	24.59	33.36	61.78	107.91
41	14.44	18.54	20.11	25.49	34.44	63.42	110.91
42	14.99	19.25	20.90	26.42	35.52	65.11	113.98
43	15.71	20.08	21.71	27.35	36.68	66.85	117.25
44	16.43	20.91	22.55	28.30	37.82	68.60	120.56
45	17.17	21.76	23.39	29.22	38.93	70.33	123.86
46	17.92	22.61	24.23	30.15	40.01	72.02	127.13
47	18.68	23.46	25.07	31.03	41.00	73.66	130.31
48	19.41	24.30	25.91	31.92	41.94	75.29	133.58
49	20.12	25.11	26.74	32.75	42.79	76.82	136.64
50	20.82	25.89	27.53	33.54	43.51	78.19	139.42
51	21.47	26.62	28.28	34.25	44.10	79.36	141.82
52	22.08	27.30	28.95	34.87	44.54	80.30	143.77
53	22.61	27.86	29.54	35.33	44.71	80.82	144.88
54	23.01	28.31	30.02	35.69	44.73	81.06	145.44
55	23.34	28.70	30.40	35.96	44.60	81.03	145.41
56	23.61	29.01	30.68	36.11	44.34	80.69	144.81
57	23.79	29.20	30.85	36.17	43.96	80.06	143.60
58	23.46	28.78	30.43	35.42	42.71	77.84	139.15
59	23.13	28.39	30.02	34.74	41.53	75.64	134.74
60	22.88	28.09	29.72	34.33	40.65	73.76	130.97
61	22.82	28.03	29.67	34.34	40.28	72.54	128.51
62	23.01	28.30	29.99	34.97	40.60	72.30	127.98

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.61	9.60	10.32	13.20	19.61	41.00	72.75
26	7.88	9.97	10.75	13.76	20.38	42.28	74.93
27	8.19	10.39	11.21	14.36	21.18	43.57	77.12
28	8.51	10.85	11.69	15.01	22.01	44.89	79.32
29	8.87	11.31	12.21	15.70	22.87	46.22	81.53
30	9.23	11.82	12.77	16.43	23.77	47.58	83.78
31	9.64	12.36	13.37	17.18	24.68	48.97	86.08
32	10.05	12.92	13.97	17.98	25.62	50.37	88.41
33	10.49	13.48	14.60	18.78	26.58	51.80	90.78
34	10.93	14.09	15.26	19.62	27.58	53.26	93.22
35	11.40	14.69	15.94	20.48	28.59	54.75	95.73
36	11.88	15.34	16.64	21.35	29.62	56.30	98.33
37	12.38	15.98	17.36	22.24	30.67	57.84	101.00
38	12.91	16.65	18.10	23.15	31.73	59.46	103.82
39	13.44	17.33	18.86	24.06	32.81	61.11	106.73
40	13.97	18.03	19.63	25.00	33.89	62.79	109.72
41	14.54	18.76	20.43	25.92	35.00	64.49	112.81
42	15.10	19.48	21.24	26.87	36.11	66.22	115.97
43	15.82	20.32	22.07	27.84	37.31	68.02	119.35
44	16.56	21.17	22.93	28.82	38.48	69.83	122.76
45	17.31	22.03	23.80	29.77	39.63	71.62	126.18
46	18.06	22.90	24.66	30.73	40.73	73.38	129.56
47	18.84	23.77	25.52	31.64	41.77	75.08	132.87
48	19.58	24.62	26.40	32.57	42.75	76.79	136.27
49	20.30	25.46	27.25	33.44	43.63	78.38	139.46
50	21.01	26.26	28.07	34.26	44.39	79.82	142.37
51	21.67	27.01	28.84	35.00	45.01	81.05	144.88
52	22.28	27.69	29.54	35.64	45.48	82.04	146.92
53	22.82	28.29	30.14	36.13	45.68	82.60	148.11
54	23.25	28.76	30.64	36.51	45.70	82.86	148.72
55	23.58	29.15	31.02	36.78	45.58	82.83	148.70
56	23.84	29.45	31.29	36.93	45.30	82.47	148.03
57	24.02	29.63	31.45	36.96	44.87	81.77	146.70
58	23.69	29.21	31.01	36.19	43.60	79.51	142.19
59	23.35	28.78	30.56	35.48	42.36	77.20	137.60
60	23.07	28.44	30.20	34.97	41.38	75.13	133.49
61	22.97	28.31	30.05	34.84	40.85	73.61	130.46
62	23.10	28.47	30.22	35.28	40.93	72.94	129.11

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.67	9.73	10.50	13.46	19.96	41.78	74.16
26	7.95	10.10	10.94	14.02	20.75	43.09	76.39
27	8.25	10.52	11.40	14.64	21.57	44.42	78.65
28	8.59	10.99	11.90	15.31	22.43	45.77	80.92
29	8.94	11.47	12.44	16.01	23.31	47.14	83.20
30	9.31	11.98	13.01	16.77	24.23	48.55	85.52
31	9.72	12.53	13.62	17.54	25.16	49.98	87.89
32	10.14	13.10	14.25	18.36	26.14	51.43	90.30
33	10.58	13.68	14.89	19.19	27.13	52.90	92.75
34	11.03	14.29	15.57	20.04	28.15	54.41	95.28
35	11.51	14.91	16.27	20.93	29.20	55.95	97.88
36	12.00	15.57	16.99	21.83	30.26	57.56	100.58
37	12.51	16.24	17.74	22.75	31.35	59.17	103.36
38	13.04	16.91	18.50	23.70	32.45	60.85	106.28
39	13.57	17.61	19.28	24.64	33.56	62.56	109.31
40	14.12	18.33	20.08	25.61	34.69	64.31	112.43
41	14.70	19.07	20.91	26.58	35.84	66.09	115.65
42	15.27	19.82	21.74	27.57	36.99	67.90	118.95
43	16.00	20.68	22.62	28.58	38.23	69.79	122.49
44	16.76	21.56	23.51	29.59	39.46	71.69	126.06
45	17.51	22.45	24.41	30.60	40.66	73.56	129.65
46	18.29	23.34	25.30	31.60	41.82	75.41	133.21
47	19.07	24.24	26.21	32.56	42.91	77.20	136.69
48	19.84	25.12	27.13	33.54	43.96	79.03	140.30
49	20.57	25.98	28.02	34.47	44.89	80.72	143.69
50	21.29	26.81	28.87	35.34	45.70	82.27	146.79
51	21.97	27.59	29.68	36.13	46.38	83.58	149.46
52	22.60	28.30	30.41	36.81	46.88	84.64	151.63
53	23.16	28.93	31.04	37.33	47.12	85.27	152.96
54	23.61	29.42	31.56	37.75	47.16	85.57	153.64
55	23.94	29.83	31.96	38.02	47.03	85.54	153.62
56	24.20	30.11	32.22	38.15	46.73	85.13	152.87
57	24.37	30.28	32.35	38.15	46.25	84.34	151.36
58	24.03	29.84	31.90	37.36	44.94	82.01	146.76
59	23.66	29.39	31.39	36.58	43.61	79.54	141.90
60	23.35	28.97	30.93	35.94	42.48	77.18	137.26
61	23.18	28.72	30.63	35.60	41.70	75.21	133.39
62	23.24	28.72	30.56	35.73	41.43	73.89	130.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.89	10.20	11.21	14.45	21.43	45.03	80.06
26	8.18	10.59	11.67	15.05	22.27	46.44	82.45
27	8.50	11.03	12.17	15.71	23.15	47.84	84.85
28	8.84	11.52	12.70	16.43	24.07	49.29	87.26
29	9.20	12.02	13.28	17.18	25.00	50.74	89.68
30	9.59	12.56	13.88	17.98	25.97	52.22	92.12
31	10.01	13.13	14.53	18.81	26.96	53.73	94.60
32	10.44	13.73	15.18	19.67	27.99	55.25	97.12
33	10.89	14.34	15.87	20.56	29.03	56.79	99.68
34	11.35	14.97	16.58	21.46	30.11	58.37	102.30
35	11.84	15.62	17.32	22.40	31.20	59.96	104.99
36	12.34	16.29	18.07	23.34	32.31	61.61	107.76
37	12.86	16.97	18.85	24.30	33.44	63.26	110.59
38	13.40	17.68	19.64	25.28	34.57	64.98	113.58
39	13.95	18.40	20.45	26.26	35.72	66.72	116.66
40	14.50	19.13	21.27	27.27	36.86	68.49	119.81
41	15.08	19.88	22.11	28.25	38.03	70.26	123.04
42	15.67	20.64	22.97	29.26	39.20	72.07	126.33
43	16.41	21.51	23.85	30.28	40.45	73.94	129.85
44	17.16	22.39	24.75	31.30	41.67	75.80	133.38
45	17.93	23.28	25.65	32.30	42.86	77.63	136.87
46	18.70	24.17	26.53	33.28	43.99	79.39	140.29
47	19.48	25.06	27.41	34.21	45.03	81.07	143.59
48	20.23	25.92	28.30	35.14	45.99	82.74	146.93
49	20.95	26.75	29.14	35.99	46.83	84.25	150.00
50	21.65	27.54	29.93	36.78	47.52	85.56	152.70
51	22.31	28.26	30.67	37.46	48.05	86.62	154.93
52	22.91	28.92	31.31	38.02	48.38	87.36	156.56
53	23.43	29.46	31.82	38.37	48.39	87.59	157.16
54	23.86	29.88	32.20	38.59	48.20	87.46	157.06
55	24.14	30.18	32.45	38.67	47.84	86.99	156.27
56	24.35	30.38	32.58	38.63	47.30	86.18	154.78
57	24.46	30.45	32.58	38.46	46.62	85.01	152.59
58	24.05	29.87	31.93	37.40	45.00	82.12	146.92
59	23.63	29.30	31.28	36.42	43.44	79.22	141.23
60	23.28	28.84	30.74	35.69	42.19	76.64	136.18
61	23.13	28.60	30.47	35.39	41.45	74.75	132.49
62	23.24	28.72	30.56	35.73	41.43	73.89	130.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.41	10.58	11.34	14.49	21.53	44.98	79.78
26	8.72	10.99	11.80	15.10	22.36	46.38	82.16
27	9.05	11.44	12.30	15.76	23.24	47.78	84.55
28	9.41	11.94	12.83	16.46	24.15	49.22	86.95
29	9.79	12.46	13.40	17.21	25.09	50.67	89.36
30	10.20	13.01	14.01	18.01	26.07	52.15	91.81
31	10.65	13.60	14.66	18.83	27.06	53.66	94.30
32	11.10	14.21	15.32	19.70	28.09	55.19	96.83
33	11.58	14.84	16.00	20.57	29.13	56.74	99.41
34	12.06	15.49	16.72	21.48	30.22	58.33	102.06
35	12.59	16.16	17.46	22.42	31.32	59.94	104.78
36	13.11	16.86	18.23	23.36	32.44	61.61	107.59
37	13.67	17.57	19.01	24.33	33.58	63.29	110.48
38	14.24	18.30	19.81	25.32	34.73	65.04	113.52
39	14.83	19.05	20.64	26.30	35.90	66.82	116.67
40	15.41	19.81	21.47	27.32	37.07	68.64	119.90
41	16.04	20.60	22.34	28.32	38.27	70.47	123.23
42	16.66	21.39	23.22	29.35	39.47	72.34	126.64
43	17.45	22.31	24.12	30.39	40.76	74.28	130.28
44	18.26	23.23	25.05	31.44	42.02	76.22	133.95
45	19.08	24.18	25.99	32.47	43.26	78.14	137.62
46	19.91	25.12	26.92	33.50	44.45	80.02	141.25
47	20.75	26.07	27.85	34.48	45.56	81.84	144.79
48	21.57	27.00	28.79	35.47	46.60	83.66	148.42
49	22.36	27.90	29.71	36.39	47.54	85.35	151.82
50	23.13	28.77	30.59	37.27	48.34	86.88	154.91
51	23.86	29.58	31.42	38.06	49.00	88.18	157.58
52	24.53	30.33	32.17	38.74	49.49	89.22	159.74
53	25.12	30.95	32.82	39.25	49.68	89.80	160.98
54	25.57	31.46	33.36	39.66	49.70	90.07	161.60
55	25.93	31.89	33.78	39.95	49.56	90.03	161.57
56	26.23	32.23	34.09	40.12	49.27	89.66	160.90
57	26.43	32.44	34.28	40.19	48.84	88.96	159.55
58	26.07	31.98	33.81	39.35	47.45	86.49	154.61
59	25.70	31.54	33.35	38.60	46.14	84.04	149.71
60	25.42	31.21	33.02	38.14	45.17	81.96	145.52
61	25.35	31.14	32.97	38.15	44.76	80.60	142.79
62	25.57	31.44	33.32	38.86	45.11	80.33	142.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.45	10.67	11.47	14.67	21.79	45.56	80.83
26	8.76	11.08	11.94	15.29	22.64	46.98	83.25
27	9.10	11.54	12.45	15.96	23.53	48.41	85.69
28	9.46	12.05	12.99	16.68	24.46	49.88	88.13
29	9.85	12.57	13.57	17.44	25.41	51.35	90.59
30	10.26	13.13	14.19	18.26	26.41	52.87	93.09
31	10.71	13.73	14.85	19.09	27.42	54.41	95.64
32	11.17	14.35	15.52	19.98	28.47	55.97	98.23
33	11.65	14.98	16.22	20.87	29.53	57.56	100.87
34	12.14	15.65	16.95	21.80	30.64	59.18	103.58
35	12.67	16.32	17.71	22.76	31.77	60.83	106.37
36	13.20	17.04	18.49	23.72	32.91	62.55	109.25
37	13.76	17.76	19.29	24.71	34.08	64.27	112.22
38	14.34	18.50	20.11	25.72	35.26	66.07	115.35
39	14.93	19.26	20.95	26.73	36.46	67.90	118.59
40	15.52	20.03	21.81	27.78	37.66	69.77	121.91
41	16.16	20.84	22.70	28.80	38.89	71.65	125.34
42	16.78	21.64	23.60	29.86	40.12	73.58	128.85
43	17.58	22.58	24.52	30.93	41.45	75.58	132.61
44	18.40	23.52	25.48	32.02	42.75	77.59	136.40
45	19.23	24.48	26.44	33.08	44.03	79.58	140.20
46	20.07	25.44	27.40	34.14	45.26	81.53	143.95
47	20.93	26.41	28.36	35.16	46.41	83.42	147.63
48	21.76	27.36	29.33	36.19	47.50	85.32	151.41
49	22.56	28.29	30.28	37.15	48.48	87.09	154.96
50	23.34	29.18	31.19	38.07	49.32	88.69	158.19
51	24.08	30.01	32.04	38.89	50.01	90.06	160.98
52	24.76	30.77	32.82	39.60	50.53	91.15	163.24
53	25.36	31.43	33.49	40.14	50.75	91.78	164.57
54	25.83	31.95	34.04	40.57	50.78	92.07	165.24
55	26.20	32.39	34.47	40.87	50.64	92.03	165.22
56	26.49	32.72	34.77	41.03	50.33	91.63	164.48
57	26.69	32.92	34.94	41.07	49.86	90.86	163.00
58	26.32	32.45	34.46	40.21	48.44	88.34	157.99
59	25.94	31.98	33.96	39.42	47.07	85.78	152.89
60	25.63	31.60	33.56	38.86	45.98	83.48	148.32
61	25.52	31.45	33.39	38.71	45.39	81.79	144.96
62	25.67	31.63	33.58	39.20	45.48	81.04	143.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.52	10.81	11.67	14.95	22.18	46.42	82.40
26	8.83	11.22	12.15	15.58	23.05	47.88	84.88
27	9.17	11.69	12.67	16.27	23.97	49.35	87.39
28	9.54	12.21	13.22	17.01	24.92	50.86	89.91
29	9.93	12.74	13.82	17.79	25.90	52.38	92.44
30	10.34	13.31	14.45	18.63	26.92	53.94	95.02
31	10.80	13.92	15.13	19.49	27.96	55.53	97.65
32	11.27	14.55	15.83	20.40	29.04	57.14	100.33
33	11.75	15.20	16.54	21.32	30.14	58.78	103.06
34	12.25	15.88	17.30	22.27	31.28	60.46	105.87
35	12.79	16.57	18.08	23.26	32.44	62.17	108.76
36	13.33	17.30	18.88	24.26	33.62	63.95	111.75
37	13.90	18.04	19.71	25.28	34.83	65.74	114.84
38	14.49	18.79	20.55	26.33	36.05	67.61	118.09
39	15.08	19.57	21.42	27.38	37.29	69.51	121.46
40	15.69	20.37	22.31	28.46	38.54	71.46	124.92
41	16.33	21.19	23.23	29.53	39.82	73.43	128.50
42	16.97	22.02	24.16	30.63	41.10	75.44	132.17
43	17.78	22.98	25.13	31.75	42.48	77.54	136.10
44	18.62	23.95	26.12	32.88	43.84	79.65	140.07
45	19.46	24.94	27.12	34.00	45.18	81.73	144.06
46	20.32	25.93	28.11	35.11	46.47	83.79	148.01
47	21.19	26.93	29.12	36.18	47.68	85.78	151.88
48	22.04	27.91	30.14	37.27	48.84	87.81	155.89
49	22.85	28.87	31.13	38.30	49.88	89.69	159.66
50	23.65	29.79	32.08	39.27	50.78	91.41	163.10
51	24.41	30.65	32.98	40.14	51.53	92.87	166.07
52	25.11	31.44	33.79	40.90	52.09	94.04	168.48
53	25.73	32.14	34.49	41.48	52.35	94.74	169.95
54	26.23	32.69	35.07	41.94	52.40	95.08	170.71
55	26.60	33.14	35.51	42.24	52.26	95.04	170.69
56	26.89	33.46	35.80	42.39	51.92	94.59	169.86
57	27.08	33.64	35.94	42.39	51.39	93.71	168.18
58	26.70	33.16	35.44	41.51	49.93	91.12	163.07
59	26.29	32.65	34.88	40.64	48.46	88.38	157.67
60	25.94	32.19	34.37	39.93	47.20	85.76	152.51
61	25.76	31.91	34.03	39.56	46.33	83.57	148.21
62	25.82	31.91	33.96	39.70	46.03	82.10	145.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.77	11.33	12.46	16.05	23.81	50.03	88.95
26	9.09	11.77	12.97	16.72	24.74	51.60	91.61
27	9.44	12.26	13.52	17.46	25.72	53.16	94.28
28	9.82	12.80	14.11	18.25	26.74	54.77	96.95
29	10.22	13.36	14.75	19.09	27.78	56.38	99.64
30	10.65	13.96	15.42	19.98	28.86	58.02	102.36
31	11.12	14.59	16.14	20.90	29.96	59.70	105.11
32	11.60	15.25	16.87	21.86	31.10	61.39	107.91
33	12.10	15.93	17.63	22.84	32.26	63.10	110.76
34	12.61	16.63	18.42	23.84	33.46	64.85	113.67
35	13.16	17.35	19.24	24.89	34.67	66.62	116.66
36	13.71	18.10	20.08	25.93	35.90	68.45	119.73
37	14.29	18.86	20.94	27.00	37.15	70.29	122.88
38	14.89	19.64	21.82	28.09	38.41	72.20	126.20
39	15.50	20.44	22.72	29.18	39.69	74.13	129.62
40	16.11	21.25	23.63	30.30	40.96	76.10	133.12
41	16.76	22.09	24.57	31.39	42.26	78.07	136.71
42	17.41	22.93	25.52	32.51	43.55	80.08	140.37
43	18.23	23.90	26.50	33.64	44.94	82.16	144.28
44	19.07	24.88	27.50	34.78	46.30	84.22	148.20
45	19.92	25.87	28.50	35.89	47.62	86.25	152.08
46	20.78	26.86	29.48	36.98	48.88	88.21	155.88
47	21.64	27.84	30.46	38.01	50.03	90.08	159.54
48	22.48	28.80	31.44	39.04	51.10	91.93	163.26
49	23.28	29.72	32.38	39.99	52.03	93.61	166.67
50	24.06	30.60	33.26	40.87	52.80	95.07	169.67
51	24.79	31.40	34.08	41.62	53.39	96.24	172.14
52	25.46	32.13	34.79	42.24	53.76	97.07	173.96
53	26.03	32.73	35.35	42.63	53.77	97.32	174.62
54	26.51	33.20	35.78	42.88	53.56	97.18	174.51
55	26.82	33.53	36.06	42.97	53.15	96.66	173.63
56	27.05	33.75	36.20	42.92	52.56	95.75	171.98
57	27.18	33.83	36.20	42.73	51.80	94.45	169.54
58	26.72	33.19	35.48	41.56	50.00	91.24	163.24
59	26.25	32.56	34.75	40.47	48.27	88.02	156.92
60	25.87	32.04	34.16	39.65	46.88	85.16	151.31
61	25.70	31.78	33.85	39.32	46.06	83.06	147.21
62	25.82	31.91	33.96	39.70	46.03	82.10	145.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.77	8.42	8.98	11.54	17.05	35.50	62.65
26	7.01	8.75	9.33	12.02	17.71	36.63	64.58
27	7.27	9.10	9.73	12.55	18.41	37.76	66.52
28	7.55	9.49	10.14	13.10	19.13	38.91	68.45
29	7.86	9.90	10.58	13.69	19.86	40.07	70.38
30	8.17	10.33	11.06	14.30	20.63	41.24	72.31
31	8.51	10.77	11.55	14.94	21.40	42.41	74.26
32	8.87	11.24	12.06	15.62	22.19	43.61	76.22
33	9.23	11.72	12.57	16.28	22.99	44.80	78.22
34	9.60	12.21	13.12	16.98	23.81	46.02	80.24
35	10.00	12.73	13.68	17.69	24.64	47.24	82.29
36	10.40	13.26	14.26	18.41	25.50	48.48	84.39
37	10.82	13.79	14.84	19.13	26.33	49.74	86.54
38	11.24	14.33	15.43	19.87	27.20	51.03	88.79
39	11.68	14.89	16.04	20.59	28.05	52.34	91.08
40	12.11	15.45	16.65	21.33	28.91	53.65	93.42
41	12.57	16.02	17.28	22.07	29.76	54.97	95.81
42	13.03	16.60	17.91	22.82	30.63	56.29	98.24
43	13.60	17.25	18.56	23.55	31.53	57.65	100.79
44	14.19	17.92	19.22	24.29	32.41	59.00	103.36
45	14.80	18.59	19.87	25.01	33.26	60.31	105.89
46	15.39	19.26	20.54	25.71	34.07	61.59	108.36
47	15.99	19.94	21.17	26.39	34.81	62.79	110.75
48	16.55	20.57	21.81	27.03	35.44	63.95	113.09
49	17.11	21.18	22.43	27.62	36.01	65.01	115.27
50	17.64	21.77	23.02	28.19	36.49	65.95	117.24
51	18.16	22.34	23.59	28.71	36.88	66.77	118.96
52	18.64	22.88	24.13	29.17	37.17	67.46	120.39
53	19.11	23.37	24.66	29.57	37.32	67.92	121.39
54	19.49	23.81	25.13	29.91	37.40	68.22	122.01
55	19.81	24.20	25.52	30.20	37.37	68.33	122.27
56	20.11	24.53	25.86	30.43	37.28	68.25	122.10
57	20.34	24.81	26.13	30.60	37.10	67.95	121.52
58	20.18	24.62	25.94	30.13	36.25	66.43	118.39
59	20.03	24.44	25.78	29.74	35.50	64.94	115.33
60	19.94	24.35	25.70	29.60	35.00	63.71	112.81
61	19.99	24.45	25.84	29.83	34.95	63.02	111.34
62	20.26	24.81	26.25	30.57	35.47	63.10	111.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.80	8.51	9.10	11.70	17.28	36.02	63.59
26	7.05	8.83	9.46	12.20	17.96	37.17	65.57
27	7.32	9.19	9.86	12.73	18.67	38.33	67.55
28	7.60	9.59	10.29	13.29	19.40	39.50	69.51
29	7.91	10.00	10.74	13.90	20.15	40.68	71.49
30	8.23	10.44	11.22	14.53	20.93	41.89	73.46
31	8.57	10.89	11.72	15.17	21.73	43.08	75.47
32	8.93	11.37	12.24	15.87	22.54	44.31	77.48
33	9.29	11.84	12.77	16.55	23.35	45.54	79.53
34	9.68	12.36	13.33	17.27	24.19	46.78	81.60
35	10.07	12.87	13.91	18.00	25.05	48.04	83.72
36	10.48	13.42	14.49	18.73	25.92	49.33	85.89
37	10.90	13.96	15.09	19.48	26.78	50.63	88.10
38	11.33	14.51	15.70	20.23	27.68	51.96	90.43
39	11.77	15.08	16.32	20.98	28.56	53.32	92.81
40	12.21	15.65	16.96	21.74	29.44	54.67	95.23
41	12.68	16.24	17.60	22.50	30.32	56.03	97.71
42	13.14	16.82	18.25	23.27	31.21	57.40	100.22
43	13.72	17.50	18.92	24.04	32.15	58.82	102.89
44	14.32	18.18	19.61	24.81	33.07	60.24	105.56
45	14.93	18.86	20.28	25.56	33.95	61.61	108.21
46	15.53	19.55	20.97	26.29	34.79	62.95	110.79
47	16.16	20.24	21.63	27.00	35.58	64.22	113.31
48	16.72	20.89	22.29	27.68	36.25	65.44	115.79
49	17.29	21.53	22.94	28.31	36.86	66.57	118.10
50	17.83	22.14	23.56	28.91	37.37	67.58	120.20
51	18.36	22.73	24.15	29.46	37.79	68.46	122.02
52	18.85	23.27	24.71	29.94	38.11	69.19	123.54
53	19.32	23.80	25.26	30.37	38.29	69.71	124.62
54	19.72	24.25	25.74	30.73	38.37	70.02	125.29
55	20.05	24.65	26.15	31.02	38.34	70.13	125.55
56	20.34	24.98	26.47	31.25	38.23	70.02	125.33
57	20.57	25.25	26.72	31.39	38.02	69.66	124.62
58	20.40	25.04	26.52	30.91	37.14	68.09	121.43
59	20.24	24.83	26.33	30.47	36.33	66.50	118.19
60	20.12	24.70	26.19	30.25	35.73	65.08	115.33
61	20.14	24.73	26.22	30.33	35.51	64.09	113.29
62	20.35	24.98	26.49	30.88	35.80	63.74	112.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.87	8.63	9.28	11.95	17.63	36.79	65.01
26	7.11	8.96	9.65	12.46	18.33	37.98	67.03
27	7.38	9.32	10.06	13.01	19.06	39.18	69.08
28	7.67	9.73	10.49	13.59	19.82	40.38	71.11
29	7.98	10.15	10.96	14.21	20.59	41.61	73.15
30	8.30	10.60	11.46	14.86	21.39	42.85	75.20
31	8.65	11.06	11.97	15.53	22.21	44.09	77.27
32	9.02	11.55	12.52	16.25	23.05	45.36	79.37
33	9.38	12.04	13.06	16.96	23.90	46.64	81.50
34	9.77	12.56	13.64	17.69	24.77	47.93	83.66
35	10.18	13.10	14.24	18.45	25.65	49.25	85.87
36	10.59	13.65	14.84	19.22	26.56	50.59	88.14
37	11.03	14.21	15.47	19.99	27.46	51.95	90.46
38	11.47	14.77	16.09	20.78	28.39	53.34	92.90
39	11.91	15.35	16.74	21.56	29.30	54.77	95.39
40	12.37	15.96	17.41	22.36	30.23	56.19	97.94
41	12.83	16.55	18.08	23.16	31.16	57.64	100.56
42	13.31	17.16	18.76	23.97	32.09	59.08	103.21
43	13.90	17.86	19.47	24.78	33.08	60.59	106.03
44	14.52	18.57	20.19	25.59	34.05	62.09	108.86
45	15.14	19.28	20.89	26.39	34.98	63.54	111.68
46	15.76	19.99	21.61	27.16	35.88	64.98	114.44
47	16.39	20.71	22.31	27.92	36.72	66.34	117.14
48	16.97	21.38	23.02	28.65	37.46	67.68	119.82
49	17.55	22.05	23.71	29.34	38.12	68.91	122.33
50	18.11	22.69	24.36	29.99	38.68	70.03	124.61
51	18.66	23.30	24.99	30.58	39.16	70.99	126.60
52	19.16	23.88	25.59	31.11	39.51	71.79	128.26
53	19.66	24.43	26.16	31.57	39.73	72.37	129.47
54	20.08	24.91	26.67	31.96	39.83	72.73	130.21
55	20.41	25.33	27.08	32.26	39.80	72.84	130.47
56	20.70	25.64	27.40	32.47	39.66	72.68	130.17
57	20.93	25.89	27.62	32.58	39.39	72.23	129.29
58	20.75	25.68	27.41	32.08	38.48	70.60	126.00
59	20.56	25.43	27.15	31.57	37.58	68.84	122.49
60	20.40	25.23	26.92	31.21	36.83	67.13	119.10
61	20.36	25.15	26.79	31.10	36.36	65.69	116.22
62	20.48	25.24	26.83	31.33	36.30	64.69	114.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.09	9.10	9.99	12.94	19.10	40.04	70.90
26	7.34	9.45	10.39	13.48	19.85	41.33	73.09
27	7.62	9.84	10.83	14.08	20.64	42.61	75.28
28	7.92	10.26	11.30	14.71	21.46	43.90	77.45
29	8.24	10.71	11.80	15.38	22.28	45.21	79.63
30	8.58	11.19	12.33	16.07	23.14	46.52	81.80
31	8.94	11.66	12.88	16.80	24.01	47.84	83.99
32	9.32	12.18	13.46	17.56	24.90	49.19	86.19
33	9.69	12.70	14.04	18.32	25.80	50.53	88.43
34	10.10	13.24	14.65	19.11	26.73	51.89	90.68
35	10.51	13.80	15.28	19.92	27.66	53.25	92.98
36	10.94	14.37	15.92	20.72	28.61	54.64	95.32
37	11.38	14.95	16.58	21.54	29.55	56.04	97.70
38	11.83	15.53	17.24	22.37	30.51	57.47	100.20
39	12.29	16.14	17.91	23.18	31.46	58.92	102.74
40	12.74	16.75	18.59	24.01	32.41	60.36	105.32
41	13.22	17.36	19.29	24.83	33.35	61.81	107.95
42	13.71	17.98	19.98	25.66	34.30	63.25	110.59
43	14.30	18.68	20.70	26.48	35.29	64.75	113.39
44	14.92	19.40	21.43	27.30	36.26	66.20	116.18
45	15.55	20.12	22.13	28.09	37.18	67.61	118.90
46	16.17	20.83	22.84	28.85	38.05	68.96	121.53
47	16.79	21.53	23.52	29.57	38.84	70.21	124.03
48	17.37	22.19	24.19	30.24	39.49	71.39	126.45
49	17.94	22.82	24.83	30.86	40.05	72.44	128.64
50	18.48	23.42	25.43	31.43	40.50	73.32	130.53
51	19.00	23.98	25.98	31.91	40.83	74.03	132.07
52	19.48	24.50	26.49	32.32	41.01	74.52	133.19
53	19.93	24.96	26.94	32.61	41.00	74.69	133.67
54	20.33	25.36	27.31	32.81	40.87	74.62	133.63
55	20.61	25.68	27.58	32.91	40.60	74.30	133.12
56	20.84	25.90	27.76	32.95	40.24	73.73	132.08
57	21.02	26.06	27.86	32.89	39.76	72.89	130.51
58	20.76	25.70	27.44	32.12	38.55	70.70	126.15
59	20.52	25.35	27.04	31.42	37.41	68.52	121.82
60	20.34	25.09	26.73	30.96	36.54	66.59	118.02
61	20.30	25.03	26.63	30.88	36.12	65.23	115.32
62	20.48	25.24	26.83	31.33	36.30	64.69	114.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.52	9.36	9.98	12.82	18.94	39.44	69.61
26	7.79	9.72	10.37	13.36	19.68	40.70	71.76
27	8.08	10.11	10.81	13.94	20.45	41.96	73.91
28	8.39	10.54	11.27	14.55	21.25	43.23	76.05
29	8.73	11.00	11.76	15.21	22.07	44.52	78.20
30	9.08	11.48	12.29	15.89	22.92	45.82	80.34
31	9.46	11.97	12.83	16.60	23.78	47.12	82.51
32	9.85	12.49	13.40	17.35	24.66	48.45	84.69
33	10.25	13.02	13.97	18.09	25.54	49.78	86.91
34	10.67	13.57	14.58	18.87	26.46	51.13	89.15
35	11.11	14.14	15.20	19.66	27.38	52.49	91.43
36	11.55	14.73	15.84	20.45	28.33	53.87	93.77
37	12.02	15.32	16.49	21.26	29.26	55.27	96.15
38	12.49	15.92	17.14	22.08	30.22	56.70	98.65
39	12.98	16.54	17.82	22.88	31.17	58.16	101.20
40	13.46	17.17	18.50	23.70	32.12	59.61	103.80
41	13.97	17.80	19.20	24.52	33.07	61.08	106.46
42	14.48	18.44	19.90	25.35	34.03	62.54	109.15
43	15.11	19.17	20.62	26.17	35.03	64.06	111.99
44	15.77	19.91	21.36	26.99	36.01	65.56	114.84
45	16.44	20.66	22.08	27.79	36.95	67.01	117.65
46	17.10	21.40	22.82	28.57	37.85	68.43	120.40
47	17.77	22.15	23.52	29.32	38.68	69.77	123.06
48	18.39	22.85	24.23	30.03	39.38	71.05	125.66
49	19.01	23.53	24.92	30.69	40.01	72.23	128.08
50	19.60	24.19	25.58	31.32	40.54	73.28	130.27
51	20.18	24.82	26.21	31.90	40.98	74.19	132.18
52	20.71	25.42	26.81	32.41	41.30	74.95	133.77
53	21.23	25.97	27.40	32.85	41.47	75.47	134.88
54	21.65	26.45	27.92	33.23	41.55	75.80	135.57
55	22.01	26.89	28.36	33.55	41.52	75.92	135.85
56	22.34	27.26	28.73	33.81	41.42	75.83	135.67
57	22.60	27.57	29.03	34.00	41.22	75.50	135.02
58	22.42	27.35	28.82	33.48	40.28	73.81	131.54
59	22.25	27.15	28.64	33.04	39.44	72.15	128.14
60	22.15	27.05	28.56	32.89	38.89	70.79	125.34
61	22.21	27.17	28.71	33.14	38.83	70.02	123.71
62	22.51	27.57	29.17	33.97	39.41	70.11	123.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.56	9.45	10.11	13.00	19.20	40.02	70.66
26	7.83	9.81	10.51	13.55	19.96	41.30	72.85
27	8.13	10.21	10.96	14.14	20.74	42.59	75.05
28	8.44	10.65	11.43	14.77	21.56	43.89	77.23
29	8.79	11.11	11.93	15.44	22.39	45.20	79.43
30	9.14	11.60	12.47	16.14	23.26	46.54	81.62
31	9.52	12.10	13.02	16.86	24.14	47.87	83.85
32	9.92	12.63	13.60	17.63	25.04	49.23	86.09
33	10.32	13.16	14.19	18.39	25.94	50.60	88.37
34	10.75	13.73	14.81	19.19	26.88	51.98	90.67
35	11.19	14.30	15.45	20.00	27.83	53.38	93.02
36	11.64	14.91	16.10	20.81	28.80	54.81	95.43
37	12.11	15.51	16.77	21.64	29.76	56.25	97.89
38	12.59	16.12	17.44	22.48	30.75	57.73	100.48
39	13.08	16.75	18.13	23.31	31.73	59.24	103.12
40	13.57	17.39	18.84	24.16	32.71	60.74	105.81
41	14.09	18.04	19.56	25.00	33.69	62.26	108.57
42	14.60	18.69	20.28	25.86	34.68	63.78	111.36
43	15.24	19.44	21.02	26.71	35.72	65.36	114.32
44	15.91	20.20	21.79	27.57	36.74	66.93	117.29
45	16.59	20.96	22.53	28.40	37.72	68.45	120.23
46	17.26	21.72	23.30	29.21	38.66	69.94	123.10
47	17.95	22.49	24.03	30.00	39.53	71.35	125.90
48	18.58	23.21	24.77	30.75	40.28	72.71	128.65
49	19.21	23.92	25.49	31.45	40.95	73.97	131.22
50	19.81	24.60	26.18	32.12	41.52	75.09	133.55
51	20.40	25.25	26.83	32.73	41.99	76.07	135.58
52	20.94	25.86	27.46	33.27	42.34	76.88	137.27
53	21.47	26.44	28.07	33.74	42.54	77.45	138.47
54	21.91	26.94	28.60	34.14	42.63	77.80	139.21
55	22.28	27.39	29.05	34.47	42.60	77.92	139.50
56	22.60	27.75	29.41	34.72	42.48	77.80	139.25
57	22.86	28.05	29.69	34.88	42.24	77.40	138.47
58	22.67	27.82	29.47	34.34	41.27	75.66	134.92
59	22.49	27.59	29.25	33.86	40.37	73.89	131.32
60	22.36	27.44	29.10	33.61	39.70	72.31	128.14
61	22.38	27.48	29.13	33.70	39.46	71.21	125.88
62	22.61	27.76	29.43	34.31	39.78	70.82	125.06

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.63	9.59	10.31	13.28	19.59	40.88	72.23
26	7.90	9.95	10.72	13.84	20.37	42.20	74.48
27	8.20	10.36	11.18	14.45	21.18	43.53	76.75
28	8.52	10.81	11.66	15.10	22.02	44.87	79.01
29	8.87	11.28	12.18	15.79	22.88	46.23	81.28
30	9.22	11.78	12.73	16.51	23.77	47.61	83.55
31	9.61	12.29	13.30	17.26	24.68	48.99	85.86
32	10.02	12.83	13.91	18.05	25.61	50.40	88.19
33	10.42	13.38	14.51	18.84	26.55	51.82	90.56
34	10.86	13.96	15.16	19.66	27.52	53.26	92.96
35	11.31	14.55	15.82	20.50	28.50	54.72	95.41
36	11.77	15.17	16.49	21.35	29.51	56.21	97.93
37	12.25	15.79	17.19	22.21	30.51	57.72	100.51
38	12.74	16.41	17.88	23.09	31.54	59.27	103.22
39	13.23	17.06	18.60	23.96	32.56	60.85	105.99
40	13.74	17.73	19.34	24.84	33.59	62.43	108.82
41	14.26	18.39	20.09	25.73	34.62	64.04	111.73
42	14.79	19.07	20.84	26.63	35.66	65.64	114.68
43	15.44	19.84	21.63	27.53	36.75	67.32	117.81
44	16.13	20.63	22.43	28.43	37.83	68.99	120.96
45	16.82	21.42	23.21	29.32	38.87	70.60	124.09
46	17.51	22.21	24.01	30.18	39.87	72.20	127.16
47	18.21	23.01	24.79	31.02	40.80	73.71	130.15
48	18.86	23.76	25.58	31.83	41.62	75.20	133.13
49	19.50	24.50	26.34	32.60	42.35	76.57	135.92
50	20.12	25.21	27.07	33.32	42.98	77.81	138.46
51	20.73	25.89	27.77	33.98	43.51	78.88	140.67
52	21.29	26.53	28.43	34.57	43.90	79.77	142.51
53	21.84	27.14	29.07	35.08	44.14	80.41	143.85
54	22.31	27.68	29.63	35.51	44.25	80.81	144.68
55	22.68	28.14	30.09	35.84	44.22	80.93	144.97
56	23.00	28.49	30.44	36.08	44.07	80.76	144.63
57	23.25	28.77	30.69	36.20	43.77	80.25	143.65
58	23.05	28.53	30.45	35.64	42.76	78.44	140.00
59	22.84	28.26	30.17	35.08	41.76	76.49	136.10
60	22.67	28.03	29.91	34.68	40.92	74.59	132.33
61	22.62	27.94	29.77	34.55	40.40	72.99	129.13
62	22.76	28.04	29.81	34.81	40.33	71.88	126.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.88	10.11	11.10	14.38	21.22	44.49	78.78
26	8.16	10.50	11.54	14.98	22.06	45.92	81.21
27	8.47	10.93	12.03	15.64	22.93	47.34	83.64
28	8.80	11.40	12.55	16.34	23.84	48.78	86.05
29	9.16	11.90	13.11	17.09	24.76	50.23	88.48
30	9.53	12.43	13.70	17.86	25.71	51.69	90.89
31	9.93	12.96	14.31	18.67	26.68	53.16	93.32
32	10.35	13.53	14.95	19.51	27.67	54.65	95.77
33	10.77	14.11	15.60	20.36	28.67	56.14	98.26
34	11.22	14.71	16.28	21.23	29.70	57.65	100.76
35	11.68	15.33	16.98	22.13	30.73	59.17	103.31
36	12.15	15.97	17.69	23.02	31.79	60.71	105.91
37	12.64	16.61	18.42	23.93	32.83	62.27	108.55
38	13.14	17.26	19.15	24.85	33.90	63.86	111.33
39	13.65	17.93	19.90	25.76	34.96	65.47	114.15
40	14.16	18.61	20.66	26.68	36.01	67.07	117.02
41	14.69	19.29	21.43	27.59	37.06	68.68	119.94
42	15.23	19.98	22.20	28.51	38.11	70.28	122.88
43	15.89	20.76	23.00	29.42	39.21	71.94	125.99
44	16.58	21.56	23.81	30.33	40.29	73.56	129.09
45	17.28	22.35	24.59	31.21	41.31	75.12	132.11
46	17.97	23.14	25.38	32.05	42.28	76.62	135.03
47	18.66	23.92	26.13	32.85	43.15	78.01	137.81
48	19.30	24.65	26.88	33.60	43.88	79.32	140.50
49	19.93	25.35	27.59	34.29	44.50	80.49	142.93
50	20.53	26.02	28.25	34.92	45.00	81.47	145.03
51	21.11	26.64	28.87	35.46	45.37	82.25	146.74
52	21.64	27.22	29.43	35.91	45.57	82.80	147.99
53	22.14	27.73	29.93	36.23	45.56	82.99	148.52
54	22.59	28.18	30.34	36.45	45.41	82.91	148.48
55	22.90	28.53	30.64	36.57	45.11	82.55	147.91
56	23.16	28.78	30.84	36.61	44.71	81.92	146.75
57	23.35	28.96	30.95	36.54	44.18	80.99	145.01
58	23.07	28.56	30.49	35.69	42.83	78.56	140.17
59	22.80	28.17	30.04	34.91	41.57	76.13	135.35
60	22.60	27.88	29.70	34.40	40.60	73.99	131.13
61	22.56	27.81	29.59	34.31	40.13	72.48	128.13
62	22.76	28.04	29.81	34.81	40.33	71.88	126.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.68	15.17	16.55	20.90	28.93	56.16	100.40
26	12.11	15.78	17.19	21.77	30.03	57.73	103.01
27	12.60	16.46	17.93	22.73	31.17	59.34	105.69
28	13.13	17.17	18.73	23.75	32.36	60.99	108.44
29	13.73	17.95	19.60	24.89	33.62	62.70	111.30
30	14.32	18.80	20.52	26.06	34.93	64.50	114.24
31	14.98	19.69	21.49	27.32	36.29	66.36	117.28
32	15.68	20.61	22.53	28.62	37.68	68.30	120.48
33	16.42	21.58	23.61	29.99	39.13	70.30	123.79
34	17.18	22.62	24.72	31.41	40.64	72.37	127.25
35	17.98	23.66	25.90	32.86	42.19	74.55	130.91
36	18.84	24.77	27.14	34.38	43.79	76.78	134.76
37	19.73	25.92	28.41	35.96	45.46	79.15	138.83
38	20.64	27.09	29.72	37.55	47.15	81.63	143.18
39	21.59	28.34	31.08	39.19	48.91	84.22	147.74
40	22.59	29.61	32.51	40.90	50.71	86.92	152.56
41	23.61	30.92	33.98	42.66	52.57	89.71	157.61
42	24.68	32.32	35.50	44.46	54.50	92.61	162.91
43	26.03	33.89	37.13	46.37	56.60	95.73	168.68
44	27.41	35.57	38.80	48.31	58.72	98.93	174.66
45	28.86	37.23	40.48	50.28	60.89	102.21	180.81
46	30.36	38.99	42.24	52.28	63.05	105.52	187.11
47	31.90	40.76	44.01	54.32	65.19	108.87	193.49
48	33.45	42.61	45.93	56.47	67.36	112.47	200.46
49	35.02	44.43	47.81	58.58	69.45	116.03	207.33
50	36.56	46.25	49.66	60.63	71.42	119.40	213.89
51	38.07	47.99	51.44	62.60	73.17	122.54	219.99
52	39.49	49.61	53.07	64.40	74.71	125.37	225.42
53	40.83	51.14	54.62	66.01	75.88	127.73	229.92
54	42.05	52.49	55.94	67.39	76.78	129.64	233.46
55	42.83	53.58	57.00	68.54	77.33	130.96	235.87
56	43.44	54.40	57.80	69.36	77.54	131.69	237.02
57	43.82	54.98	58.31	69.84	77.40	131.71	236.75
58	43.51	54.65	57.92	69.30	76.10	130.12	233.24
59	43.00	54.10	57.29	68.47	74.58	127.93	228.47
60	42.41	53.42	56.56	67.55	72.99	125.23	222.65
61	41.73	52.69	55.81	66.62	71.51	122.19	216.08
62	41.07	52.03	55.13	65.84	70.33	118.94	209.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.72	15.26	16.67	21.06	29.16	56.68	101.35
26	12.15	15.86	17.32	21.94	30.29	58.27	104.00
27	12.65	16.55	18.06	22.91	31.43	59.90	106.71
28	13.18	17.26	18.87	23.95	32.63	61.59	109.50
29	13.77	18.05	19.76	25.09	33.90	63.32	112.41
30	14.37	18.91	20.68	26.28	35.24	65.15	115.39
31	15.03	19.81	21.66	27.56	36.61	67.03	118.49
32	15.73	20.74	22.71	28.87	38.03	69.00	121.74
33	16.48	21.72	23.81	30.26	39.49	71.04	125.10
34	17.25	22.75	24.93	31.70	41.01	73.13	128.62
35	18.05	23.81	26.12	33.17	42.60	75.35	132.35
36	18.91	24.93	27.37	34.70	44.22	77.63	136.25
37	19.81	26.08	28.67	36.31	45.91	80.03	140.40
38	20.73	27.27	29.99	37.91	47.63	82.56	144.83
39	21.68	28.53	31.37	39.57	49.41	85.19	149.46
40	22.69	29.81	32.81	41.31	51.24	87.94	154.37
41	23.72	31.14	34.31	43.09	53.13	90.77	159.51
42	24.79	32.54	35.84	44.92	55.08	93.73	164.90
43	26.15	34.14	37.49	46.85	57.22	96.90	170.78
44	27.54	35.83	39.18	48.83	59.37	100.16	176.87
45	29.00	37.51	40.89	50.83	61.58	103.51	183.13
46	30.50	39.28	42.67	52.86	63.77	106.88	189.54
47	32.06	41.07	44.47	54.94	65.95	110.30	196.05
48	33.62	42.93	46.41	57.11	68.17	113.97	203.15
49	35.20	44.78	48.32	59.27	70.30	117.59	210.16
50	36.75	46.62	50.20	61.35	72.30	121.03	216.84
51	38.27	48.38	51.99	63.35	74.08	124.24	223.05
52	39.70	50.01	53.66	65.17	75.65	127.11	228.57
53	41.05	51.55	55.22	66.81	76.84	129.51	233.15
54	42.27	52.92	56.56	68.21	77.75	131.44	236.74
55	43.06	54.01	57.62	69.36	78.30	132.76	239.16
56	43.67	54.82	58.41	70.18	78.50	133.46	240.25
57	44.04	55.40	58.91	70.63	78.32	133.42	239.86
58	43.72	55.06	58.51	70.07	76.99	131.79	236.29
59	43.20	54.49	57.85	69.21	75.42	129.49	231.33
60	42.59	53.77	57.04	68.20	73.72	126.59	225.17
61	41.87	52.96	56.19	67.12	72.08	123.26	218.03
62	41.15	52.19	55.36	66.15	70.66	119.57	210.19

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.78	15.37	16.85	21.31	29.51	57.46	102.76
26	12.21	15.98	17.51	22.20	30.65	59.08	105.46
27	12.71	16.68	18.26	23.19	31.82	60.75	108.24
28	13.25	17.41	19.09	24.25	33.05	62.47	111.11
29	13.84	18.20	19.98	25.41	34.34	64.24	114.08
30	14.45	19.07	20.92	26.61	35.69	66.11	117.13
31	15.11	19.98	21.92	27.92	37.10	68.04	120.29
32	15.82	20.92	22.99	29.25	38.54	70.06	123.63
33	16.58	21.92	24.09	30.66	40.04	72.14	127.07
34	17.35	22.96	25.25	32.12	41.59	74.29	130.68
35	18.16	24.03	26.45	33.62	43.20	76.55	134.50
36	19.03	25.16	27.73	35.19	44.86	78.89	138.50
37	19.94	26.33	29.03	36.82	46.58	81.35	142.76
38	20.85	27.54	30.38	38.46	48.34	83.94	147.29
39	21.83	28.81	31.79	40.16	50.16	86.64	152.05
40	22.83	30.11	33.26	41.92	52.03	89.46	157.08
41	23.88	31.46	34.79	43.75	53.96	92.38	162.35
42	24.96	32.89	36.34	45.61	55.96	95.40	167.89
43	26.33	34.50	38.04	47.59	58.15	98.67	173.92
44	27.74	36.22	39.75	49.61	60.35	102.02	180.17
45	29.21	37.93	41.50	51.66	62.61	105.44	186.61
46	30.73	39.72	43.32	53.73	64.86	108.91	193.19
47	32.29	41.54	45.15	55.85	67.10	112.42	199.87
48	33.88	43.43	47.13	58.09	69.37	116.21	207.18
49	35.46	45.32	49.09	60.30	71.56	119.93	214.39
50	37.04	47.18	51.01	62.43	73.61	123.48	221.26
51	38.57	48.95	52.84	64.48	75.45	126.77	227.63
52	40.01	50.62	54.53	66.34	77.05	129.71	233.29
53	41.37	52.18	56.12	68.01	78.28	132.17	238.00
54	42.61	53.56	57.48	69.44	79.21	134.15	241.66
55	43.40	54.66	58.55	70.60	79.76	135.47	244.08
56	44.00	55.46	59.34	71.41	79.93	136.13	245.09
57	44.37	56.02	59.81	71.82	79.70	135.98	244.52
58	44.04	55.67	59.39	71.24	78.33	134.29	240.86
59	43.51	55.06	58.68	70.31	76.67	131.83	235.63
60	42.85	54.28	57.77	69.17	74.82	128.65	228.94
61	42.08	53.35	56.76	67.89	72.93	124.87	220.96
62	41.27	52.43	55.70	66.60	71.15	120.53	211.89

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.02	15.89	17.61	22.38	31.09	60.92	109.03
26	12.47	16.52	18.31	23.33	32.29	62.65	111.92
27	12.98	17.24	19.11	24.37	33.53	64.43	114.89
28	13.53	18.00	19.97	25.48	34.82	66.26	117.93
29	14.14	18.82	20.91	26.69	36.19	68.15	121.09
30	14.76	19.72	21.89	27.96	37.61	70.12	124.31
31	15.44	20.66	22.93	29.33	39.09	72.15	127.64
32	16.16	21.63	24.05	30.74	40.60	74.28	131.14
33	16.93	22.65	25.20	32.21	42.17	76.46	134.75
34	17.72	23.73	26.40	33.73	43.79	78.71	138.52
35	18.55	24.84	27.66	35.29	45.48	81.07	142.49
36	19.43	26.00	28.98	36.94	47.20	83.49	146.66
37	20.35	27.21	30.34	38.63	49.00	86.05	151.06
38	21.29	28.44	31.73	40.33	50.81	88.73	155.75
39	22.28	29.75	33.18	42.09	52.70	91.52	160.65
40	23.30	31.08	34.70	43.91	54.62	94.42	165.83
41	24.35	32.45	36.27	45.80	56.62	97.41	171.24
42	25.45	33.90	37.87	47.71	58.66	100.50	176.91
43	26.84	35.55	39.61	49.74	60.91	103.84	183.08
44	28.27	37.30	41.36	51.81	63.16	107.24	189.45
45	29.75	39.03	43.15	53.90	65.47	110.73	195.98
46	31.29	40.85	44.99	56.01	67.74	114.21	202.64
47	32.87	42.69	46.85	58.16	69.99	117.74	209.35
48	34.46	44.60	48.84	60.40	72.27	121.51	216.66
49	36.05	46.49	50.81	62.62	74.44	125.20	223.82
50	37.63	48.35	52.72	64.74	76.46	128.67	230.59
51	39.16	50.12	54.54	66.76	78.25	131.87	236.82
52	40.60	51.77	56.21	68.58	79.78	134.68	242.27
53	41.96	53.30	57.75	70.18	80.88	136.94	246.62
54	43.17	54.64	59.05	71.52	81.68	138.68	249.87
55	43.94	55.69	60.05	72.58	82.09	139.76	251.85
56	44.51	56.45	60.76	73.29	82.12	140.17	252.41
57	44.86	56.95	61.15	73.60	81.74	139.76	251.38
58	44.50	56.56	60.66	72.93	80.24	137.84	247.28
59	43.94	55.90	59.88	71.90	78.45	135.16	241.64
60	43.26	55.07	58.91	70.68	76.49	131.80	234.59
61	42.47	54.12	57.85	69.34	74.51	127.86	226.33
62	41.66	53.17	56.76	68.00	72.68	123.43	217.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.98	16.86	18.39	23.22	32.14	62.40	111.56
26	13.46	17.53	19.10	24.19	33.37	64.14	114.46
27	14.00	18.29	19.92	25.26	34.63	65.93	117.43
28	14.59	19.08	20.81	26.39	35.95	67.77	120.49
29	15.25	19.94	21.78	27.65	37.35	69.67	123.67
30	15.91	20.89	22.80	28.95	38.81	71.67	126.93
31	16.64	21.88	23.88	30.36	40.32	73.73	130.31
32	17.42	22.90	25.03	31.80	41.87	75.89	133.87
33	18.24	23.98	26.23	33.32	43.48	78.11	137.54
34	19.09	25.13	27.47	34.90	45.15	80.41	141.39
35	19.98	26.29	28.78	36.51	46.88	82.83	145.46
36	20.93	27.52	30.15	38.20	48.66	85.31	149.73
37	21.92	28.80	31.57	39.96	50.51	87.94	154.26
38	22.93	30.10	33.02	41.72	52.39	90.70	159.09
39	23.99	31.49	34.53	43.54	54.34	93.58	164.15
40	25.10	32.90	36.12	45.44	56.34	96.58	169.51
41	26.23	34.36	37.76	47.40	58.41	99.68	175.12
42	27.42	35.91	39.44	49.40	60.55	102.90	181.01
43	28.92	37.66	41.26	51.52	62.89	106.37	187.42
44	30.46	39.52	43.11	53.68	65.24	109.92	194.07
45	32.07	41.37	44.98	55.87	67.65	113.57	200.90
46	33.73	43.32	46.93	58.09	70.05	117.24	207.90
47	35.44	45.29	48.90	60.36	72.43	120.97	214.99
48	37.17	47.34	51.03	62.74	74.84	124.97	222.73
49	38.91	49.37	53.12	65.09	77.17	128.92	230.37
50	40.62	51.39	55.18	67.37	79.35	132.67	237.65
51	42.30	53.32	57.15	69.56	81.30	136.16	244.43
52	43.88	55.12	58.97	71.55	83.01	139.30	250.47
53	45.37	56.82	60.69	73.34	84.31	141.92	255.47
54	46.72	58.32	62.16	74.88	85.31	144.04	259.40
55	47.59	59.53	63.33	76.15	85.92	145.51	262.08
56	48.27	60.44	64.22	77.07	86.16	146.32	263.36
57	48.69	61.09	64.79	77.60	86.00	146.34	263.06
58	48.34	60.72	64.36	77.00	84.55	144.58	259.16
59	47.78	60.11	63.66	76.08	82.87	142.14	253.85
60	47.12	59.36	62.84	75.06	81.10	139.14	247.39
61	46.37	58.54	62.01	74.02	79.46	135.77	240.09
62	45.63	57.81	61.26	73.16	78.14	132.15	232.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.02	16.95	18.52	23.40	32.40	62.98	112.61
26	13.50	17.62	19.24	24.38	33.65	64.74	115.55
27	14.05	18.39	20.07	25.46	34.92	66.56	118.57
28	14.64	19.18	20.97	26.61	36.26	68.43	121.67
29	15.30	20.05	21.95	27.88	37.67	70.35	124.90
30	15.97	21.01	22.98	29.20	39.15	72.39	128.21
31	16.70	22.01	24.07	30.62	40.68	74.48	131.65
32	17.48	23.04	25.23	32.08	42.25	76.67	135.27
33	18.31	24.13	26.45	33.62	43.88	78.93	139.00
34	19.17	25.28	27.70	35.22	45.57	81.26	142.91
35	20.06	26.45	29.02	36.85	47.33	83.72	147.05
36	21.01	27.70	30.41	38.56	49.13	86.25	151.39
37	22.01	28.98	31.85	40.34	51.01	88.92	156.00
38	23.03	30.30	33.32	42.12	52.92	91.73	160.92
39	24.09	31.70	34.85	43.97	54.90	94.66	166.07
40	25.21	33.12	36.46	45.90	56.93	97.71	171.52
41	26.35	34.60	38.12	47.88	59.03	100.86	177.23
42	27.54	36.16	39.82	49.91	61.20	104.14	183.22
43	29.05	37.93	41.66	52.06	63.58	107.67	189.75
44	30.60	39.81	43.53	54.26	65.97	111.29	196.52
45	32.22	41.68	45.43	56.48	68.42	115.01	203.48
46	33.89	43.64	47.41	58.73	70.86	118.75	210.60
47	35.62	45.63	49.41	61.04	73.28	122.55	217.83
48	37.36	47.70	51.57	63.46	75.74	126.63	225.72
49	39.11	49.76	53.69	65.85	78.11	130.66	233.51
50	40.83	51.80	55.78	68.17	80.33	134.48	240.93
51	42.52	53.75	57.77	70.39	82.31	138.04	247.83
52	44.11	55.57	59.62	72.41	84.05	141.23	253.97
53	45.61	57.28	61.36	74.23	85.38	143.90	259.06
54	46.97	58.80	62.84	75.79	86.39	146.04	263.04
55	47.84	60.01	64.02	77.07	87.00	147.51	265.73
56	48.52	60.91	64.90	77.98	87.22	148.29	266.94
57	48.93	61.55	65.45	78.48	87.02	148.24	266.51
58	48.58	61.18	65.01	77.86	85.54	146.43	262.54
59	48.00	60.54	64.28	76.90	83.80	143.88	257.03
60	47.32	59.74	63.38	75.78	81.91	140.66	250.19
61	46.52	58.84	62.43	74.58	80.09	136.96	242.26
62	45.72	57.99	61.51	73.50	78.51	132.86	233.54

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.09	17.08	18.72	23.68	32.79	63.84	114.18
26	13.57	17.76	19.45	24.67	34.06	65.64	117.18
27	14.12	18.53	20.29	25.77	35.36	67.50	120.27
28	14.72	19.34	21.21	26.94	36.72	69.41	123.45
29	15.38	20.22	22.20	28.23	38.16	71.38	126.75
30	16.06	21.19	23.24	29.57	39.66	73.46	130.14
31	16.79	22.20	24.35	31.02	41.22	75.60	133.66
32	17.58	23.24	25.54	32.50	42.82	77.84	137.37
33	18.42	24.35	26.77	34.07	44.49	80.15	141.19
34	19.28	25.51	28.05	35.69	46.21	82.54	145.20
35	20.18	26.70	29.39	37.35	48.00	85.06	149.44
36	21.14	27.96	30.81	39.10	49.84	87.65	153.89
37	22.15	29.26	32.26	40.91	51.76	90.39	158.62
38	23.17	30.60	33.76	42.73	53.71	93.27	163.66
39	24.25	32.01	35.32	44.62	55.73	96.27	168.94
40	25.37	33.46	36.96	46.58	57.81	99.40	174.53
41	26.53	34.96	38.65	48.61	59.96	102.64	180.39
42	27.73	36.54	40.38	50.68	62.18	106.00	186.54
43	29.25	38.33	42.27	52.88	64.61	109.63	193.24
44	30.82	40.24	44.17	55.12	67.06	113.35	200.19
45	32.45	42.14	46.11	57.40	69.57	117.16	207.34
46	34.14	44.13	48.13	59.70	72.07	121.01	214.66
47	35.88	46.15	50.17	62.06	74.55	124.91	222.08
48	37.64	48.25	52.37	64.54	77.08	129.12	230.20
49	39.40	50.35	54.54	67.00	79.51	133.26	238.21
50	41.15	52.42	56.68	69.37	81.79	137.20	245.84
51	42.85	54.39	58.71	71.64	83.83	140.85	252.92
52	44.45	56.24	60.59	73.71	85.61	144.12	259.21
53	45.97	57.98	62.36	75.57	86.98	146.86	264.44
54	47.34	59.51	63.87	77.16	88.01	149.05	268.51
55	48.22	60.73	65.06	78.44	88.62	150.52	271.20
56	48.89	61.62	65.93	79.34	88.81	151.25	272.32
57	49.30	62.24	66.45	79.80	88.55	151.09	271.69
58	48.93	61.86	65.99	79.16	87.03	149.21	267.62
59	48.34	61.18	65.20	78.12	85.19	146.48	261.81
60	47.61	60.31	64.19	76.85	83.13	142.94	254.38
61	46.75	59.28	63.07	75.43	81.03	138.74	245.51
62	45.86	58.26	61.89	74.00	79.06	133.92	235.43

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.36	17.65	19.57	24.87	34.54	67.69	121.14
26	13.86	18.36	20.34	25.92	35.88	69.61	124.36
27	14.42	19.16	21.23	27.08	37.26	71.59	127.65
28	15.03	20.00	22.19	28.31	38.69	73.62	131.03
29	15.71	20.91	23.23	29.66	40.21	75.72	134.54
30	16.40	21.91	24.32	31.07	41.79	77.91	138.12
31	17.15	22.95	25.48	32.59	43.43	80.17	141.82
32	17.96	24.03	26.72	34.15	45.11	82.53	145.71
33	18.81	25.17	28.00	35.79	46.86	84.95	149.72
34	19.69	26.37	29.33	37.48	48.66	87.45	153.91
35	20.61	27.60	30.73	39.21	50.53	90.08	158.32
36	21.59	28.89	32.20	41.04	52.44	92.77	162.95
37	22.61	30.23	33.71	42.92	54.44	95.61	167.84
38	23.65	31.60	35.26	44.81	56.46	98.59	173.05
39	24.75	33.05	36.87	46.77	58.55	101.69	178.50
40	25.89	34.53	38.56	48.79	60.69	104.91	184.26
41	27.06	36.06	40.30	50.89	62.91	108.23	190.27
42	28.28	37.67	42.08	53.01	65.18	111.67	196.57
43	29.82	39.50	44.01	55.27	67.68	115.38	203.42
44	31.41	41.44	45.96	57.57	70.18	119.16	210.50
45	33.06	43.37	47.94	59.89	72.74	123.03	217.75
46	34.77	45.39	49.99	62.23	75.27	126.90	225.15
47	36.52	47.43	52.05	64.62	77.77	130.82	232.61
48	38.29	49.55	54.27	67.11	80.30	135.01	240.73
49	40.06	51.65	56.45	69.58	82.71	139.11	248.69
50	41.81	53.72	58.58	71.93	84.95	142.97	256.21
51	43.51	55.69	60.60	74.18	86.94	146.52	263.13
52	45.11	57.52	62.45	76.20	88.64	149.64	269.19
53	46.62	59.22	64.17	77.98	89.87	152.16	274.02
54	47.97	60.71	65.61	79.47	90.76	154.09	277.63
55	48.82	61.88	66.72	80.64	91.21	155.29	279.83
56	49.46	62.72	67.51	81.43	91.24	155.74	280.45
57	49.84	63.28	67.94	81.78	90.82	155.29	279.31
58	49.44	62.84	67.40	81.03	89.15	153.15	274.75
59	48.82	62.11	66.53	79.89	87.17	150.18	268.49
60	48.07	61.19	65.46	78.53	84.99	146.44	260.66
61	47.19	60.13	64.28	77.04	82.79	142.07	251.48
62	46.29	59.08	63.07	75.56	80.76	137.14	241.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.69	13.81	15.01	19.01	26.65	52.46	93.64
26	11.09	14.36	15.60	19.81	27.68	53.98	96.18
27	11.53	14.98	16.27	20.69	28.75	55.54	98.78
28	12.02	15.63	17.00	21.63	29.86	57.14	101.45
29	12.56	16.34	17.79	22.66	31.04	58.79	104.21
30	13.10	17.12	18.63	23.73	32.27	60.52	107.04
31	13.71	17.93	19.52	24.89	33.53	62.29	109.95
32	14.35	18.77	20.46	26.07	34.84	64.14	113.01
33	15.01	19.65	21.44	27.32	36.19	66.04	116.17
34	15.71	20.59	22.46	28.61	37.59	68.01	119.47
35	16.44	21.54	23.52	29.93	39.04	70.07	122.94
36	17.22	22.55	24.63	31.32	40.54	72.19	126.58
37	18.03	23.59	25.79	32.76	42.08	74.42	130.42
38	18.86	24.65	26.97	34.20	43.66	76.76	134.51
39	19.72	25.79	28.21	35.69	45.29	79.19	138.79
40	20.63	26.94	29.50	37.24	46.96	81.72	143.32
41	21.55	28.13	30.83	38.84	48.69	84.34	148.04
42	22.52	29.39	32.20	40.47	50.47	87.05	152.99
43	23.74	30.82	33.68	42.19	52.42	89.96	158.36
44	25.00	32.32	35.18	43.95	54.37	92.93	163.94
45	26.31	33.83	36.70	45.73	56.37	95.98	169.65
46	27.66	35.42	38.28	47.53	58.35	99.04	175.49
47	29.05	37.01	39.88	49.37	60.32	102.14	181.40
48	30.46	38.67	41.60	51.29	62.30	105.46	187.82
49	31.87	40.32	43.29	53.19	64.21	108.73	194.15
50	33.26	41.95	44.96	55.04	66.00	111.83	200.18
51	34.62	43.52	46.55	56.80	67.59	114.71	205.79
52	35.91	44.97	48.02	58.41	68.99	117.31	210.78
53	37.12	46.36	49.42	59.86	70.06	119.46	214.90
54	38.22	47.58	50.63	61.11	70.88	121.19	218.14
55	38.96	48.57	51.59	62.15	71.38	122.40	220.36
56	39.55	49.34	52.33	62.91	71.59	123.07	221.44
57	39.93	49.89	52.82	63.37	71.48	123.08	221.23
58	39.74	49.70	52.59	63.01	70.43	121.80	218.38
59	39.38	49.30	52.14	62.39	69.17	119.92	214.31
60	38.92	48.76	51.56	61.66	67.80	117.52	209.19
61	38.35	48.14	50.93	60.87	66.47	114.71	203.19
62	37.74	47.52	50.31	60.16	65.31	111.58	196.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.73	13.89	15.13	19.17	26.88	52.98	94.58
26	11.12	14.44	15.72	19.98	27.94	54.52	97.16
27	11.57	15.07	16.41	20.87	29.01	56.11	99.81
28	12.06	15.72	17.15	21.83	30.14	57.74	102.51
29	12.60	16.43	17.95	22.87	31.33	59.40	105.32
30	13.16	17.23	18.79	23.96	32.57	61.16	108.19
31	13.76	18.05	19.69	25.12	33.86	62.96	111.16
32	14.40	18.89	20.64	26.33	35.18	64.85	114.27
33	15.08	19.78	21.64	27.59	36.55	66.78	117.49
34	15.79	20.73	22.66	28.90	37.97	68.78	120.83
35	16.52	21.68	23.73	30.24	39.45	70.88	124.37
36	17.29	22.71	24.87	31.64	40.96	73.04	128.07
37	18.11	23.75	26.05	33.10	42.53	75.30	131.99
38	18.95	24.83	27.24	34.56	44.14	77.69	136.15
39	19.81	25.97	28.49	36.07	45.79	80.16	140.52
40	20.73	27.14	29.81	37.66	47.49	82.74	145.13
41	21.65	28.34	31.16	39.27	49.25	85.40	149.94
42	22.63	29.61	32.54	40.93	51.06	88.16	154.98
43	23.86	31.06	34.04	42.68	53.04	91.13	160.46
44	25.13	32.58	35.56	44.47	55.03	94.16	166.14
45	26.44	34.11	37.11	46.28	57.06	97.27	171.97
46	27.80	35.70	38.71	48.11	59.08	100.40	177.92
47	29.21	37.31	40.34	49.98	61.08	103.56	183.95
48	30.63	39.00	42.08	51.94	63.11	106.96	190.51
49	32.05	40.67	43.80	53.87	65.05	110.30	196.97
50	33.44	42.32	45.50	55.76	66.88	113.46	203.13
51	34.82	43.90	47.11	57.55	68.50	116.41	208.85
52	36.12	45.38	48.61	59.18	69.93	119.04	213.93
53	37.33	46.77	50.02	60.66	71.02	121.24	218.13
54	38.45	48.02	51.24	61.93	71.85	122.99	221.42
55	39.19	49.01	52.21	62.97	72.35	124.20	223.64
56	39.77	49.76	52.94	63.73	72.54	124.84	224.66
57	40.15	50.30	53.42	64.16	72.40	124.79	224.33
58	39.96	50.11	53.17	63.78	71.32	123.46	221.42
59	39.58	49.69	52.70	63.13	70.00	121.48	217.17
60	39.10	49.10	52.05	62.31	68.53	118.89	211.71
61	38.48	48.41	51.31	61.37	67.04	115.79	205.15
62	37.82	47.68	50.54	60.46	65.65	112.22	197.67

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.79	14.00	15.31	19.42	27.23	53.76	95.99
26	11.19	14.56	15.91	20.24	28.31	55.33	98.63
27	11.64	15.19	16.61	21.15	29.40	56.95	101.34
28	12.13	15.87	17.36	22.12	30.56	58.62	104.11
29	12.67	16.59	18.17	23.18	31.77	60.33	106.98
30	13.24	17.39	19.03	24.29	33.03	62.13	109.93
31	13.84	18.22	19.94	25.48	34.34	63.97	112.97
32	14.49	19.07	20.92	26.70	35.69	65.90	116.16
33	15.17	19.98	21.92	27.99	37.10	67.88	119.46
34	15.89	20.93	22.98	29.32	38.55	69.93	122.90
35	16.62	21.91	24.07	30.69	40.05	72.08	126.52
36	17.41	22.94	25.23	32.13	41.60	74.30	130.32
37	18.23	24.00	26.42	33.62	43.21	76.63	134.34
38	19.07	25.10	27.64	35.11	44.85	79.07	138.62
39	19.95	26.25	28.92	36.66	46.54	81.61	143.10
40	20.87	27.44	30.26	38.27	48.29	84.26	147.83
41	21.82	28.67	31.64	39.92	50.09	87.00	152.78
42	22.80	29.95	33.05	41.63	51.94	89.84	157.97
43	24.04	31.42	34.59	43.42	53.96	92.89	163.60
44	25.33	32.97	36.14	45.24	56.01	96.01	169.44
45	26.65	34.52	37.72	47.11	58.10	99.21	175.45
46	28.03	36.14	39.36	48.98	60.17	102.43	181.58
47	29.45	37.78	41.02	50.90	62.23	105.69	187.78
48	30.88	39.49	42.80	52.91	64.31	109.20	194.54
49	32.31	41.20	44.57	54.91	66.31	112.64	201.20
50	33.73	42.88	46.31	56.84	68.19	115.91	207.55
51	35.12	44.48	47.95	58.67	69.87	118.94	213.43
52	36.42	45.98	49.48	60.35	71.33	121.64	218.65
53	37.66	47.40	50.92	61.87	72.46	123.90	222.98
54	38.78	48.65	52.16	63.16	73.31	125.70	226.34
55	39.53	49.65	53.15	64.21	73.81	126.91	228.56
56	40.10	50.40	53.87	64.95	73.97	127.50	229.50
57	40.48	50.92	54.32	65.35	73.77	127.36	229.00
58	40.28	50.72	54.05	64.95	72.66	125.96	225.99
59	39.89	50.27	53.52	64.22	71.25	123.82	221.47
60	39.36	49.62	52.78	63.27	69.62	120.94	215.48
61	38.69	48.81	51.89	62.14	67.89	117.39	208.07
62	37.94	47.93	50.88	60.91	66.14	113.18	199.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.03	14.52	16.07	20.49	28.81	57.22	102.26
26	11.45	15.10	16.71	21.37	29.94	58.91	105.09
27	11.91	15.76	17.45	22.33	31.11	60.63	107.98
28	12.41	16.46	18.24	23.36	32.33	62.41	110.93
29	12.97	17.21	19.10	24.47	33.62	64.23	113.99
30	13.55	18.04	20.00	25.64	34.95	66.13	117.11
31	14.17	18.89	20.96	26.89	36.33	68.09	120.31
32	14.83	19.78	21.98	28.19	37.76	70.12	123.67
33	15.53	20.72	23.03	29.54	39.23	72.20	127.13
34	16.25	21.71	24.13	30.93	40.75	74.35	130.73
35	17.01	22.72	25.27	32.36	42.33	76.60	134.51
36	17.81	23.78	26.48	33.88	43.94	78.90	138.47
37	18.65	24.88	27.72	35.42	45.62	81.32	142.64
38	19.50	26.00	28.99	36.98	47.32	83.86	147.07
39	20.40	27.19	30.31	38.59	49.08	86.49	151.70
40	21.34	28.40	31.70	40.26	50.88	89.22	156.59
41	22.29	29.66	33.12	41.98	52.74	92.03	161.68
42	23.29	30.97	34.58	43.72	54.64	94.94	167.00
43	24.55	32.47	36.15	45.57	56.73	98.06	172.76
44	25.86	34.05	37.75	47.45	58.82	101.24	178.72
45	27.20	35.63	39.37	49.35	60.95	104.49	184.82
46	28.59	37.28	41.03	51.26	63.05	107.73	191.02
47	30.02	38.93	42.71	53.20	65.12	111.01	197.25
48	31.46	40.66	44.51	55.22	67.21	114.50	204.02
49	32.90	42.37	46.29	57.23	69.19	117.90	210.64
50	34.33	44.05	48.02	59.14	71.04	121.10	216.88
51	35.71	45.65	49.65	60.96	72.67	124.04	222.62
52	37.02	47.13	51.16	62.60	74.06	126.61	227.63
53	38.24	48.52	52.55	64.04	75.06	128.67	231.60
54	39.35	49.73	53.73	65.24	75.78	130.24	234.55
55	40.07	50.69	54.64	66.19	76.14	131.20	236.33
56	40.62	51.39	55.29	66.83	76.16	131.54	236.82
57	40.97	51.86	55.66	67.13	75.82	131.14	235.85
58	40.73	51.61	55.32	66.64	74.57	129.51	232.41
59	40.32	51.10	54.72	65.82	73.04	127.15	227.48
60	39.77	50.41	53.92	64.78	71.30	124.09	221.13
61	39.09	49.57	52.97	63.59	69.47	120.38	213.44
62	38.33	48.66	51.94	62.32	67.67	116.07	204.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.88	15.34	16.68	21.12	29.61	58.29	104.04
26	12.32	15.95	17.33	22.01	30.76	59.98	106.87
27	12.81	16.64	18.08	22.99	31.94	61.71	109.76
28	13.35	17.37	18.89	24.03	33.18	63.49	112.72
29	13.95	18.15	19.77	25.18	34.49	65.32	115.79
30	14.56	19.02	20.70	26.37	35.85	67.24	118.93
31	15.23	19.92	21.69	27.65	37.26	69.21	122.17
32	15.94	20.85	22.73	28.97	38.71	71.27	125.57
33	16.68	21.83	23.82	30.35	40.21	73.38	129.08
34	17.46	22.88	24.95	31.79	41.77	75.57	132.74
35	18.27	23.93	26.13	33.26	43.38	77.86	136.60
36	19.13	25.05	27.37	34.80	45.04	80.21	140.64
37	20.03	26.21	28.66	36.40	46.76	82.69	144.91
38	20.95	27.39	29.97	38.00	48.51	85.29	149.45
39	21.91	28.65	31.34	39.65	50.32	87.99	154.21
40	22.92	29.93	32.78	41.38	52.18	90.80	159.24
41	23.94	31.25	34.26	43.15	54.10	93.71	164.49
42	25.02	32.65	35.78	44.97	56.08	96.72	169.99
43	26.38	34.24	37.42	46.88	58.24	99.95	175.96
44	27.78	35.91	39.09	48.83	60.41	103.25	182.15
45	29.23	37.59	40.78	50.81	62.63	106.64	188.50
46	30.73	39.35	42.53	52.81	64.83	110.04	194.99
47	32.28	41.12	44.31	54.85	67.02	113.49	201.55
48	33.84	42.97	46.22	56.99	69.22	117.18	208.69
49	35.41	44.80	48.10	59.10	71.34	120.81	215.72
50	36.95	46.61	49.95	61.15	73.33	124.26	222.42
51	38.47	48.35	51.72	63.11	75.10	127.46	228.65
52	39.90	49.97	53.36	64.90	76.66	130.34	234.20
53	41.24	51.51	54.91	66.51	77.84	132.73	238.78
54	42.47	52.87	56.25	67.90	78.75	134.66	242.38
55	43.29	53.97	57.32	69.05	79.31	136.00	244.84
56	43.94	54.82	58.14	69.90	79.54	136.74	246.04
57	44.37	55.43	58.69	70.41	79.42	136.76	245.81
58	44.16	55.22	58.43	70.01	78.25	135.33	242.64
59	43.76	54.78	57.93	69.32	76.85	133.24	238.12
60	43.24	54.18	57.29	68.51	75.33	130.58	232.43
61	42.61	53.49	56.59	67.63	73.86	127.46	225.77
62	41.93	52.80	55.90	66.84	72.57	123.98	218.37

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.92	15.43	16.81	21.30	29.87	58.87	105.09
26	12.36	16.04	17.47	22.20	31.04	60.58	107.96
27	12.86	16.74	18.23	23.19	32.23	62.34	110.90
28	13.40	17.47	19.05	24.25	33.49	64.15	113.90
29	14.00	18.26	19.94	25.41	34.81	66.00	117.02
30	14.62	19.14	20.88	26.62	36.19	67.96	120.21
31	15.29	20.05	21.88	27.91	37.62	69.96	123.51
32	16.00	20.99	22.93	29.25	39.09	72.05	126.97
33	16.75	21.98	24.04	30.65	40.61	74.20	130.54
34	17.54	23.03	25.18	32.11	42.19	76.42	134.26
35	18.35	24.09	26.37	33.60	43.83	78.75	138.19
36	19.21	25.23	27.63	35.16	45.51	81.15	142.30
37	20.12	26.39	28.94	36.78	47.26	83.67	146.65
38	21.05	27.59	30.27	38.40	49.04	86.32	151.28
39	22.01	28.86	31.66	40.08	50.88	89.07	156.13
40	23.03	30.15	33.12	41.84	52.77	91.93	161.25
41	24.06	31.49	34.62	43.63	54.72	94.89	166.60
42	25.14	32.90	36.16	45.48	56.73	97.96	172.20
43	26.51	34.51	37.82	47.42	58.93	101.25	178.29
44	27.92	36.20	39.51	49.41	61.14	104.62	184.60
45	29.38	37.90	41.23	51.42	63.40	108.08	191.08
46	30.89	39.67	43.01	53.45	65.64	111.55	197.69
47	32.46	41.46	44.82	55.53	67.87	115.07	204.39
48	34.03	43.33	46.76	57.71	70.12	118.84	211.68
49	35.61	45.19	48.67	59.86	72.28	122.55	218.86
50	37.16	47.02	50.55	61.95	74.31	126.07	225.70
51	38.69	48.78	52.34	63.94	76.11	129.34	232.05
52	40.13	50.42	54.01	65.76	77.70	132.27	237.70
53	41.48	51.97	55.58	67.40	78.91	134.71	242.37
54	42.72	53.35	56.93	68.81	79.83	136.66	246.02
55	43.54	54.45	58.01	69.97	80.39	138.00	248.49
56	44.19	55.29	58.82	70.81	80.60	138.71	249.62
57	44.61	55.89	59.35	71.29	80.44	138.66	249.26
58	44.40	55.68	59.08	70.87	79.24	137.18	246.02
59	43.98	55.21	58.55	70.14	77.78	134.98	241.30
60	43.44	54.56	57.83	69.23	76.14	132.10	235.23
61	42.76	53.79	57.01	68.19	74.49	128.65	227.94
62	42.02	52.98	56.15	67.18	72.94	124.69	219.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.99	15.56	17.01	21.58	30.26	59.73	106.66
26	12.43	16.18	17.68	22.49	31.45	61.48	109.59
27	12.93	16.88	18.45	23.50	32.67	63.28	112.60
28	13.48	17.63	19.29	24.58	33.95	65.13	115.68
29	14.08	18.43	20.19	25.76	35.30	67.03	118.87
30	14.71	19.32	21.14	26.99	36.70	69.03	122.14
31	15.38	20.24	22.16	28.31	38.16	71.08	125.52
32	16.10	21.19	23.24	29.67	39.66	73.22	129.07
33	16.86	22.20	24.36	31.10	41.22	75.42	132.73
34	17.65	23.26	25.53	32.58	42.83	77.70	136.55
35	18.47	24.34	26.74	34.10	44.50	80.09	140.58
36	19.34	25.49	28.03	35.70	46.22	82.55	144.80
37	20.26	26.67	29.35	37.35	48.01	85.14	149.27
38	21.19	27.89	30.71	39.01	49.83	87.86	154.02
39	22.17	29.17	32.13	40.73	51.71	90.68	159.00
40	23.19	30.49	33.62	42.52	53.65	93.62	164.26
41	24.24	31.85	35.15	44.36	55.65	96.67	169.76
42	25.33	33.28	36.72	46.25	57.71	99.82	175.52
43	26.71	34.91	38.43	48.24	59.96	103.21	181.78
44	28.14	36.63	40.15	50.27	62.23	106.68	188.27
45	29.61	38.36	41.91	52.34	64.55	110.23	194.94
46	31.14	40.16	43.73	54.42	66.85	113.81	201.75
47	32.72	41.98	45.58	56.55	69.14	117.43	208.64
48	34.31	43.88	47.56	58.79	71.46	121.33	216.16
49	35.90	45.78	49.52	61.01	73.68	125.15	223.56
50	37.48	47.64	51.45	63.15	75.77	128.79	230.61
51	39.02	49.42	53.28	65.19	77.63	132.15	237.14
52	40.47	51.09	54.98	67.06	79.26	135.16	242.94
53	41.84	52.67	56.58	68.74	80.51	137.67	247.75
54	43.09	54.06	57.96	70.18	81.45	139.67	251.49
55	43.92	55.17	59.05	71.34	82.01	141.01	253.96
56	44.56	56.00	59.85	72.17	82.19	141.67	255.00
57	44.98	56.58	60.35	72.61	81.97	141.51	254.44
58	44.75	56.36	60.06	72.17	80.73	139.96	251.10
59	44.32	55.85	59.47	71.36	79.17	137.58	246.08
60	43.73	55.13	58.64	70.30	77.36	134.38	239.42
61	42.99	54.23	57.65	69.04	75.43	130.43	231.19
62	42.16	53.25	56.53	67.68	73.49	125.75	221.52

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.26	16.13	17.86	22.77	32.01	63.58	113.62
26	12.72	16.78	18.57	23.74	33.27	65.45	116.77
27	13.23	17.51	19.39	24.81	34.57	67.37	119.98
28	13.79	18.29	20.27	25.95	35.92	69.34	123.26
29	14.41	19.12	21.22	27.19	37.35	71.37	126.66
30	15.05	20.04	22.22	28.49	38.83	73.48	130.12
31	15.74	20.99	23.29	29.88	40.37	75.65	133.68
32	16.48	21.98	24.42	31.32	41.95	77.91	137.41
33	17.25	23.02	25.59	32.82	43.59	80.22	141.26
34	18.06	24.12	26.81	34.37	45.28	82.61	145.26
35	18.90	25.24	28.08	35.96	47.03	85.11	149.46
36	19.79	26.42	29.42	37.64	48.82	87.67	153.86
37	20.72	27.64	30.80	39.36	50.69	90.36	158.49
38	21.67	28.89	32.21	41.09	52.58	93.18	163.41
39	22.67	30.21	33.68	42.88	54.53	96.10	168.56
40	23.71	31.56	35.22	44.73	56.53	99.13	173.99
41	24.77	32.95	36.80	46.64	58.60	102.26	179.64
42	25.88	34.41	38.42	48.58	60.71	105.49	185.55
43	27.28	36.08	40.17	50.63	63.03	108.96	191.96
44	28.73	37.83	41.94	52.72	65.35	112.49	198.58
45	30.22	39.59	43.74	54.83	67.72	116.10	205.35
46	31.77	41.42	45.59	56.95	70.05	119.70	212.24
47	33.36	43.26	47.46	59.11	72.36	123.34	219.17
48	34.96	45.18	49.46	61.36	74.68	127.22	226.69
49	36.56	47.08	51.43	63.59	76.88	131.00	234.04
50	38.14	48.94	53.35	65.71	78.93	134.56	240.98
51	39.68	50.72	55.17	67.73	80.74	137.82	247.35
52	41.13	52.37	56.84	69.55	82.29	140.68	252.92
53	42.49	53.91	58.39	71.15	83.40	142.97	257.33
54	43.72	55.26	59.70	72.49	84.20	144.71	260.61
55	44.52	56.32	60.71	73.54	84.60	145.78	262.59
56	45.13	57.10	61.43	74.26	84.62	146.16	263.13
57	45.52	57.62	61.84	74.59	84.24	145.71	262.06
58	45.26	57.34	61.47	74.04	82.85	143.90	258.23
59	44.80	56.78	60.80	73.13	81.15	141.28	252.76
60	44.19	56.01	59.91	71.98	79.22	137.88	245.70
61	43.43	55.08	58.86	70.65	77.19	133.76	237.16
62	42.59	54.07	57.71	69.24	75.19	128.97	227.25

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.77	11.14	12.02	15.32	22.81	47.67	84.88
26	9.09	11.59	12.50	15.98	23.73	49.13	87.36
27	9.45	12.09	13.04	16.71	24.67	50.63	89.89
28	9.85	12.63	13.63	17.48	25.66	52.17	92.48
29	10.29	13.19	14.27	18.32	26.70	53.76	95.12
30	10.74	13.82	14.95	19.18	27.78	55.40	97.81
31	11.22	14.48	15.65	20.12	28.91	57.09	100.60
32	11.74	15.15	16.42	21.09	30.07	58.83	103.50
33	12.28	15.87	17.20	22.09	31.26	60.62	106.49
34	12.84	16.63	18.02	23.15	32.51	62.47	109.58
35	13.44	17.39	18.87	24.22	33.80	64.40	112.84
36	14.08	18.21	19.76	25.34	35.13	66.38	116.24
37	14.72	19.05	20.69	26.51	36.50	68.46	119.82
38	15.39	19.91	21.65	27.68	37.91	70.63	123.61
39	16.08	20.83	22.64	28.88	39.36	72.86	127.57
40	16.82	21.75	23.68	30.13	40.86	75.20	131.74
41	17.57	22.71	24.74	31.44	42.40	77.63	136.09
42	18.35	23.72	25.85	32.76	43.98	80.10	140.63
43	19.35	24.88	27.02	34.15	45.70	82.76	145.54
44	20.36	26.08	28.23	35.56	47.43	85.47	150.62
45	21.42	27.30	29.46	36.99	49.19	88.24	155.82
46	22.50	28.58	30.72	38.44	50.92	91.01	161.11
47	23.63	29.86	32.00	39.92	52.64	93.81	166.45
48	24.77	31.19	33.38	41.46	54.37	96.80	172.22
49	25.92	32.53	34.73	42.98	56.03	99.72	177.88
50	27.03	33.84	36.06	44.46	57.58	102.49	183.26
51	28.14	35.10	37.35	45.88	58.97	105.05	188.24
52	29.19	36.28	38.55	47.17	60.18	107.33	192.66
53	30.15	37.37	39.67	48.33	61.10	109.19	196.25
54	30.98	38.30	40.65	49.34	61.81	110.66	199.05
55	31.67	39.12	41.45	50.18	62.24	111.65	200.92
56	32.25	39.76	42.08	50.81	62.42	112.12	201.79
57	32.67	40.23	42.51	51.21	62.32	112.02	201.51
58	32.69	40.24	42.49	51.11	61.59	110.91	199.26
59	32.55	40.05	42.29	50.77	60.65	109.20	195.85
60	32.28	39.71	41.93	50.30	59.50	106.96	191.35
61	31.88	39.23	41.45	49.68	58.24	104.21	185.88
62	31.37	38.63	40.84	49.01	56.93	101.03	179.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.80	11.22	12.13	15.48	23.04	48.20	85.82
26	9.13	11.67	12.63	16.16	23.99	49.67	88.34
27	9.50	12.18	13.18	16.89	24.93	51.20	90.92
28	9.89	12.72	13.77	17.68	25.94	52.77	93.54
29	10.33	13.29	14.42	18.52	26.99	54.37	96.23
30	10.79	13.93	15.11	19.40	28.09	56.04	98.96
31	11.28	14.60	15.82	20.35	29.23	57.76	101.81
32	11.79	15.27	16.60	21.34	30.41	59.54	104.76
33	12.34	16.00	17.40	22.36	31.62	61.36	107.80
34	12.92	16.77	18.23	23.44	32.89	63.23	110.95
35	13.51	17.53	19.09	24.53	34.21	65.21	114.27
36	14.15	18.37	20.00	25.67	35.55	67.22	117.74
37	14.80	19.22	20.94	26.86	36.95	69.35	121.38
38	15.48	20.09	21.92	28.04	38.39	71.56	125.25
39	16.17	21.02	22.92	29.27	39.86	73.84	129.29
40	16.92	21.95	23.99	30.55	41.39	76.22	133.55
41	17.68	22.92	25.07	31.87	42.96	78.69	137.99
42	18.46	23.95	26.19	33.22	44.57	81.22	142.61
43	19.47	25.12	27.38	34.63	46.32	83.93	147.64
44	20.48	26.34	28.61	36.08	48.09	86.71	152.83
45	21.56	27.58	29.86	37.54	49.88	89.53	158.14
46	22.64	28.87	31.15	39.02	51.65	92.37	163.54
47	23.80	30.17	32.46	40.53	53.41	95.23	169.00
48	24.94	31.52	33.87	42.11	55.18	98.30	174.91
49	26.10	32.88	35.24	43.67	56.88	101.29	180.70
50	27.22	34.21	36.60	45.18	58.46	104.12	186.21
51	28.34	35.49	37.91	46.63	59.88	106.74	191.30
52	29.39	36.68	39.13	47.94	61.12	109.06	195.81
53	30.37	37.80	40.28	49.13	62.06	110.97	199.48
54	31.21	38.75	41.27	50.16	62.78	112.46	202.33
55	31.91	39.57	42.07	51.01	63.22	113.45	204.20
56	32.48	40.20	42.69	51.63	63.37	113.90	205.01
57	32.90	40.66	43.10	52.00	63.23	113.73	204.62
58	32.92	40.67	43.07	51.89	62.48	112.57	202.30
59	32.77	40.46	42.85	51.51	61.49	110.76	198.71
60	32.47	40.07	42.42	50.95	60.23	108.32	193.87
61	32.03	39.51	41.82	50.18	58.81	105.28	187.83
62	31.46	38.80	41.07	49.31	57.26	101.66	180.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.87	11.34	12.31	15.73	23.39	48.97	87.24
26	9.19	11.80	12.82	16.42	24.35	50.48	89.81
27	9.56	12.30	13.37	17.17	25.33	52.05	92.45
28	9.96	12.86	13.99	17.97	26.35	53.65	95.14
29	10.40	13.45	14.64	18.84	27.43	55.30	97.89
30	10.87	14.09	15.35	19.74	28.55	57.01	100.70
31	11.36	14.77	16.07	20.71	29.72	58.77	103.62
32	11.88	15.45	16.88	21.72	30.92	60.59	106.65
33	12.44	16.20	17.69	22.76	32.17	62.46	109.77
34	13.01	16.97	18.54	23.86	33.46	64.39	113.01
35	13.62	17.76	19.42	24.98	34.81	66.41	116.42
36	14.27	18.60	20.36	26.15	36.19	68.48	119.99
37	14.92	19.47	21.31	27.37	37.63	70.67	123.74
38	15.61	20.36	22.31	28.59	39.10	72.95	127.72
39	16.32	21.29	23.35	29.85	40.61	75.29	131.88
40	17.06	22.26	24.44	31.16	42.18	77.74	136.26
41	17.84	23.25	25.54	32.53	43.79	80.29	140.83
42	18.63	24.29	26.69	33.91	45.45	82.89	145.60
43	19.65	25.48	27.93	35.37	47.25	85.70	150.78
44	20.68	26.73	29.19	36.86	49.07	88.56	156.13
45	21.76	27.99	30.47	38.37	50.91	91.47	161.61
46	22.87	29.31	31.80	39.89	52.74	94.40	167.19
47	24.03	30.64	33.15	41.45	54.55	97.35	172.83
48	25.19	32.01	34.59	43.08	56.39	100.54	178.94
49	26.36	33.41	36.01	44.70	58.14	103.63	184.93
50	27.50	34.77	37.41	46.26	59.78	106.57	190.63
51	28.64	36.06	38.75	47.75	61.25	109.27	195.88
52	29.70	37.29	40.01	49.11	62.52	111.66	200.53
53	30.69	38.44	41.18	50.34	63.50	113.63	204.32
54	31.57	39.41	42.19	51.39	64.24	115.16	207.25
55	32.27	40.25	43.00	52.25	64.67	116.15	209.12
56	32.84	40.87	43.61	52.86	64.80	116.56	209.85
57	33.26	41.31	44.00	53.19	64.61	116.30	209.28
58	33.26	41.31	43.96	53.06	63.82	115.07	206.87
59	33.10	41.06	43.68	52.61	62.74	113.10	203.01
60	32.76	40.60	43.15	51.91	61.33	110.38	197.64
61	32.26	39.92	42.40	50.95	59.65	106.88	190.76
62	31.59	39.05	41.41	49.76	57.75	102.62	182.33

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.11	11.85	13.08	16.80	24.97	52.43	93.50
26	9.45	12.34	13.62	17.54	25.99	54.05	96.27
27	9.83	12.87	14.22	18.35	27.04	55.73	99.09
28	10.24	13.46	14.87	19.21	28.13	57.44	101.96
29	10.70	14.07	15.57	20.12	29.28	59.20	104.90
30	11.18	14.74	16.32	21.09	30.47	61.01	107.88
31	11.68	15.44	17.09	22.12	31.71	62.88	110.96
32	12.22	16.16	17.94	23.20	32.99	64.81	114.16
33	12.79	16.94	18.79	24.31	34.30	66.78	117.45
34	13.38	17.75	19.69	25.47	35.67	68.81	120.85
35	14.00	18.57	20.63	26.65	37.09	70.93	124.42
36	14.67	19.44	21.61	27.90	38.53	73.09	128.14
37	15.34	20.34	22.62	29.18	40.04	75.37	132.04
38	16.04	21.26	23.66	30.47	41.57	77.73	136.17
39	16.77	22.23	24.74	31.79	43.15	80.16	140.48
40	17.53	23.22	25.88	33.15	44.78	82.70	145.02
41	18.32	24.24	27.03	34.58	46.45	85.32	149.72
42	19.13	25.31	28.22	36.01	48.15	87.99	154.63
43	20.16	26.53	29.49	37.52	50.01	90.87	159.94
44	21.21	27.81	30.80	39.06	51.88	93.79	165.41
45	22.31	29.10	32.12	40.61	53.77	96.75	170.98
46	23.44	30.45	33.47	42.17	55.62	99.70	176.63
47	24.61	31.79	34.84	43.75	57.45	102.67	182.30
48	25.78	33.18	36.30	45.40	59.28	105.84	188.42
49	26.96	34.58	37.73	47.03	61.02	108.89	194.36
50	28.10	35.94	39.12	48.56	62.62	111.76	199.96
51	29.23	37.23	40.46	50.04	64.04	114.37	205.07
52	30.29	38.44	41.68	51.35	65.25	116.63	209.51
53	31.28	39.56	42.80	52.51	66.11	118.40	212.94
54	32.18	40.54	43.76	53.47	66.72	119.70	215.46
55	32.86	41.32	44.50	54.23	67.01	120.45	216.89
56	33.40	41.90	45.04	54.74	66.99	120.60	217.17
57	33.78	42.28	45.34	54.97	66.65	120.08	216.14
58	33.76	42.23	45.23	54.74	65.73	118.62	213.29
59	33.57	41.93	44.87	54.20	64.52	116.43	209.03
60	33.21	41.43	44.29	53.42	63.00	113.53	203.29
61	32.69	40.73	43.49	52.40	61.24	109.88	196.13
62	32.01	39.83	42.47	51.17	59.28	105.52	187.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.74	12.38	13.35	17.02	25.34	52.97	94.31
26	10.10	12.88	13.89	17.76	26.37	54.59	97.07
27	10.50	13.43	14.49	18.57	27.41	56.26	99.88
28	10.94	14.03	15.14	19.42	28.51	57.97	102.75
29	11.43	14.66	15.85	20.35	29.67	59.73	105.69
30	11.93	15.36	16.61	21.31	30.87	61.55	108.68
31	12.47	16.09	17.39	22.35	32.12	63.43	111.78
32	13.04	16.83	18.24	23.43	33.41	65.37	115.00
33	13.64	17.63	19.11	24.54	34.73	67.36	118.32
34	14.27	18.48	20.02	25.72	36.12	69.41	121.76
35	14.93	19.32	20.97	26.91	37.56	71.56	125.38
36	15.64	20.23	21.96	28.16	39.03	73.75	129.16
37	16.35	21.17	22.99	29.46	40.56	76.07	133.13
38	17.10	22.12	24.05	30.76	42.12	78.48	137.34
39	17.87	23.14	25.15	32.09	43.73	80.96	141.74
40	18.69	24.17	26.31	33.48	45.40	83.56	146.38
41	19.52	25.23	27.49	34.93	47.11	86.25	151.21
42	20.39	26.36	28.72	36.40	48.87	89.00	156.25
43	21.50	27.64	30.02	37.94	50.78	91.96	161.71
44	22.62	28.98	31.37	39.51	52.70	94.97	167.36
45	23.80	30.33	32.73	41.10	54.65	98.04	173.13
46	25.00	31.76	34.13	42.71	56.58	101.12	179.01
47	26.26	33.18	35.56	44.35	58.49	104.23	184.94
48	27.52	34.66	37.09	46.07	60.41	107.56	191.35
49	28.80	36.14	38.59	47.76	62.26	110.80	197.64
50	30.03	37.60	40.07	49.40	63.98	113.88	203.62
51	31.27	39.00	41.50	50.98	65.52	116.72	209.15
52	32.43	40.31	42.83	52.41	66.87	119.25	214.07
53	33.50	41.52	44.08	53.70	67.89	121.32	218.05
54	34.42	42.56	45.17	54.82	68.68	122.95	221.17
55	35.19	43.47	46.05	55.76	69.16	124.05	223.24
56	35.83	44.18	46.75	56.46	69.35	124.58	224.21
57	36.30	44.70	47.23	56.90	69.24	124.47	223.90
58	36.32	44.71	47.21	56.79	68.43	123.23	221.40
59	36.17	44.50	46.99	56.41	67.39	121.33	217.61
60	35.87	44.12	46.59	55.89	66.11	118.84	212.61
61	35.42	43.59	46.05	55.20	64.71	115.79	206.53
62	34.85	42.92	45.38	54.45	63.25	112.25	199.44

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.78	12.47	13.48	17.20	25.60	53.55	95.36
26	10.14	12.97	14.03	17.95	26.65	55.19	98.16
27	10.55	13.53	14.64	18.77	27.70	56.89	101.02
28	10.99	14.13	15.30	19.64	28.82	58.63	103.93
29	11.48	14.77	16.02	20.58	29.99	60.41	106.92
30	11.99	15.48	16.79	21.56	31.21	62.27	109.96
31	12.53	16.22	17.58	22.61	32.48	64.18	113.12
32	13.10	16.97	18.44	23.71	33.79	66.15	116.40
33	13.71	17.78	19.33	24.84	35.13	68.18	119.78
34	14.35	18.63	20.25	26.04	36.54	70.26	123.28
35	15.01	19.48	21.21	27.25	38.01	72.45	126.97
36	15.72	20.41	22.22	28.52	39.50	74.69	130.82
37	16.44	21.35	23.27	29.84	41.06	77.05	134.87
38	17.20	22.32	24.35	31.16	42.65	79.51	139.17
39	17.97	23.35	25.47	32.52	44.29	82.04	143.66
40	18.80	24.39	26.65	33.94	45.99	84.69	148.39
41	19.64	25.47	27.85	35.41	47.73	87.43	153.32
42	20.51	26.61	29.10	36.91	49.52	90.24	158.46
43	21.63	27.91	30.42	38.48	51.47	93.26	164.04
44	22.76	29.27	31.79	40.09	53.43	96.34	169.81
45	23.95	30.64	33.18	41.71	55.42	99.48	175.71
46	25.16	32.08	34.61	43.35	57.39	102.63	181.71
47	26.44	33.52	36.07	45.03	59.34	105.81	187.78
48	27.71	35.02	37.63	46.79	61.31	109.22	194.34
49	29.00	36.53	39.16	48.52	63.20	112.54	200.78
50	30.24	38.01	40.67	50.20	64.96	115.69	206.90
51	31.49	39.43	42.12	51.81	66.53	118.60	212.55
52	32.66	40.76	43.48	53.27	67.91	121.18	217.57
53	33.74	42.00	44.75	54.59	68.96	123.30	221.64
54	34.68	43.05	45.85	55.73	69.76	124.95	224.81
55	35.46	43.97	46.74	56.68	70.24	126.05	226.89
56	36.09	44.67	47.43	57.37	70.41	126.55	227.79
57	36.56	45.18	47.89	57.78	70.26	126.37	227.35
58	36.58	45.19	47.86	57.65	69.42	125.08	224.78
59	36.41	44.95	47.61	57.23	68.32	123.07	220.79
60	36.08	44.52	47.13	56.61	66.92	120.36	215.41
61	35.59	43.90	46.47	55.76	65.34	116.98	208.70
62	34.95	43.11	45.63	54.79	63.62	112.96	200.70

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.85	12.60	13.68	17.48	25.99	54.41	96.93
26	10.21	13.11	14.24	18.24	27.06	56.09	99.79
27	10.62	13.67	14.86	19.08	28.14	57.83	102.72
28	11.07	14.29	15.54	19.97	29.28	59.61	105.71
29	11.56	14.94	16.27	20.93	30.48	61.44	108.77
30	12.08	15.66	17.05	21.93	31.72	63.34	111.89
31	12.62	16.41	17.86	23.01	33.02	65.30	115.13
32	13.20	17.17	18.75	24.13	34.36	67.32	118.50
33	13.82	18.00	19.65	25.29	35.74	69.40	121.97
34	14.46	18.86	20.60	26.51	37.18	71.54	125.57
35	15.13	19.73	21.58	27.75	38.68	73.79	129.36
36	15.85	20.67	22.62	29.06	40.21	76.09	133.32
37	16.58	21.63	23.68	30.41	41.81	78.52	137.49
38	17.34	22.62	24.79	31.77	43.44	81.05	141.91
39	18.13	23.66	25.94	33.17	45.12	83.65	146.53
40	18.96	24.73	27.15	34.62	46.87	86.38	151.40
41	19.82	25.83	28.38	36.14	48.66	89.21	156.48
42	20.70	26.99	29.66	37.68	50.50	92.10	161.78
43	21.83	28.31	31.03	39.30	52.50	95.22	167.53
44	22.98	29.70	32.43	40.95	54.52	98.40	173.48
45	24.18	31.10	33.86	42.63	56.57	101.63	179.57
46	25.41	32.57	35.33	44.32	58.60	104.89	185.77
47	26.70	34.04	36.83	46.05	60.61	108.17	192.03
48	27.99	35.57	38.43	47.87	62.65	111.71	198.82
49	29.29	37.12	40.01	49.67	64.60	115.14	205.48
50	30.56	38.63	41.57	51.40	66.42	118.41	211.81
51	31.82	40.07	43.06	53.06	68.05	121.41	217.64
52	33.00	41.43	44.45	54.57	69.47	124.07	222.81
53	34.10	42.71	45.75	55.93	70.56	126.26	227.02
54	35.08	43.79	46.88	57.10	71.38	127.96	230.28
55	35.86	44.72	47.78	58.05	71.86	129.06	232.36
56	36.49	45.41	48.46	58.73	72.00	129.51	233.17
57	36.95	45.90	48.89	59.10	71.79	129.22	232.53
58	36.96	45.90	48.84	58.95	70.91	127.86	229.86
59	36.78	45.62	48.53	58.45	69.71	125.67	225.57
60	36.40	45.11	47.94	57.68	68.14	122.64	219.60
61	35.84	44.36	47.11	56.61	66.28	118.76	211.95
62	35.10	43.39	46.01	55.29	64.17	114.02	202.59

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.12	13.17	14.53	18.67	27.74	58.26	103.89
26	10.50	13.71	15.13	19.49	28.88	60.06	106.97
27	10.92	14.30	15.80	20.39	30.04	61.92	110.10
28	11.38	14.95	16.52	21.34	31.25	63.82	113.29
29	11.89	15.63	17.30	22.36	32.53	65.78	116.56
30	12.42	16.38	18.13	23.43	33.85	67.79	119.87
31	12.98	17.16	18.99	24.58	35.23	69.87	123.29
32	13.58	17.96	19.93	25.78	36.65	72.01	126.84
33	14.21	18.82	20.88	27.01	38.11	74.20	130.50
34	14.87	19.72	21.88	28.30	39.63	76.45	134.28
35	15.56	20.63	22.92	29.61	41.21	78.81	138.24
36	16.30	21.60	24.01	31.00	42.81	81.21	142.38
37	17.04	22.60	25.13	32.42	44.49	83.74	146.71
38	17.82	23.62	26.29	33.85	46.19	86.37	151.30
39	18.63	24.70	27.49	35.32	47.94	89.07	156.09
40	19.48	25.80	28.75	36.83	49.75	91.89	161.13
41	20.35	26.93	30.03	38.42	51.61	94.80	166.36
42	21.25	28.12	31.36	40.01	53.50	97.77	171.81
43	22.40	29.48	32.77	41.69	55.57	100.97	177.71
44	23.57	30.90	34.22	43.40	57.64	104.21	183.79
45	24.79	32.33	35.69	45.12	59.74	107.50	189.98
46	26.04	33.83	37.19	46.85	61.80	110.78	196.26
47	27.34	35.32	38.71	48.61	63.83	114.08	202.56
48	28.64	36.87	40.33	50.44	65.87	117.60	209.35
49	29.95	38.42	41.92	52.25	67.80	120.99	215.96
50	31.22	39.93	43.47	53.96	69.58	124.18	222.18
51	32.48	41.37	44.95	55.60	71.16	127.08	227.85
52	33.66	42.71	46.31	57.06	72.50	129.59	232.79
53	34.75	43.95	47.56	58.34	73.45	131.56	236.60
54	35.76	45.04	48.62	59.41	74.13	133.00	239.40
55	36.51	45.91	49.44	60.25	74.45	133.83	240.99
56	37.11	46.55	50.04	60.82	74.43	134.00	241.30
57	37.53	46.98	50.38	61.08	74.06	133.42	240.15
58	37.51	46.92	50.25	60.82	73.03	131.80	236.99
59	37.30	46.59	49.86	60.22	71.69	129.37	232.25
60	36.90	46.03	49.21	59.36	70.00	126.14	225.88
61	36.32	45.25	48.32	58.22	68.04	122.09	217.92
62	35.57	44.25	47.19	56.85	65.87	117.24	208.32

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.86	9.89	10.61	13.60	20.13	41.90	74.30
26	8.15	10.30	11.05	14.20	20.97	43.29	76.66
27	8.48	10.75	11.54	14.86	21.83	44.69	79.06
28	8.84	11.23	12.06	15.55	22.73	46.13	81.48
29	9.23	11.75	12.64	16.31	23.68	47.60	83.94
30	9.63	12.30	13.24	17.09	24.66	49.11	86.45
31	10.07	12.89	13.88	17.92	25.67	50.66	89.03
32	10.53	13.48	14.54	18.79	26.71	52.26	91.68
33	11.01	14.12	15.24	19.68	27.78	53.88	94.41
34	11.51	14.80	15.97	20.62	28.90	55.56	97.22
35	12.04	15.47	16.71	21.58	30.05	57.29	100.15
36	12.59	16.19	17.50	22.57	31.23	59.07	103.20
37	13.17	16.93	18.32	23.60	32.45	60.91	106.38
38	13.76	17.69	19.14	24.63	33.69	62.84	109.73
39	14.37	18.49	20.02	25.69	34.96	64.82	113.24
40	15.01	19.30	20.92	26.79	36.26	66.87	116.90
41	15.67	20.13	21.84	27.92	37.60	68.98	120.70
42	16.35	21.02	22.80	29.07	38.98	71.15	124.66
43	17.22	22.01	23.81	30.27	40.46	73.44	128.91
44	18.10	23.05	24.85	31.48	41.95	75.78	133.29
45	19.02	24.10	25.89	32.72	43.45	78.16	137.75
46	19.95	25.20	26.97	33.96	44.94	80.52	142.29
47	20.93	26.30	28.07	35.21	46.40	82.92	146.84
48	21.90	27.43	29.23	36.51	47.84	85.43	151.72
49	22.88	28.56	30.38	37.79	49.22	87.88	156.48
50	23.82	29.66	31.50	39.03	50.51	90.21	161.02
51	24.77	30.74	32.59	40.22	51.65	92.34	165.21
52	25.67	31.74	33.61	41.31	52.66	94.26	168.95
53	26.51	32.67	34.57	42.29	53.42	95.82	171.98
54	27.21	33.48	35.42	43.16	54.01	97.07	174.38
55	27.82	34.20	36.13	43.89	54.39	97.95	176.03
56	28.34	34.79	36.70	44.48	54.58	98.43	176.90
57	28.76	35.25	37.14	44.88	54.56	98.46	176.88
58	28.93	35.47	37.35	45.05	54.23	98.01	175.89
59	28.96	35.51	37.40	45.01	53.69	97.04	173.87
60	28.86	35.38	37.28	44.82	52.97	95.50	170.72
61	28.60	35.08	36.99	44.44	52.07	93.36	166.38
62	28.18	34.60	36.52	43.91	51.00	90.59	160.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.89	9.97	10.73	13.76	20.37	42.43	75.25
26	8.18	10.38	11.18	14.37	21.22	43.83	77.64
27	8.52	10.84	11.67	15.04	22.10	45.26	80.08
28	8.88	11.32	12.20	15.75	23.01	46.73	82.54
29	9.27	11.84	12.79	16.52	23.97	48.21	85.05
30	9.68	12.41	13.40	17.32	24.97	49.76	87.61
31	10.13	13.01	14.05	18.15	25.99	51.34	90.23
32	10.58	13.61	14.72	19.04	27.05	52.97	92.94
33	11.07	14.26	15.44	19.95	28.14	54.62	95.72
34	11.58	14.93	16.17	20.91	29.28	56.32	98.59
35	12.11	15.62	16.93	21.89	30.46	58.09	101.58
36	12.66	16.35	17.73	22.90	31.65	59.91	104.70
37	13.25	17.09	18.57	23.94	32.90	61.79	107.95
38	13.85	17.87	19.41	24.99	34.16	63.77	111.38
39	14.46	18.68	20.30	26.07	35.46	65.79	114.97
40	15.11	19.49	21.22	27.21	36.79	67.89	118.71
41	15.78	20.35	22.17	28.35	38.16	70.04	122.60
42	16.46	21.24	23.14	29.53	39.56	72.26	126.65
43	17.33	22.26	24.17	30.75	41.09	74.61	131.00
44	18.23	23.31	25.23	32.00	42.61	77.01	135.50
45	19.15	24.38	26.30	33.26	44.15	79.45	140.08
46	20.10	25.49	27.41	34.53	45.67	81.88	144.72
47	21.09	26.60	28.53	35.82	47.16	84.34	149.40
48	22.07	27.76	29.72	37.16	48.65	86.92	154.41
49	23.06	28.91	30.89	38.48	50.07	89.44	159.31
50	24.01	30.03	32.04	39.75	51.39	91.84	163.97
51	24.97	31.12	33.15	40.97	52.56	94.03	168.27
52	25.88	32.15	34.19	42.08	53.60	95.99	172.10
53	26.72	33.10	35.17	43.09	54.38	97.61	175.21
54	27.44	33.92	36.04	43.97	54.98	98.87	177.65
55	28.06	34.65	36.75	44.72	55.36	99.75	179.32
56	28.58	35.24	37.31	45.30	55.53	100.21	180.12
57	28.99	35.69	37.74	45.68	55.48	100.17	179.98
58	29.16	35.90	37.94	45.82	55.12	99.68	178.93
59	29.18	35.91	37.95	45.75	54.53	98.60	176.73
60	29.05	35.74	37.76	45.47	53.69	96.87	173.24
61	28.76	35.36	37.37	44.95	52.63	94.43	168.34
62	28.27	34.77	36.75	44.22	51.34	91.22	161.90

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.96	10.09	10.91	14.01	20.72	43.20	76.66
26	8.24	10.50	11.37	14.63	21.59	44.64	79.11
27	8.59	10.96	11.87	15.32	22.49	46.11	81.61
28	8.96	11.47	12.42	16.05	23.43	47.61	84.14
29	9.34	12.00	13.01	16.83	24.41	49.14	86.72
30	9.77	12.57	13.64	17.65	25.43	50.72	89.34
31	10.21	13.18	14.30	18.51	26.48	52.34	92.04
32	10.67	13.79	15.00	19.42	27.57	54.02	94.83
33	11.17	14.45	15.72	20.36	28.69	55.72	97.70
34	11.68	15.14	16.49	21.33	29.85	57.47	100.65
35	12.22	15.84	17.26	22.34	31.06	59.29	103.73
36	12.78	16.59	18.09	23.38	32.29	61.17	106.95
37	13.37	17.34	18.94	24.45	33.57	63.12	110.30
38	13.98	18.14	19.81	25.54	34.88	65.15	113.84
39	14.61	18.95	20.73	26.66	36.21	67.24	117.55
40	15.26	19.80	21.67	27.82	37.58	69.41	121.42
41	15.94	20.67	22.64	29.01	39.00	71.64	125.44
42	16.63	21.58	23.64	30.22	40.45	73.94	129.64
43	17.51	22.62	24.71	31.49	42.01	76.37	134.15
44	18.42	23.70	25.80	32.78	43.59	78.87	138.80
45	19.36	24.80	26.91	34.09	45.18	81.39	143.55
46	20.32	25.93	28.05	35.41	46.76	83.92	148.37
47	21.32	27.07	29.21	36.74	48.30	86.46	153.23
48	22.32	28.25	30.44	38.13	49.85	89.16	158.45
49	23.32	29.44	31.65	39.51	51.33	91.78	163.54
50	24.30	30.59	32.85	40.83	52.70	94.28	168.39
51	25.26	31.70	33.99	42.09	53.93	96.56	172.85
52	26.18	32.75	35.06	43.25	55.00	98.60	176.81
53	27.05	33.75	36.07	44.30	55.82	100.27	180.05
54	27.80	34.59	36.96	45.21	56.44	101.58	182.57
55	28.42	35.33	37.68	45.95	56.82	102.46	184.24
56	28.94	35.90	38.24	46.52	56.96	102.87	184.96
57	29.34	36.33	38.64	46.86	56.85	102.74	184.64
58	29.50	36.54	38.82	46.99	56.46	102.18	183.50
59	29.51	36.51	38.78	46.85	55.78	100.94	181.04
60	29.34	36.27	38.49	46.43	54.79	98.92	177.01
61	28.98	35.78	37.94	45.71	53.48	96.03	171.26
62	28.40	35.02	37.09	44.67	51.83	92.18	163.60

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.20	10.60	11.67	15.08	22.29	46.67	82.93
26	8.51	11.04	12.17	15.76	23.23	48.21	85.57
27	8.86	11.53	12.72	16.50	24.20	49.79	88.25
28	9.23	12.06	13.30	17.28	25.20	51.40	90.96
29	9.64	12.62	13.94	18.12	26.25	53.05	93.73
30	10.07	13.22	14.61	19.00	27.34	54.73	96.53
31	10.53	13.85	15.32	19.93	28.47	56.46	99.39
32	11.02	14.50	16.07	20.91	29.63	58.24	102.34
33	11.52	15.19	16.83	21.91	30.83	60.04	105.37
34	12.05	15.91	17.64	22.94	32.06	61.89	108.49
35	12.61	16.65	18.47	24.01	33.34	63.81	111.73
36	13.19	17.42	19.34	25.13	34.63	65.78	115.10
37	13.79	18.22	20.24	26.26	35.98	67.82	118.60
38	14.41	19.04	21.16	27.41	37.35	69.94	122.29
39	15.06	19.89	22.12	28.59	38.75	72.12	126.15
40	15.72	20.76	23.11	29.81	40.18	74.37	130.18
41	16.42	21.66	24.13	31.06	41.65	76.67	134.33
42	17.13	22.60	25.17	32.32	43.15	79.04	138.66
43	18.03	23.67	26.28	33.64	44.78	81.55	143.31
44	18.95	24.78	27.41	34.98	46.40	84.10	148.08
45	19.91	25.90	28.56	36.33	48.03	86.67	152.92
46	20.89	27.06	29.73	37.68	49.64	89.22	157.82
47	21.90	28.22	30.91	39.04	51.20	91.78	162.70
48	22.91	29.42	32.15	40.45	52.75	94.46	167.92
49	23.91	30.61	33.37	41.83	54.21	97.05	172.97
50	24.89	31.76	34.56	43.14	55.55	99.48	177.72
51	25.86	32.87	35.69	44.38	56.73	101.66	182.04
52	26.78	33.90	36.74	45.50	57.73	103.56	185.80
53	27.63	34.87	37.70	46.47	58.42	105.04	188.68
54	28.41	35.71	38.53	47.29	58.91	106.12	190.78
55	29.01	36.40	39.18	47.93	59.15	106.75	192.01
56	29.49	36.93	39.66	48.40	59.15	106.91	192.28
57	29.86	37.31	39.98	48.65	58.90	106.52	191.50
58	30.00	37.46	40.09	48.67	58.37	105.72	189.92
59	29.98	37.39	39.98	48.44	57.56	104.27	187.05
60	29.79	37.10	39.64	47.94	56.47	102.07	182.66
61	29.41	36.58	39.03	47.16	55.06	99.03	176.63
62	28.83	35.79	38.15	46.07	53.36	95.08	168.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.73	10.99	11.79	15.11	22.37	46.56	82.56
26	9.05	11.44	12.28	15.78	23.30	48.10	85.18
27	9.42	11.94	12.82	16.51	24.26	49.66	87.84
28	9.82	12.48	13.40	17.28	25.26	51.26	90.53
29	10.25	13.05	14.04	18.12	26.31	52.89	93.27
30	10.70	13.67	14.71	18.99	27.40	54.57	96.06
31	11.19	14.32	15.42	19.91	28.52	56.29	98.92
32	11.70	14.98	16.16	20.88	29.68	58.07	101.87
33	12.23	15.69	16.93	21.87	30.87	59.87	104.90
34	12.79	16.44	17.74	22.91	32.11	61.73	108.02
35	13.38	17.19	18.57	23.98	33.39	63.65	111.28
36	13.99	17.99	19.44	25.08	34.70	65.63	114.67
37	14.63	18.81	20.35	26.22	36.05	67.68	118.20
38	15.29	19.65	21.27	27.37	37.43	69.82	121.92
39	15.97	20.54	22.24	28.54	38.84	72.02	125.82
40	16.68	21.44	23.24	29.77	40.29	74.30	129.89
41	17.41	22.37	24.27	31.02	41.78	76.64	134.11
42	18.17	23.35	25.33	32.30	43.31	79.05	138.51
43	19.13	24.46	26.45	33.63	44.96	81.60	143.23
44	20.11	25.61	27.61	34.98	46.61	84.20	148.10
45	21.13	26.78	28.77	36.35	48.28	86.84	153.06
46	22.17	28.00	29.97	37.73	49.93	89.47	158.10
47	23.25	29.22	31.19	39.12	51.55	92.13	163.16
48	24.33	30.48	32.48	40.57	53.15	94.92	168.58
49	25.42	31.73	33.75	41.99	54.69	97.64	173.87
50	26.47	32.96	35.00	43.37	56.12	100.23	178.91
51	27.52	34.15	36.21	44.69	57.39	102.60	183.57
52	28.52	35.27	37.34	45.90	58.51	104.73	187.72
53	29.45	36.30	38.41	46.99	59.35	106.47	191.09
54	30.23	37.20	39.36	47.95	60.01	107.86	193.75
55	30.91	38.00	40.14	48.77	60.43	108.83	195.59
56	31.49	38.66	40.78	49.42	60.64	109.37	196.55
57	31.95	39.17	41.27	49.87	60.62	109.40	196.53
58	32.14	39.41	41.50	50.05	60.25	108.90	195.43
59	32.18	39.45	41.55	50.01	59.66	107.82	193.19
60	32.07	39.31	41.42	49.80	58.85	106.11	189.69
61	31.78	38.98	41.10	49.38	57.85	103.73	184.87
62	31.31	38.44	40.58	48.79	56.67	100.65	178.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.77	11.08	11.92	15.29	22.63	47.14	83.61
26	9.09	11.53	12.42	15.97	23.58	48.70	86.27
27	9.47	12.04	12.97	16.71	24.55	50.29	88.98
28	9.87	12.58	13.56	17.50	25.57	51.92	91.71
29	10.30	13.16	14.21	18.35	26.63	53.57	94.50
30	10.76	13.79	14.89	19.24	27.74	55.29	97.34
31	11.25	14.45	15.61	20.17	28.88	57.04	100.26
32	11.76	15.12	16.36	21.16	30.06	58.85	103.27
33	12.30	15.84	17.15	22.17	31.27	60.69	106.36
34	12.87	16.59	17.97	23.23	32.53	62.58	109.54
35	13.46	17.35	18.81	24.32	33.84	64.54	112.87
36	14.07	18.17	19.70	25.44	35.17	66.57	116.33
37	14.72	18.99	20.63	26.60	36.55	68.66	119.94
38	15.39	19.85	21.57	27.77	37.96	70.85	123.75
39	16.07	20.75	22.56	28.97	39.40	73.10	127.74
40	16.79	21.66	23.58	30.23	40.88	75.43	131.90
41	17.53	22.61	24.63	31.50	42.40	77.82	136.22
42	18.29	23.60	25.71	32.81	43.96	80.29	140.72
43	19.26	24.73	26.85	34.17	45.65	82.90	145.56
44	20.25	25.90	28.03	35.56	47.34	85.57	150.55
45	21.28	27.09	29.22	36.96	49.05	88.28	155.64
46	22.33	28.32	30.45	38.37	50.74	90.98	160.80
47	23.43	29.56	31.70	39.80	52.40	93.71	166.00
48	24.52	30.84	33.02	41.29	54.05	96.58	171.57
49	25.62	32.12	34.32	42.75	55.63	99.38	177.01
50	26.68	33.37	35.60	44.17	57.10	102.04	182.19
51	27.74	34.58	36.83	45.52	58.40	104.48	186.97
52	28.75	35.72	37.99	46.76	59.55	106.66	191.22
53	29.69	36.78	39.08	47.88	60.42	108.45	194.68
54	30.49	37.69	40.04	48.86	61.09	109.86	197.39
55	31.18	38.50	40.83	49.69	61.51	110.83	199.24
56	31.75	39.15	41.46	50.33	61.70	111.34	200.13
57	32.21	39.65	41.93	50.75	61.64	111.30	199.98
58	32.40	39.89	42.15	50.91	61.24	110.75	198.81
59	32.42	39.90	42.17	50.83	60.59	109.56	196.37
60	32.28	39.71	41.96	50.52	59.66	107.63	192.49
61	31.95	39.29	41.52	49.94	58.48	104.92	187.04
62	31.41	38.63	40.83	49.13	57.04	101.36	179.89

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.84	11.21	12.12	15.57	23.02	48.00	85.18
26	9.16	11.67	12.63	16.26	23.99	49.60	87.90
27	9.54	12.18	13.19	17.02	24.99	51.23	90.68
28	9.95	12.74	13.80	17.83	26.03	52.90	93.49
29	10.38	13.33	14.46	18.70	27.12	54.60	96.35
30	10.85	13.97	15.15	19.61	28.25	56.36	99.27
31	11.34	14.64	15.89	20.57	29.42	58.16	102.27
32	11.86	15.32	16.67	21.58	30.63	60.02	105.37
33	12.41	16.06	17.47	22.62	31.88	61.91	108.55
34	12.98	16.82	18.32	23.70	33.17	63.86	111.83
35	13.58	17.60	19.18	24.82	34.51	65.88	115.26
36	14.20	18.43	20.10	25.98	35.88	67.97	118.83
37	14.86	19.27	21.04	27.17	37.30	70.13	122.56
38	15.53	20.15	22.01	28.38	38.75	72.39	126.49
39	16.23	21.06	23.03	29.62	40.23	74.71	130.61
40	16.95	22.00	24.08	30.91	41.76	77.12	134.91
41	17.71	22.97	25.16	32.23	43.33	79.60	139.38
42	18.48	23.98	26.27	33.58	44.94	82.15	144.04
43	19.46	25.13	27.46	34.99	46.68	84.86	149.05
44	20.47	26.33	28.67	36.42	48.43	87.63	154.22
45	21.51	27.55	29.90	37.88	50.20	90.43	159.50
46	22.58	28.81	31.17	39.34	51.95	93.24	164.86
47	23.69	30.08	32.46	40.82	53.67	96.07	170.25
48	24.80	31.39	33.82	42.37	55.39	99.07	176.05
49	25.91	32.71	35.17	43.90	57.03	101.98	181.71
50	27.00	33.99	36.50	45.37	58.56	104.76	187.10
51	28.07	35.22	37.77	46.77	59.92	107.29	192.06
52	29.09	36.39	38.96	48.06	61.11	109.55	196.46
53	30.05	37.50	40.08	49.22	62.02	111.41	200.06
54	30.89	38.43	41.07	50.23	62.71	112.87	202.86
55	31.58	39.25	41.87	51.06	63.13	113.84	204.71
56	32.15	39.89	42.49	51.69	63.29	114.30	205.51
57	32.60	40.37	42.93	52.07	63.17	114.15	205.16
58	32.78	40.60	43.13	52.21	62.73	113.53	203.89
59	32.79	40.57	43.09	52.05	61.98	112.16	201.15
60	32.60	40.30	42.77	51.59	60.88	109.91	196.68
61	32.20	39.75	42.16	50.79	59.42	106.70	190.29
62	31.56	38.91	41.21	49.63	57.59	102.42	181.78

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.11	11.78	12.97	16.76	24.77	51.85	92.14
26	9.45	12.27	13.52	17.51	25.81	53.57	95.08
27	9.84	12.81	14.13	18.33	26.89	55.32	98.06
28	10.26	13.40	14.78	19.20	28.00	57.11	101.07
29	10.71	14.02	15.49	20.13	29.17	58.94	104.14
30	11.19	14.69	16.23	21.11	30.38	60.81	107.25
31	11.70	15.39	17.02	22.14	31.63	62.73	110.43
32	12.24	16.11	17.85	23.23	32.92	64.71	113.71
33	12.80	16.88	18.70	24.34	34.25	66.71	117.08
34	13.39	17.68	19.60	25.49	35.62	68.77	120.54
35	14.01	18.50	20.52	26.68	37.04	70.90	124.14
36	14.65	19.36	21.49	27.92	38.48	73.09	127.89
37	15.32	20.24	22.49	29.18	39.98	75.35	131.78
38	16.01	21.15	23.51	30.46	41.50	77.71	135.88
39	16.73	22.10	24.58	31.77	43.05	80.13	140.17
40	17.47	23.07	25.68	33.12	44.64	82.63	144.64
41	18.24	24.07	26.81	34.51	46.28	85.19	149.26
42	19.03	25.11	27.97	35.91	47.94	87.82	154.07
43	20.03	26.30	29.20	37.38	49.75	90.61	159.23
44	21.06	27.53	30.46	38.87	51.55	93.44	164.53
45	22.12	28.78	31.73	40.37	53.37	96.30	169.91
46	23.21	30.07	33.03	41.87	55.15	99.13	175.35
47	24.33	31.36	34.34	43.38	56.89	101.98	180.78
48	25.45	32.69	35.72	44.94	58.61	104.96	186.58
49	26.57	34.01	37.08	46.48	60.23	107.83	192.19
50	27.66	35.29	38.40	47.93	61.72	110.53	197.47
51	28.73	36.52	39.66	49.31	63.03	112.96	202.27
52	29.75	37.67	40.82	50.55	64.14	115.07	206.44
53	30.70	38.74	41.89	51.63	64.91	116.71	209.64
54	31.57	39.68	42.81	52.54	65.46	117.91	211.98
55	32.23	40.44	43.53	53.26	65.72	118.61	213.34
56	32.77	41.03	44.07	53.78	65.72	118.79	213.64
57	33.18	41.45	44.42	54.05	65.44	118.35	212.78
58	33.33	41.62	44.54	54.08	64.85	117.47	211.02
59	33.31	41.54	44.42	53.82	63.96	115.86	207.83
60	33.10	41.22	44.04	53.27	62.74	113.41	202.96
61	32.68	40.64	43.37	52.40	61.18	110.03	196.26
62	32.03	39.77	42.39	51.19	59.29	105.64	187.51

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.02	8.77	9.35	12.05	17.76	36.83	64.99
26	7.29	9.12	9.74	12.59	18.50	38.08	67.13
27	7.58	9.52	10.16	13.17	19.26	39.35	69.29
28	7.89	9.94	10.61	13.78	20.06	40.63	71.46
29	8.23	10.38	11.11	14.43	20.89	41.93	73.65
30	8.58	10.85	11.63	15.12	21.74	43.27	75.87
31	8.96	11.36	12.18	15.84	22.62	44.62	78.13
32	9.35	11.88	12.74	16.59	23.52	46.00	80.43
33	9.77	12.42	13.33	17.35	24.44	47.41	82.78
34	10.20	12.99	13.94	18.16	25.40	48.84	85.19
35	10.65	13.56	14.58	18.97	26.37	50.31	87.67
36	11.12	14.18	15.24	19.81	27.37	51.82	90.24
37	11.59	14.79	15.91	20.68	28.39	53.37	92.90
38	12.09	15.43	16.61	21.55	29.41	54.97	95.69
39	12.60	16.08	17.33	22.43	30.47	56.61	98.59
40	13.13	16.76	18.06	23.35	31.54	58.29	101.59
41	13.67	17.44	18.82	24.26	32.63	60.01	104.69
42	14.24	18.15	19.59	25.20	33.74	61.76	107.89
43	14.95	18.97	20.40	26.17	34.94	63.60	111.30
44	15.66	19.81	21.23	27.14	36.13	65.46	114.80
45	16.42	20.66	22.07	28.12	37.31	67.32	118.32
46	17.17	21.52	22.91	29.10	38.48	69.17	121.86
47	17.95	22.40	23.76	30.08	39.59	71.00	125.39
48	18.70	23.27	24.65	31.07	40.65	72.88	129.08
49	19.47	24.13	25.52	32.02	41.66	74.69	132.63
50	20.21	24.98	26.37	32.95	42.58	76.39	135.99
51	20.94	25.79	27.19	33.82	43.39	77.94	139.05
52	21.64	26.56	27.96	34.63	44.08	79.31	141.76
53	22.26	27.23	28.65	35.31	44.53	80.30	143.73
54	22.79	27.82	29.28	35.91	44.87	81.07	145.25
55	23.26	28.37	29.81	36.44	45.08	81.63	146.30
56	23.69	28.86	30.29	36.91	45.21	81.95	146.89
57	24.07	29.30	30.72	37.31	45.24	82.06	147.01
58	24.30	29.57	31.01	37.57	45.13	81.93	146.62
59	24.47	29.80	31.26	37.78	44.96	81.58	145.75
60	24.62	30.00	31.48	37.99	44.80	80.99	144.37
61	24.70	30.14	31.69	38.20	44.68	80.17	142.49
62	24.76	30.27	31.88	38.44	44.63	79.13	140.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.06	8.85	9.47	12.21	17.99	37.35	65.93
26	7.33	9.20	9.86	12.76	18.76	38.62	68.11
27	7.62	9.61	10.30	13.35	19.52	39.92	70.32
28	7.94	10.03	10.76	13.98	20.34	41.22	72.52
29	8.27	10.48	11.26	14.63	21.18	42.54	74.75
30	8.63	10.96	11.79	15.35	22.04	43.92	77.02
31	9.02	11.48	12.35	16.07	22.94	45.30	79.34
32	9.41	12.01	12.92	16.84	23.86	46.70	81.69
33	9.83	12.56	13.53	17.62	24.80	48.15	84.10
34	10.27	13.12	14.15	18.45	25.78	49.61	86.55
35	10.72	13.71	14.80	19.28	26.78	51.11	89.10
36	11.19	14.34	15.47	20.13	27.79	52.67	91.74
37	11.67	14.95	16.16	21.02	28.84	54.25	94.46
38	12.18	15.61	16.88	21.91	29.89	55.90	97.34
39	12.69	16.27	17.61	22.82	30.98	57.58	100.31
40	13.23	16.96	18.37	23.76	32.07	59.31	103.40
41	13.78	17.66	19.14	24.70	33.19	61.07	106.59
42	14.35	18.38	19.94	25.66	34.33	62.87	109.88
43	15.07	19.22	20.76	26.66	35.56	64.77	113.40
44	15.79	20.07	21.61	27.67	36.78	66.69	117.00
45	16.55	20.93	22.47	28.67	38.00	68.62	120.65
46	17.32	21.81	23.35	29.67	39.20	70.52	124.29
47	18.11	22.71	24.22	30.69	40.36	72.42	127.94
48	18.87	23.59	25.14	31.72	41.46	74.38	131.77
49	19.65	24.48	26.03	32.71	42.51	76.26	135.46
50	20.39	25.34	26.91	33.67	43.46	78.02	138.94
51	21.14	26.17	27.75	34.57	44.30	79.63	142.11
52	21.84	26.96	28.55	35.41	45.02	81.05	144.91
53	22.47	27.66	29.25	36.11	45.50	82.08	146.96
54	23.02	28.26	29.89	36.73	45.85	82.87	148.53
55	23.50	28.82	30.43	37.27	46.05	83.43	149.59
56	23.92	29.30	30.91	37.73	46.16	83.73	150.11
57	24.30	29.73	31.31	38.10	46.16	83.77	150.11
58	24.53	30.00	31.60	38.34	46.02	83.59	149.66
59	24.69	30.20	31.82	38.52	45.80	83.14	148.61
60	24.80	30.36	31.97	38.64	45.53	82.36	146.89
61	24.85	30.42	32.07	38.70	45.24	81.24	144.44
62	24.85	30.44	32.10	38.75	44.96	79.77	141.22

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.12	8.96	9.65	12.47	18.34	38.12	67.35
26	7.39	9.32	10.05	13.02	19.13	39.43	69.58
27	7.69	9.74	10.49	13.63	19.92	40.76	71.85
28	8.01	10.17	10.97	14.27	20.75	42.10	74.12
29	8.34	10.63	11.48	14.95	21.62	43.47	76.42
30	8.71	11.12	12.02	15.68	22.50	44.88	78.76
31	9.10	11.65	12.60	16.43	23.43	46.31	81.14
32	9.50	12.19	13.19	17.22	24.37	47.75	83.58
33	9.93	12.75	13.82	18.03	25.34	49.25	86.07
34	10.37	13.33	14.46	18.87	26.35	50.76	88.61
35	10.83	13.93	15.13	19.73	27.38	52.32	91.25
36	11.30	14.57	15.83	20.62	28.43	53.93	93.99
37	11.80	15.20	16.53	21.54	29.51	55.58	96.82
38	12.30	15.88	17.27	22.46	30.60	57.29	99.80
39	12.83	16.55	18.04	23.40	31.73	59.03	102.90
40	13.37	17.26	18.82	24.37	32.86	60.83	106.11
41	13.94	17.98	19.62	25.35	34.03	62.68	109.43
42	14.52	18.72	20.44	26.35	35.21	64.55	112.87
43	15.25	19.58	21.31	27.40	36.49	66.54	116.54
44	15.98	20.46	22.19	28.44	37.76	68.54	120.30
45	16.76	21.35	23.09	29.49	39.03	70.55	124.12
46	17.54	22.25	23.99	30.55	40.29	72.56	127.94
47	18.34	23.18	24.90	31.61	41.50	74.55	131.77
48	19.13	24.08	25.86	32.69	42.67	76.62	135.80
49	19.91	25.01	26.79	33.74	43.77	78.60	139.69
50	20.68	25.90	27.72	34.75	44.78	80.47	143.36
51	21.44	26.75	28.59	35.69	45.67	82.16	146.69
52	22.15	27.57	29.42	36.58	46.42	83.65	149.63
53	22.80	28.31	30.15	37.31	46.94	84.74	151.80
54	23.38	28.93	30.82	37.96	47.30	85.58	153.45
55	23.86	29.49	31.37	38.50	47.51	86.14	154.51
56	24.28	29.97	31.83	38.95	47.59	86.39	154.95
57	24.65	30.38	32.21	39.29	47.54	86.34	154.77
58	24.88	30.64	32.48	39.51	47.36	86.09	154.23
59	25.02	30.81	32.64	39.62	47.05	85.48	152.91
60	25.09	30.89	32.70	39.60	46.63	84.41	150.66
61	25.07	30.83	32.64	39.47	46.09	82.85	147.37
62	24.98	30.69	32.45	39.20	45.46	80.72	142.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.36	9.48	10.41	13.54	19.92	41.59	73.61
26	7.65	9.86	10.85	14.15	20.76	43.00	76.04
27	7.96	10.31	11.34	14.81	21.63	44.44	78.49
28	8.29	10.76	11.85	15.51	22.53	45.89	80.95
29	8.64	11.25	12.41	16.24	23.46	47.38	83.43
30	9.02	11.77	13.00	17.03	24.42	48.89	85.94
31	9.42	12.32	13.62	17.85	25.42	50.42	88.49
32	9.84	12.90	14.26	18.70	26.43	51.98	91.09
33	10.28	13.49	14.92	19.58	27.48	53.57	93.74
34	10.74	14.10	15.62	20.48	28.56	55.18	96.45
35	11.21	14.74	16.34	21.40	29.66	56.84	99.24
36	11.71	15.41	17.08	22.37	30.77	58.54	102.14
37	12.21	16.07	17.84	23.35	31.92	60.27	105.12
38	12.74	16.78	18.62	24.33	33.08	62.07	108.25
39	13.28	17.49	19.43	25.34	34.26	63.91	111.50
40	13.84	18.23	20.26	26.36	35.45	65.79	114.87
41	14.42	18.97	21.11	27.41	36.68	67.71	118.32
42	15.01	19.74	21.97	28.45	37.91	69.65	121.90
43	15.76	20.63	22.88	29.55	39.25	71.71	125.70
44	16.52	21.54	23.80	30.65	40.57	73.77	129.58
45	17.31	22.46	24.73	31.73	41.89	75.83	133.49
46	18.11	23.38	25.67	32.82	43.17	77.86	137.39
47	18.92	24.33	26.60	33.91	44.40	79.87	141.25
48	19.71	25.25	27.57	35.00	45.57	81.92	145.28
49	20.50	26.18	28.51	36.06	46.65	83.86	149.12
50	21.28	27.07	29.43	37.05	47.62	85.66	152.69
51	22.03	27.92	30.29	37.98	48.47	87.26	155.88
52	22.74	28.72	31.10	38.82	49.15	88.61	158.61
53	23.38	29.42	31.78	39.48	49.54	89.51	160.43
54	23.98	30.04	32.38	40.04	49.78	90.12	161.66
55	24.44	30.56	32.86	40.48	49.84	90.43	162.28
56	24.84	31.00	33.26	40.83	49.78	90.43	162.27
57	25.17	31.35	33.55	41.07	49.58	90.12	161.63
58	25.37	31.55	33.75	41.19	49.27	89.64	160.65
59	25.49	31.68	33.84	41.21	48.83	88.81	158.92
60	25.54	31.72	33.84	41.11	48.30	87.56	156.31
61	25.51	31.64	33.73	40.91	47.67	85.84	152.74
62	25.41	31.46	33.51	40.60	46.99	83.62	148.08

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.80	9.74	10.39	13.39	19.73	40.92	72.21
26	8.10	10.13	10.82	13.99	20.56	42.31	74.59
27	8.42	10.58	11.29	14.63	21.40	43.72	76.99
28	8.77	11.04	11.79	15.31	22.29	45.14	79.40
29	9.14	11.53	12.34	16.03	23.21	46.59	81.83
30	9.53	12.06	12.92	16.80	24.15	48.08	84.30
31	9.96	12.62	13.53	17.60	25.13	49.58	86.81
32	10.39	13.20	14.15	18.43	26.13	51.11	89.37
33	10.85	13.80	14.81	19.28	27.15	52.68	91.98
34	11.33	14.43	15.49	20.18	28.22	54.27	94.65
35	11.83	15.07	16.20	21.08	29.30	55.90	97.41
36	12.35	15.75	16.93	22.01	30.41	57.58	100.27
37	12.88	16.43	17.68	22.98	31.54	59.30	103.22
38	13.43	17.14	18.45	23.94	32.68	61.08	106.32
39	14.00	17.87	19.25	24.92	33.86	62.90	109.54
40	14.59	18.62	20.07	25.94	35.04	64.77	112.88
41	15.19	19.38	20.91	26.96	36.26	66.68	116.32
42	15.82	20.17	21.77	28.00	37.49	68.62	119.88
43	16.61	21.08	22.67	29.08	38.82	70.67	123.67
44	17.40	22.01	23.59	30.16	40.14	72.73	127.55
45	18.24	22.95	24.52	31.24	41.45	74.80	131.47
46	19.08	23.91	25.46	32.33	42.75	76.85	135.40
47	19.94	24.89	26.40	33.42	43.99	78.89	139.32
48	20.78	25.85	27.39	34.52	45.17	80.98	143.42
49	21.63	26.81	28.35	35.58	46.29	82.99	147.37
50	22.45	27.75	29.30	36.61	47.31	84.88	151.10
51	23.27	28.65	30.21	37.58	48.21	86.60	154.50
52	24.04	29.51	31.07	38.48	48.98	88.12	157.51
53	24.73	30.25	31.83	39.23	49.48	89.22	159.70
54	25.32	30.91	32.53	39.90	49.86	90.08	161.39
55	25.84	31.52	33.12	40.49	50.09	90.70	162.56
56	26.32	32.07	33.66	41.01	50.23	91.06	163.21
57	26.74	32.55	34.13	41.45	50.27	91.18	163.34
58	27.00	32.85	34.46	41.74	50.14	91.03	162.91
59	27.19	33.11	34.73	41.98	49.96	90.64	161.94
60	27.35	33.33	34.98	42.21	49.78	89.99	160.41
61	27.44	33.49	35.21	42.44	49.64	89.08	158.32
62	27.51	33.63	35.42	42.71	49.59	87.92	155.65

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.84	9.83	10.52	13.57	19.99	41.50	73.26
26	8.14	10.22	10.96	14.18	20.84	42.91	75.68
27	8.47	10.68	11.44	14.83	21.69	44.35	78.13
28	8.82	11.14	11.95	15.53	22.60	45.80	80.58
29	9.19	11.64	12.51	16.26	23.53	47.27	83.06
30	9.59	12.18	13.10	17.05	24.49	48.80	85.58
31	10.02	12.75	13.72	17.86	25.49	50.33	88.15
32	10.45	13.34	14.35	18.71	26.51	51.89	90.77
33	10.92	13.95	15.03	19.58	27.55	53.50	93.44
34	11.41	14.58	15.72	20.50	28.64	55.12	96.17
35	11.91	15.23	16.44	21.42	29.75	56.79	99.00
36	12.43	15.93	17.19	22.37	30.88	58.52	101.93
37	12.97	16.61	17.96	23.36	32.04	60.28	104.96
38	13.53	17.34	18.75	24.34	33.21	62.11	108.15
39	14.10	18.08	19.57	25.35	34.42	63.98	111.46
40	14.70	18.84	20.41	26.40	35.63	65.90	114.89
41	15.31	19.62	21.27	27.44	36.88	67.86	118.43
42	15.94	20.42	22.15	28.51	38.14	69.86	122.09
43	16.74	21.35	23.07	29.62	39.51	71.97	126.00
44	17.54	22.30	24.01	30.74	40.87	74.10	130.00
45	18.39	23.26	24.97	31.85	42.22	76.24	134.05
46	19.24	24.23	25.94	32.97	43.56	78.36	138.10
47	20.12	25.23	26.91	34.10	44.84	80.47	142.16
48	20.97	26.21	27.93	35.24	46.07	82.64	146.41
49	21.83	27.20	28.92	36.34	47.23	84.73	150.51
50	22.66	28.16	29.90	37.41	48.29	86.69	154.38
51	23.49	29.08	30.83	38.41	49.22	88.48	157.90
52	24.27	29.96	31.72	39.34	50.02	90.05	161.01
53	24.97	30.73	32.50	40.12	50.55	91.20	163.29
54	25.58	31.40	33.21	40.81	50.94	92.08	165.03
55	26.11	32.02	33.81	41.41	51.17	92.70	166.21
56	26.58	32.56	34.34	41.92	51.29	93.03	166.79
57	27.00	33.03	34.79	42.33	51.29	93.08	166.79
58	27.26	33.33	35.11	42.60	51.13	92.88	166.29
59	27.43	33.56	35.35	42.80	50.89	92.38	165.12
60	27.56	33.73	35.52	42.93	50.59	91.51	163.21
61	27.61	33.80	35.63	43.00	50.27	90.27	160.49
62	27.61	33.82	35.67	43.05	49.96	88.63	156.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.91	9.96	10.72	13.85	20.38	42.36	74.83
26	8.21	10.36	11.17	14.47	21.25	43.81	77.31
27	8.54	10.82	11.66	15.14	22.13	45.29	79.83
28	8.90	11.30	12.19	15.86	23.06	46.78	82.36
29	9.27	11.81	12.76	16.61	24.02	48.30	84.91
30	9.68	12.36	13.36	17.42	25.00	49.87	87.51
31	10.11	12.94	14.00	18.26	26.03	51.45	90.16
32	10.55	13.54	14.66	19.13	27.08	53.06	92.87
33	11.03	14.17	15.35	20.03	28.16	54.72	95.63
34	11.52	14.81	16.07	20.97	29.28	56.40	98.46
35	12.03	15.48	16.81	21.92	30.42	58.13	101.39
36	12.56	16.19	17.59	22.91	31.59	59.92	104.43
37	13.11	16.89	18.37	23.93	32.79	61.75	107.58
38	13.67	17.64	19.19	24.95	34.00	63.65	110.89
39	14.26	18.39	20.04	26.00	35.25	65.59	114.33
40	14.86	19.18	20.91	27.08	36.51	67.59	117.90
41	15.49	19.98	21.80	28.17	37.81	69.64	121.59
42	16.13	20.80	22.71	29.28	39.12	71.72	125.41
43	16.94	21.75	23.68	30.44	40.54	73.93	129.49
44	17.76	22.73	24.65	31.60	41.96	76.16	133.67
45	18.62	23.72	25.65	32.77	43.37	78.39	137.91
46	19.49	24.72	26.66	33.94	44.77	80.62	142.16
47	20.38	25.75	27.67	35.12	46.11	82.83	146.41
48	21.25	26.76	28.73	36.32	47.41	85.13	150.89
49	22.12	27.79	29.77	37.49	48.63	87.33	155.21
50	22.98	28.78	30.80	38.61	49.75	89.41	159.29
51	23.82	29.72	31.77	39.66	50.74	91.29	162.99
52	24.61	30.63	32.69	40.64	51.58	92.94	166.25
53	25.33	31.45	33.50	41.46	52.15	94.16	168.67
54	25.98	32.14	34.24	42.18	52.56	95.09	170.50
55	26.51	32.77	34.85	42.78	52.79	95.71	171.68
56	26.98	33.30	35.37	43.28	52.88	95.99	172.17
57	27.39	33.75	35.79	43.65	52.82	95.93	171.97
58	27.64	34.04	36.09	43.90	52.62	95.66	171.37
59	27.80	34.23	36.27	44.02	52.28	94.98	169.90
60	27.88	34.32	36.33	44.00	51.81	93.79	167.40
61	27.86	34.26	36.27	43.85	51.21	92.05	163.74
62	27.76	34.10	36.05	43.55	50.51	89.69	158.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.18	10.53	11.57	15.04	22.13	46.21	81.79
26	8.50	10.96	12.06	15.72	23.07	47.78	84.49
27	8.84	11.45	12.60	16.45	24.03	49.38	87.21
28	9.21	11.96	13.17	17.23	25.03	50.99	89.94
29	9.60	12.50	13.79	18.04	26.07	52.64	92.70
30	10.02	13.08	14.44	18.92	27.13	54.32	95.49
31	10.47	13.69	15.13	19.83	28.24	56.02	98.32
32	10.93	14.33	15.84	20.78	29.37	57.75	101.21
33	11.42	14.99	16.58	21.75	30.53	59.52	104.16
34	11.93	15.67	17.35	22.76	31.73	61.31	107.17
35	12.46	16.38	18.15	23.78	32.95	63.15	110.27
36	13.01	17.12	18.98	24.85	34.19	65.04	113.49
37	13.57	17.86	19.82	25.94	35.47	66.97	116.80
38	14.15	18.64	20.69	27.03	36.75	68.97	120.28
39	14.76	19.43	21.59	28.15	38.07	71.01	123.89
40	15.38	20.25	22.51	29.29	39.39	73.10	127.63
41	16.02	21.08	23.45	30.45	40.76	75.23	131.47
42	16.68	21.93	24.41	31.61	42.12	77.39	135.44
43	17.51	22.92	25.42	32.83	43.61	79.68	139.67
44	18.35	23.93	26.44	34.05	45.08	81.97	143.98
45	19.23	24.95	27.48	35.26	46.54	84.26	148.32
46	20.12	25.98	28.52	36.47	47.97	86.51	152.65
47	21.02	27.03	29.55	37.68	49.33	88.74	156.94
48	21.90	28.06	30.63	38.89	50.63	91.02	161.42
49	22.78	29.09	31.68	40.07	51.83	93.18	165.69
50	23.64	30.08	32.70	41.17	52.91	95.18	169.66
51	24.48	31.02	33.66	42.20	53.85	96.96	173.20
52	25.27	31.91	34.55	43.13	54.61	98.46	176.23
53	25.98	32.69	35.31	43.87	55.04	99.46	178.25
54	26.64	33.38	35.98	44.49	55.31	100.13	179.62
55	27.16	33.96	36.51	44.98	55.38	100.48	180.31
56	27.60	34.44	36.95	45.37	55.31	100.48	180.30
57	27.97	34.83	37.28	45.63	55.09	100.13	179.59
58	28.19	35.06	37.50	45.77	54.74	99.60	178.50
59	28.32	35.20	37.60	45.79	54.26	98.68	176.58
60	28.38	35.24	37.60	45.68	53.67	97.29	173.68
61	28.34	35.15	37.48	45.46	52.97	95.38	169.71
62	28.23	34.96	37.23	45.11	52.21	92.91	164.53

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.44	0.48	0.58	0.82	1.86	3.39
26	0.35	0.46	0.50	0.60	0.86	1.94	3.52
27	0.37	0.50	0.53	0.64	0.91	2.03	3.66
28	0.39	0.52	0.57	0.68	0.95	2.11	3.81
29	0.41	0.55	0.59	0.72	1.01	2.20	3.96
30	0.44	0.59	0.64	0.77	1.06	2.29	4.13
31	0.47	0.63	0.68	0.82	1.13	2.39	4.29
32	0.50	0.67	0.72	0.87	1.19	2.49	4.47
33	0.52	0.71	0.77	0.93	1.25	2.61	4.67
34	0.57	0.75	0.81	0.98	1.31	2.72	4.87
35	0.60	0.80	0.87	1.04	1.38	2.84	5.09
36	0.65	0.86	0.93	1.11	1.46	2.98	5.32
37	0.68	0.91	0.98	1.18	1.55	3.12	5.55
38	0.73	0.96	1.04	1.25	1.62	3.27	5.82
39	0.78	1.02	1.11	1.32	1.71	3.43	6.10
40	0.82	1.09	1.18	1.40	1.80	3.59	6.39
41	0.88	1.15	1.26	1.49	1.91	3.77	6.70
42	0.94	1.22	1.33	1.58	2.01	3.95	7.04
43	1.00	1.30	1.42	1.68	2.12	4.15	7.41
44	1.08	1.39	1.49	1.78	2.24	4.36	7.79
45	1.15	1.49	1.59	1.88	2.36	4.57	8.18
46	1.22	1.58	1.68	1.98	2.48	4.79	8.59
47	1.31	1.67	1.78	2.10	2.61	5.01	9.00
48	1.40	1.78	1.89	2.23	2.75	5.27	9.49
49	1.49	1.88	2.00	2.35	2.89	5.52	9.96
50	1.58	1.98	2.11	2.47	3.02	5.75	10.40
51	1.66	2.08	2.20	2.57	3.12	5.96	10.79
52	1.73	2.17	2.28	2.66	3.20	6.14	11.13
53	1.80	2.24	2.37	2.75	3.29	6.29	11.42
54	1.85	2.30	2.42	2.81	3.32	6.38	11.59
55	1.88	2.34	2.45	2.84	3.34	6.41	11.65
56	1.88	2.34	2.45	2.84	3.30	6.35	11.54
57	1.85	2.30	2.41	2.79	3.21	6.20	11.26
58	1.79	2.22	2.32	2.69	3.08	5.93	10.77
59	1.68	2.10	2.19	2.54	2.86	5.55	10.05
60	1.54	1.91	1.99	2.31	2.59	5.03	9.08
61	1.34	1.67	1.74	2.02	2.22	4.36	7.82
62	1.10	1.37	1.42	1.64	1.80	3.52	6.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.34	0.46	0.50	0.61	0.86	1.97	3.59
26	0.36	0.48	0.53	0.64	0.91	2.05	3.72
27	0.38	0.51	0.56	0.68	0.96	2.14	3.87
28	0.40	0.54	0.59	0.71	1.01	2.22	4.02
29	0.42	0.57	0.63	0.77	1.06	2.32	4.19
30	0.45	0.60	0.68	0.81	1.13	2.41	4.37
31	0.48	0.65	0.71	0.86	1.19	2.53	4.54
32	0.51	0.69	0.76	0.93	1.26	2.64	4.73
33	0.54	0.74	0.81	0.98	1.32	2.75	4.94
34	0.59	0.77	0.86	1.04	1.39	2.87	5.15
35	0.62	0.83	0.92	1.11	1.46	3.01	5.37
36	0.67	0.89	0.97	1.17	1.55	3.15	5.63
37	0.70	0.95	1.04	1.25	1.64	3.30	5.87
38	0.75	1.00	1.10	1.32	1.72	3.46	6.16
39	0.80	1.05	1.16	1.40	1.81	3.63	6.45
40	0.84	1.13	1.24	1.49	1.91	3.80	6.75
41	0.90	1.20	1.32	1.58	2.02	3.99	7.07
42	0.95	1.26	1.40	1.67	2.12	4.18	7.44
43	1.03	1.35	1.49	1.78	2.24	4.38	7.83
44	1.11	1.44	1.58	1.89	2.38	4.61	8.24
45	1.18	1.54	1.67	1.99	2.50	4.83	8.65
46	1.25	1.63	1.77	2.10	2.63	5.06	9.07
47	1.35	1.74	1.87	2.22	2.76	5.30	9.51
48	1.44	1.85	1.99	2.36	2.91	5.57	10.03
49	1.52	1.95	2.11	2.48	3.06	5.83	10.53
50	1.61	2.05	2.21	2.61	3.20	6.08	11.00
51	1.69	2.16	2.31	2.73	3.30	6.30	11.40
52	1.77	2.25	2.39	2.83	3.39	6.49	11.77
53	1.85	2.32	2.49	2.92	3.48	6.65	12.07
54	1.90	2.39	2.55	2.97	3.52	6.74	12.26
55	1.93	2.43	2.57	3.02	3.54	6.78	12.31
56	1.93	2.43	2.57	3.02	3.50	6.71	12.20
57	1.90	2.39	2.54	2.95	3.40	6.55	11.91
58	1.84	2.30	2.44	2.85	3.26	6.27	11.39
59	1.72	2.18	2.30	2.68	3.03	5.87	10.63
60	1.58	1.98	2.10	2.45	2.75	5.32	9.60
61	1.38	1.74	1.83	2.13	2.36	4.61	8.27
62	1.13	1.42	1.49	1.74	1.91	3.72	6.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.35	0.48	0.54	0.66	0.94	2.13	3.88
26	0.37	0.50	0.57	0.69	0.98	2.22	4.02
27	0.39	0.54	0.60	0.73	1.04	2.31	4.19
28	0.41	0.57	0.64	0.77	1.10	2.40	4.35
29	0.44	0.60	0.68	0.83	1.15	2.51	4.53
30	0.47	0.64	0.72	0.88	1.22	2.61	4.73
31	0.50	0.68	0.77	0.94	1.29	2.74	4.91
32	0.53	0.73	0.81	1.00	1.36	2.85	5.11
33	0.56	0.77	0.87	1.06	1.43	2.98	5.34
34	0.60	0.82	0.92	1.13	1.50	3.11	5.56
35	0.64	0.87	0.98	1.20	1.58	3.25	5.81
36	0.68	0.94	1.04	1.27	1.67	3.40	6.08
37	0.73	0.99	1.11	1.35	1.77	3.57	6.35
38	0.77	1.05	1.18	1.44	1.86	3.74	6.65
39	0.83	1.12	1.25	1.52	1.96	3.92	6.98
40	0.87	1.19	1.33	1.61	2.07	4.10	7.30
41	0.94	1.26	1.42	1.71	2.19	4.31	7.65
42	0.99	1.33	1.50	1.82	2.30	4.52	8.05
43	1.06	1.42	1.60	1.93	2.43	4.74	8.47
44	1.14	1.52	1.69	2.04	2.57	4.98	8.90
45	1.22	1.62	1.80	2.16	2.71	5.23	9.35
46	1.30	1.72	1.90	2.28	2.85	5.47	9.81
47	1.40	1.83	2.02	2.40	3.00	5.73	10.29
48	1.49	1.94	2.13	2.56	3.15	6.02	10.85
49	1.58	2.06	2.26	2.69	3.31	6.31	11.39
50	1.67	2.17	2.38	2.83	3.46	6.57	11.89
51	1.76	2.28	2.48	2.95	3.58	6.81	12.33
52	1.84	2.37	2.57	3.06	3.68	7.01	12.73
53	1.91	2.45	2.67	3.16	3.77	7.19	13.05
54	1.96	2.52	2.74	3.22	3.82	7.29	13.25
55	2.00	2.56	2.76	3.27	3.83	7.33	13.31
56	2.00	2.56	2.76	3.27	3.79	7.26	13.19
57	1.97	2.52	2.72	3.20	3.69	7.08	12.87
58	1.90	2.43	2.62	3.09	3.53	6.78	12.31
59	1.78	2.30	2.47	2.91	3.29	6.35	11.49
60	1.63	2.09	2.25	2.66	2.97	5.75	10.38
61	1.42	1.83	1.96	2.31	2.56	4.98	8.94
62	1.16	1.49	1.60	1.88	2.06	4.02	7.17

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.37	0.49	0.53	0.64	0.91	2.07	3.77
26	0.39	0.51	0.56	0.67	0.95	2.16	3.91
27	0.41	0.55	0.59	0.71	1.01	2.25	4.07
28	0.43	0.58	0.63	0.75	1.06	2.34	4.23
29	0.46	0.61	0.66	0.80	1.12	2.44	4.40
30	0.49	0.65	0.71	0.85	1.18	2.54	4.59
31	0.52	0.70	0.75	0.91	1.25	2.66	4.77
32	0.56	0.74	0.80	0.97	1.32	2.77	4.97
33	0.58	0.79	0.86	1.03	1.39	2.90	5.19
34	0.63	0.83	0.90	1.09	1.45	3.02	5.41
35	0.67	0.89	0.97	1.16	1.53	3.16	5.65
36	0.72	0.95	1.03	1.23	1.62	3.31	5.91
37	0.76	1.01	1.09	1.31	1.72	3.47	6.17
38	0.81	1.07	1.16	1.39	1.80	3.63	6.47
39	0.87	1.13	1.23	1.47	1.90	3.81	6.78
40	0.91	1.21	1.31	1.56	2.00	3.99	7.10
41	0.98	1.28	1.40	1.66	2.12	4.19	7.44
42	1.04	1.35	1.48	1.76	2.23	4.39	7.82
43	1.11	1.44	1.58	1.87	2.35	4.61	8.23
44	1.20	1.54	1.66	1.98	2.49	4.84	8.65
45	1.28	1.65	1.77	2.09	2.62	5.08	9.09
46	1.36	1.75	1.87	2.20	2.76	5.32	9.54
47	1.46	1.86	1.98	2.33	2.90	5.57	10.00
48	1.56	1.98	2.10	2.48	3.05	5.85	10.54
49	1.65	2.09	2.22	2.61	3.21	6.13	11.07
50	1.75	2.20	2.34	2.74	3.35	6.39	11.56
51	1.84	2.31	2.44	2.86	3.47	6.62	11.99
52	1.92	2.41	2.53	2.96	3.56	6.82	12.37
53	2.00	2.49	2.63	3.06	3.65	6.99	12.69
54	2.06	2.56	2.69	3.12	3.69	7.09	12.88
55	2.09	2.60	2.72	3.16	3.71	7.12	12.94
56	2.09	2.60	2.72	3.16	3.67	7.06	12.82
57	2.06	2.56	2.68	3.10	3.57	6.89	12.51
58	1.99	2.47	2.58	2.99	3.42	6.59	11.97
59	1.87	2.33	2.43	2.82	3.18	6.17	11.17
60	1.71	2.12	2.21	2.57	2.88	5.59	10.09
61	1.49	1.86	1.93	2.24	2.47	4.84	8.69
62	1.22	1.52	1.58	1.82	2.00	3.91	6.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.38	0.51	0.56	0.68	0.96	2.19	3.99
26	0.40	0.53	0.59	0.71	1.01	2.28	4.13
27	0.42	0.57	0.62	0.75	1.07	2.38	4.30
28	0.44	0.60	0.66	0.79	1.12	2.47	4.47
29	0.47	0.63	0.70	0.85	1.18	2.58	4.65
30	0.50	0.67	0.75	0.90	1.25	2.68	4.85
31	0.53	0.72	0.79	0.96	1.32	2.81	5.04
32	0.57	0.77	0.84	1.03	1.40	2.93	5.25
33	0.60	0.82	0.90	1.09	1.47	3.06	5.49
34	0.65	0.86	0.95	1.15	1.54	3.19	5.72
35	0.69	0.92	1.02	1.23	1.62	3.34	5.97
36	0.74	0.99	1.08	1.30	1.72	3.50	6.25
37	0.78	1.05	1.15	1.39	1.82	3.67	6.52
38	0.83	1.11	1.22	1.47	1.91	3.84	6.84
39	0.89	1.17	1.29	1.56	2.01	4.03	7.17
40	0.93	1.25	1.38	1.65	2.12	4.22	7.50
41	1.00	1.33	1.47	1.76	2.24	4.43	7.86
42	1.06	1.40	1.56	1.86	2.36	4.64	8.27
43	1.14	1.50	1.66	1.98	2.49	4.87	8.70
44	1.23	1.60	1.75	2.10	2.64	5.12	9.15
45	1.31	1.71	1.86	2.21	2.78	5.37	9.61
46	1.39	1.81	1.97	2.33	2.92	5.62	10.08
47	1.50	1.93	2.08	2.47	3.07	5.89	10.57
48	1.60	2.05	2.21	2.62	3.23	6.19	11.14
49	1.69	2.17	2.34	2.76	3.40	6.48	11.70
50	1.79	2.28	2.46	2.90	3.55	6.75	12.22
51	1.88	2.40	2.57	3.03	3.67	7.00	12.67
52	1.97	2.50	2.66	3.14	3.77	7.21	13.08
53	2.05	2.58	2.77	3.24	3.87	7.39	13.41
54	2.11	2.66	2.83	3.30	3.91	7.49	13.62
55	2.14	2.70	2.86	3.35	3.93	7.53	13.68
56	2.14	2.70	2.86	3.35	3.89	7.46	13.55
57	2.11	2.66	2.82	3.28	3.78	7.28	13.23
58	2.04	2.56	2.71	3.17	3.62	6.97	12.65
59	1.91	2.42	2.55	2.98	3.37	6.52	11.81
60	1.75	2.20	2.33	2.72	3.05	5.91	10.67
61	1.53	1.93	2.03	2.37	2.62	5.12	9.19
62	1.25	1.58	1.66	1.93	2.12	4.13	7.37

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.39	0.53	0.60	0.73	1.04	2.37	4.31
26	0.41	0.56	0.63	0.77	1.09	2.47	4.47
27	0.43	0.60	0.67	0.81	1.16	2.57	4.65
28	0.46	0.63	0.71	0.86	1.22	2.67	4.83
29	0.49	0.67	0.75	0.92	1.28	2.79	5.03
30	0.52	0.71	0.80	0.98	1.35	2.90	5.25
31	0.55	0.76	0.85	1.04	1.43	3.04	5.45
32	0.59	0.81	0.90	1.11	1.51	3.17	5.68
33	0.62	0.86	0.97	1.18	1.59	3.31	5.93
34	0.67	0.91	1.02	1.25	1.67	3.45	6.18
35	0.71	0.97	1.09	1.33	1.76	3.61	6.46
36	0.76	1.04	1.16	1.41	1.86	3.78	6.75
37	0.81	1.10	1.23	1.50	1.97	3.97	7.05
38	0.86	1.17	1.31	1.60	2.07	4.15	7.39
39	0.92	1.24	1.39	1.69	2.18	4.35	7.75
40	0.97	1.32	1.48	1.79	2.30	4.56	8.11
41	1.04	1.40	1.58	1.90	2.43	4.79	8.50
42	1.10	1.48	1.67	2.02	2.56	5.02	8.94
43	1.18	1.58	1.78	2.14	2.70	5.27	9.41
44	1.27	1.69	1.88	2.27	2.86	5.53	9.89
45	1.36	1.80	2.00	2.40	3.01	5.81	10.39
46	1.44	1.91	2.11	2.53	3.17	6.08	10.90
47	1.55	2.03	2.24	2.67	3.33	6.37	11.43
48	1.65	2.16	2.37	2.84	3.50	6.69	12.05
49	1.75	2.29	2.51	2.99	3.68	7.01	12.65
50	1.86	2.41	2.64	3.14	3.84	7.30	13.21
51	1.95	2.53	2.76	3.28	3.98	7.57	13.70
52	2.04	2.63	2.86	3.40	4.09	7.79	14.14
53	2.12	2.72	2.97	3.51	4.19	7.99	14.50
54	2.18	2.80	3.04	3.58	4.24	8.10	14.72
55	2.22	2.84	3.07	3.63	4.26	8.14	14.79
56	2.22	2.84	3.07	3.63	4.21	8.07	14.65
57	2.19	2.80	3.02	3.56	4.10	7.87	14.30
58	2.11	2.70	2.91	3.43	3.92	7.53	13.68
59	1.98	2.55	2.74	3.23	3.65	7.05	12.77
60	1.81	2.32	2.50	2.95	3.30	6.39	11.53
61	1.58	2.03	2.18	2.57	2.84	5.53	9.93
62	1.29	1.66	1.78	2.09	2.29	4.47	7.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.88	5.30	5.75	7.99	12.06	24.77	45.08
26	3.94	5.37	5.83	8.12	12.21	24.85	45.13
27	4.00	5.46	5.92	8.25	12.35	24.86	45.08
28	4.07	5.56	6.03	8.40	12.47	24.85	44.93
29	4.14	5.65	6.15	8.55	12.59	24.79	44.72
30	4.21	5.76	6.25	8.70	12.68	24.68	44.40
31	4.28	5.85	6.36	8.86	12.75	24.55	44.02
32	4.35	5.95	6.47	8.99	12.81	24.37	43.59
33	4.42	6.03	6.55	9.10	12.84	24.15	43.09
34	4.48	6.11	6.63	9.21	12.84	23.90	42.54
35	4.53	6.18	6.71	9.29	12.83	23.61	41.95
36	4.57	6.22	6.77	9.36	12.78	23.30	41.31
37	4.61	6.26	6.81	9.39	12.72	22.96	40.63
38	4.63	6.29	6.83	9.39	12.63	22.58	39.95
39	4.65	6.29	6.83	9.37	12.51	22.19	39.23
40	4.65	6.27	6.83	9.32	12.36	21.77	38.47
41	4.64	6.25	6.79	9.25	12.18	21.30	37.66
42	4.62	6.20	6.74	9.13	11.97	20.81	36.81
43	4.62	6.15	6.68	9.01	11.73	20.30	35.95
44	4.61	6.10	6.59	8.85	11.46	19.74	35.02
45	4.57	6.02	6.48	8.64	11.15	19.13	34.01
46	4.52	5.91	6.33	8.41	10.80	18.48	32.90
47	4.44	5.77	6.16	8.13	10.39	17.77	31.70
48	4.33	5.58	5.95	7.80	9.90	16.94	30.32
49	4.18	5.37	5.70	7.43	9.37	16.07	28.82
50	4.01	5.12	5.44	7.02	8.78	15.13	27.21
51	3.83	4.85	5.13	6.57	8.17	14.14	25.49
52	3.60	4.55	4.80	6.09	7.51	13.09	23.66
53	3.33	4.18	4.40	5.53	6.76	11.89	21.55
54	3.04	3.81	4.00	4.96	6.00	10.68	19.37
55	2.75	3.42	3.59	4.39	5.24	9.47	17.19
56	2.46	3.03	3.17	3.83	4.52	8.28	15.05
57	2.15	2.66	2.77	3.30	3.83	7.15	13.01
58	1.86	2.31	2.41	2.83	3.24	6.15	11.18
59	1.61	1.99	2.07	2.41	2.72	5.26	9.51
60	1.38	1.71	1.78	2.04	2.29	4.48	8.07
61	1.19	1.47	1.53	1.75	1.94	3.83	6.86
62	1.04	1.29	1.34	1.55	1.70	3.32	5.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.89	5.31	5.77	8.02	12.10	24.87	45.26
26	3.95	5.39	5.86	8.15	12.27	24.95	45.31
27	4.00	5.47	5.95	8.29	12.40	24.97	45.27
28	4.08	5.58	6.06	8.43	12.52	24.96	45.14
29	4.15	5.67	6.17	8.59	12.64	24.91	44.93
30	4.22	5.78	6.28	8.75	12.74	24.80	44.63
31	4.29	5.87	6.39	8.90	12.81	24.68	44.25
32	4.36	5.98	6.50	9.04	12.88	24.51	43.83
33	4.43	6.05	6.60	9.15	12.91	24.28	43.34
34	4.50	6.14	6.67	9.27	12.92	24.05	42.81
35	4.55	6.21	6.75	9.35	12.90	23.77	42.22
36	4.59	6.26	6.82	9.42	12.87	23.46	41.60
37	4.62	6.30	6.86	9.46	12.81	23.13	40.93
38	4.65	6.32	6.88	9.46	12.72	22.76	40.26
39	4.67	6.32	6.89	9.44	12.61	22.38	39.56
40	4.67	6.31	6.89	9.40	12.46	21.96	38.81
41	4.66	6.29	6.85	9.33	12.28	21.51	38.02
42	4.63	6.24	6.81	9.21	12.08	21.02	37.20
43	4.64	6.21	6.75	9.10	11.85	20.52	36.35
44	4.63	6.15	6.66	8.95	11.59	19.98	35.45
45	4.60	6.07	6.55	8.74	11.29	19.38	34.45
46	4.55	5.96	6.42	8.52	10.93	18.73	33.36
47	4.47	5.83	6.25	8.25	10.53	18.04	32.18
48	4.36	5.65	6.04	7.92	10.06	17.23	30.83
49	4.22	5.44	5.81	7.56	9.53	16.36	29.36
50	4.05	5.19	5.54	7.16	8.95	15.44	27.77
51	3.86	4.92	5.24	6.72	8.34	14.46	26.07
52	3.64	4.62	4.91	6.24	7.68	13.42	24.27
53	3.37	4.26	4.52	5.69	6.94	12.23	22.16
54	3.09	3.89	4.11	5.12	6.19	11.02	20.00
55	2.79	3.50	3.71	4.56	5.43	9.82	17.82
56	2.50	3.12	3.29	3.99	4.71	8.62	15.67
57	2.19	2.75	2.89	3.45	4.00	7.48	13.63
58	1.90	2.39	2.52	2.98	3.41	6.48	11.76
59	1.64	2.07	2.17	2.54	2.88	5.56	10.06
60	1.41	1.78	1.88	2.17	2.43	4.75	8.56
61	1.22	1.53	1.62	1.86	2.07	4.07	7.28
62	1.06	1.34	1.41	1.64	1.80	3.51	6.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.90	5.33	5.81	8.07	12.17	25.02	45.53
26	3.96	5.41	5.89	8.20	12.33	25.11	45.60
27	4.02	5.50	5.99	8.34	12.48	25.13	45.57
28	4.10	5.60	6.10	8.49	12.61	25.13	45.44
29	4.16	5.70	6.21	8.65	12.72	25.08	45.25
30	4.23	5.81	6.32	8.81	12.83	24.99	44.97
31	4.31	5.91	6.43	8.97	12.90	24.87	44.60
32	4.38	6.01	6.55	9.11	12.97	24.71	44.19
33	4.45	6.09	6.66	9.23	13.01	24.50	43.72
34	4.51	6.17	6.73	9.35	13.03	24.27	43.20
35	4.56	6.25	6.82	9.44	13.02	24.00	42.64
36	4.62	6.30	6.89	9.51	12.99	23.70	42.02
37	4.65	6.34	6.93	9.55	12.94	23.38	41.38
38	4.68	6.38	6.95	9.57	12.86	23.03	40.73
39	4.69	6.38	6.97	9.55	12.75	22.65	40.05
40	4.69	6.37	6.97	9.52	12.61	22.25	39.33
41	4.69	6.35	6.94	9.45	12.44	21.81	38.56
42	4.67	6.30	6.90	9.35	12.25	21.34	37.77
43	4.68	6.27	6.85	9.24	12.03	20.86	36.95
44	4.67	6.22	6.77	9.10	11.77	20.32	36.07
45	4.64	6.15	6.66	8.90	11.48	19.75	35.11
46	4.59	6.04	6.54	8.69	11.14	19.13	34.06
47	4.51	5.92	6.38	8.42	10.75	18.45	32.91
48	4.41	5.75	6.18	8.11	10.29	17.65	31.60
49	4.27	5.53	5.95	7.75	9.77	16.81	30.17
50	4.11	5.30	5.70	7.36	9.20	15.90	28.61
51	3.92	5.03	5.41	6.93	8.60	14.94	26.95
52	3.70	4.73	5.08	6.46	7.96	13.91	25.17
53	3.43	4.38	4.69	5.92	7.22	12.74	23.09
54	3.15	4.01	4.29	5.36	6.47	11.53	20.94
55	2.86	3.63	3.88	4.79	5.71	10.34	18.76
56	2.56	3.24	3.47	4.22	4.98	9.14	16.60
57	2.25	2.86	3.06	3.69	4.28	7.98	14.54
58	1.96	2.51	2.69	3.20	3.66	6.95	12.63
59	1.70	2.18	2.33	2.75	3.12	6.01	10.87
60	1.47	1.88	2.02	2.36	2.64	5.16	9.29
61	1.27	1.62	1.74	2.03	2.25	4.42	7.91
62	1.10	1.41	1.51	1.78	1.95	3.80	6.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.12	5.79	6.49	9.03	13.63	28.31	51.52
26	4.18	5.87	6.58	9.17	13.80	28.40	51.57
27	4.24	5.97	6.69	9.32	13.96	28.42	51.52
28	4.32	6.08	6.81	9.49	14.09	28.40	51.35
29	4.39	6.18	6.94	9.66	14.22	28.33	51.11
30	4.46	6.30	7.06	9.84	14.33	28.21	50.75
31	4.54	6.40	7.17	10.00	14.41	28.06	50.31
32	4.62	6.51	7.30	10.17	14.48	27.85	49.82
33	4.68	6.60	7.40	10.29	14.51	27.60	49.24
34	4.75	6.68	7.49	10.41	14.53	27.32	48.62
35	4.80	6.76	7.57	10.51	14.50	26.99	47.94
36	4.85	6.81	7.64	10.58	14.46	26.63	47.21
37	4.89	6.85	7.68	10.62	14.38	26.24	46.44
38	4.91	6.88	7.71	10.63	14.29	25.81	45.65
39	4.93	6.88	7.72	10.60	14.15	25.36	44.83
40	4.93	6.86	7.71	10.55	13.98	24.88	43.97
41	4.92	6.83	7.67	10.46	13.78	24.34	43.04
42	4.90	6.77	7.61	10.34	13.54	23.78	42.08
43	4.90	6.73	7.54	10.19	13.28	23.20	41.08
44	4.89	6.67	7.44	10.01	12.97	22.56	40.03
45	4.85	6.58	7.31	9.78	12.63	21.87	38.87
46	4.79	6.46	7.15	9.53	12.23	21.12	37.60
47	4.71	6.32	6.96	9.21	11.77	20.31	36.23
48	4.59	6.11	6.72	8.84	11.23	19.36	34.65
49	4.44	5.87	6.44	8.42	10.62	18.36	32.94
50	4.26	5.60	6.14	7.96	9.96	17.29	31.09
51	4.05	5.30	5.80	7.46	9.27	16.16	29.13
52	3.82	4.97	5.42	6.92	8.53	14.96	27.05
53	3.54	4.57	4.97	6.29	7.68	13.59	24.62
54	3.23	4.17	4.51	5.65	6.83	12.20	22.14
55	2.92	3.74	4.05	5.02	5.98	10.82	19.64
56	2.60	3.32	3.58	4.37	5.16	9.46	17.20
57	2.28	2.91	3.13	3.77	4.38	8.17	14.88
58	1.97	2.52	2.71	3.24	3.71	7.03	12.78
59	1.70	2.18	2.33	2.75	3.12	6.01	10.87
60	1.46	1.87	2.01	2.35	2.63	5.12	9.22
61	1.26	1.61	1.73	2.01	2.23	4.38	7.84
62	1.10	1.41	1.51	1.78	1.95	3.80	6.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.57	6.23	6.76	9.40	14.19	29.14	53.03
26	4.64	6.32	6.86	9.55	14.37	29.23	53.09
27	4.70	6.42	6.97	9.71	14.53	29.25	53.03
28	4.79	6.54	7.09	9.88	14.67	29.23	52.86
29	4.87	6.65	7.23	10.06	14.81	29.16	52.61
30	4.95	6.78	7.35	10.24	14.92	29.04	52.24
31	5.03	6.88	7.48	10.42	15.00	28.88	51.79
32	5.12	7.00	7.61	10.58	15.07	28.67	51.28
33	5.20	7.09	7.71	10.71	15.11	28.41	50.69
34	5.27	7.19	7.80	10.84	15.11	28.12	50.05
35	5.33	7.27	7.89	10.93	15.09	27.78	49.35
36	5.38	7.32	7.96	11.01	15.04	27.41	48.60
37	5.42	7.37	8.01	11.05	14.97	27.01	47.80
38	5.45	7.40	8.03	11.05	14.86	26.57	47.00
39	5.47	7.40	8.04	11.02	14.72	26.11	46.15
40	5.47	7.38	8.03	10.97	14.54	25.61	45.26
41	5.46	7.35	7.99	10.88	14.33	25.06	44.31
42	5.43	7.29	7.93	10.74	14.08	24.48	43.31
43	5.43	7.24	7.86	10.60	13.80	23.88	42.29
44	5.42	7.18	7.75	10.41	13.48	23.22	41.20
45	5.38	7.08	7.62	10.16	13.12	22.51	40.01
46	5.32	6.95	7.45	9.89	12.70	21.74	38.71
47	5.22	6.79	7.25	9.57	12.22	20.90	37.29
48	5.09	6.57	7.00	9.18	11.65	19.93	35.67
49	4.92	6.32	6.71	8.74	11.02	18.90	33.91
50	4.72	6.02	6.40	8.26	10.33	17.80	32.01
51	4.50	5.70	6.04	7.73	9.61	16.63	29.99
52	4.23	5.35	5.65	7.16	8.83	15.40	27.84
53	3.92	4.92	5.18	6.51	7.95	13.99	25.35
54	3.58	4.48	4.70	5.84	7.06	12.56	22.79
55	3.23	4.02	4.22	5.17	6.17	11.14	20.22
56	2.89	3.57	3.73	4.50	5.32	9.74	17.70
57	2.53	3.13	3.26	3.88	4.50	8.41	15.31
58	2.19	2.72	2.83	3.33	3.81	7.24	13.15
59	1.89	2.34	2.43	2.83	3.20	6.19	11.19
60	1.62	2.01	2.09	2.40	2.69	5.27	9.49
61	1.40	1.73	1.80	2.06	2.28	4.51	8.07
62	1.22	1.52	1.58	1.82	2.00	3.91	6.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.58	6.25	6.79	9.44	14.24	29.26	53.25
26	4.65	6.34	6.89	9.59	14.43	29.35	53.31
27	4.71	6.44	7.00	9.75	14.59	29.38	53.26
28	4.80	6.56	7.13	9.92	14.73	29.36	53.10
29	4.88	6.67	7.26	10.11	14.87	29.30	52.86
30	4.96	6.80	7.39	10.29	14.99	29.18	52.50
31	5.05	6.91	7.52	10.47	15.07	29.03	52.06
32	5.13	7.03	7.65	10.64	15.15	28.83	51.56
33	5.21	7.12	7.76	10.77	15.19	28.57	50.99
34	5.29	7.22	7.85	10.90	15.20	28.29	50.36
35	5.35	7.30	7.94	11.00	15.18	27.96	49.67
36	5.40	7.36	8.02	11.08	15.14	27.60	48.94
37	5.44	7.41	8.07	11.13	15.07	27.21	48.15
38	5.47	7.44	8.09	11.13	14.97	26.78	47.37
39	5.49	7.44	8.10	11.11	14.83	26.33	46.54
40	5.49	7.42	8.10	11.06	14.66	25.84	45.66
41	5.48	7.40	8.06	10.98	14.45	25.30	44.73
42	5.45	7.34	8.01	10.84	14.21	24.73	43.76
43	5.46	7.30	7.94	10.71	13.94	24.14	42.76
44	5.45	7.24	7.84	10.53	13.63	23.50	41.70
45	5.41	7.14	7.71	10.28	13.28	22.80	40.53
46	5.35	7.01	7.55	10.02	12.86	22.04	39.25
47	5.26	6.86	7.35	9.71	12.39	21.22	37.86
48	5.13	6.65	7.11	9.32	11.83	20.27	36.27
49	4.96	6.40	6.83	8.89	11.21	19.25	34.54
50	4.76	6.10	6.52	8.42	10.53	18.16	32.67
51	4.54	5.79	6.17	7.90	9.81	17.01	30.67
52	4.28	5.44	5.78	7.34	9.04	15.79	28.55
53	3.97	5.01	5.32	6.69	8.17	14.39	26.07
54	3.63	4.58	4.84	6.02	7.28	12.96	23.53
55	3.28	4.12	4.36	5.36	6.39	11.55	20.96
56	2.94	3.67	3.87	4.69	5.54	10.14	18.43
57	2.58	3.23	3.40	4.06	4.71	8.80	16.03
58	2.24	2.81	2.96	3.51	4.01	7.62	13.83
59	1.93	2.43	2.55	2.99	3.39	6.54	11.83
60	1.66	2.09	2.21	2.55	2.86	5.59	10.07
61	1.44	1.80	1.90	2.19	2.43	4.79	8.57
62	1.25	1.58	1.66	1.93	2.12	4.13	7.37

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.59	6.27	6.83	9.49	14.32	29.44	53.57
26	4.66	6.37	6.93	9.65	14.51	29.54	53.65
27	4.73	6.47	7.05	9.81	14.68	29.57	53.61
28	4.82	6.59	7.18	9.99	14.83	29.56	53.46
29	4.89	6.70	7.31	10.18	14.97	29.51	53.24
30	4.98	6.84	7.44	10.37	15.09	29.40	52.90
31	5.07	6.95	7.57	10.55	15.18	29.26	52.47
32	5.15	7.07	7.71	10.72	15.26	29.07	51.99
33	5.23	7.17	7.83	10.86	15.31	28.82	51.43
34	5.31	7.26	7.92	11.00	15.33	28.55	50.82
35	5.37	7.35	8.02	11.10	15.32	28.23	50.16
36	5.43	7.41	8.10	11.19	15.28	27.88	49.44
37	5.47	7.46	8.15	11.24	15.22	27.51	48.68
38	5.50	7.50	8.18	11.26	15.13	27.09	47.92
39	5.52	7.50	8.20	11.24	15.00	26.65	47.12
40	5.52	7.49	8.20	11.20	14.84	26.18	46.27
41	5.52	7.47	8.17	11.12	14.64	25.66	45.37
42	5.49	7.41	8.12	11.00	14.41	25.11	44.43
43	5.50	7.38	8.06	10.87	14.15	24.54	43.47
44	5.49	7.32	7.97	10.70	13.85	23.91	42.44
45	5.46	7.23	7.84	10.47	13.51	23.24	41.31
46	5.40	7.11	7.69	10.22	13.11	22.50	40.07
47	5.31	6.97	7.51	9.91	12.65	21.70	38.72
48	5.19	6.76	7.27	9.54	12.10	20.77	37.18
49	5.02	6.51	7.00	9.12	11.49	19.78	35.49
50	4.83	6.23	6.70	8.66	10.82	18.71	33.66
51	4.61	5.92	6.36	8.15	10.12	17.58	31.70
52	4.35	5.57	5.98	7.60	9.36	16.37	29.61
53	4.04	5.15	5.52	6.96	8.49	14.99	27.16
54	3.71	4.72	5.05	6.30	7.61	13.57	24.63
55	3.36	4.27	4.57	5.64	6.72	12.16	22.07
56	3.01	3.81	4.08	4.97	5.86	10.75	19.53
57	2.65	3.37	3.60	4.34	5.03	9.39	17.10
58	2.31	2.95	3.16	3.77	4.31	8.18	14.86
59	2.00	2.56	2.74	3.24	3.67	7.07	12.79
60	1.73	2.21	2.38	2.78	3.11	6.07	10.93
61	1.49	1.90	2.05	2.39	2.65	5.20	9.31
62	1.29	1.66	1.78	2.09	2.29	4.47	7.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.85	6.81	7.63	10.62	16.03	33.30	60.61
26	4.92	6.91	7.74	10.79	16.24	33.41	60.67
27	4.99	7.02	7.87	10.97	16.42	33.43	60.61
28	5.08	7.15	8.01	11.16	16.58	33.41	60.41
29	5.16	7.27	8.16	11.37	16.73	33.33	60.13
30	5.25	7.41	8.30	11.58	16.86	33.19	59.70
31	5.34	7.53	8.44	11.77	16.95	33.01	59.19
32	5.43	7.66	8.59	11.96	17.03	32.77	58.61
33	5.51	7.76	8.71	12.11	17.07	32.47	57.93
34	5.59	7.86	8.81	12.25	17.09	32.14	57.20
35	5.65	7.95	8.91	12.36	17.06	31.75	56.40
36	5.71	8.01	8.99	12.45	17.01	31.33	55.54
37	5.75	8.06	9.04	12.49	16.92	30.87	54.63
38	5.78	8.09	9.07	12.50	16.81	30.37	53.71
39	5.80	8.09	9.08	12.47	16.65	29.84	52.74
40	5.80	8.07	9.07	12.41	16.45	29.27	51.73
41	5.79	8.04	9.02	12.31	16.21	28.64	50.64
42	5.76	7.97	8.95	12.16	15.93	27.98	49.50
43	5.76	7.92	8.87	11.99	15.62	27.29	48.33
44	5.75	7.85	8.75	11.78	15.26	26.54	47.09
45	5.71	7.74	8.60	11.51	14.86	25.73	45.73
46	5.64	7.60	8.41	11.21	14.39	24.85	44.24
47	5.54	7.43	8.19	10.84	13.85	23.89	42.62
48	5.40	7.19	7.90	10.40	13.21	22.78	40.77
49	5.22	6.91	7.58	9.91	12.49	21.60	38.75
50	5.01	6.59	7.22	9.37	11.72	20.34	36.58
51	4.77	6.24	6.82	8.78	10.91	19.01	34.27
52	4.49	5.85	6.38	8.14	10.04	17.60	31.82
53	4.16	5.38	5.85	7.40	9.04	15.99	28.97
54	3.80	4.90	5.31	6.65	8.04	14.35	26.05
55	3.43	4.40	4.76	5.90	7.04	12.73	23.11
56	3.06	3.90	4.21	5.14	6.07	11.13	20.23
57	2.68	3.42	3.68	4.44	5.15	9.61	17.50
58	2.32	2.97	3.19	3.81	4.36	8.27	15.03
59	2.00	2.56	2.74	3.24	3.67	7.07	12.79
60	1.72	2.20	2.36	2.76	3.09	6.02	10.85
61	1.48	1.89	2.03	2.37	2.62	5.15	9.22
62	1.29	1.66	1.78	2.09	2.29	4.47	7.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.26	5.80	6.29	8.76	13.18	26.90	48.88
26	4.33	5.90	6.41	8.92	13.38	27.05	49.07
27	4.41	6.02	6.53	9.10	13.57	27.15	49.16
28	4.50	6.14	6.66	9.29	13.74	27.21	49.15
29	4.59	6.26	6.81	9.49	13.91	27.23	49.05
30	4.69	6.40	6.94	9.68	14.06	27.20	48.88
31	4.78	6.54	7.09	9.89	14.20	27.14	48.63
32	4.87	6.67	7.24	10.09	14.31	27.05	48.32
33	4.97	6.78	7.37	10.26	14.40	26.91	47.97
34	5.06	6.89	7.49	10.40	14.46	26.75	47.55
35	5.13	7.00	7.61	10.54	14.50	26.55	47.10
36	5.22	7.09	7.70	10.67	14.53	26.32	46.61
37	5.28	7.17	7.79	10.76	14.53	26.05	46.08
38	5.34	7.23	7.86	10.82	14.49	25.78	45.55
39	5.38	7.27	7.91	10.85	14.44	25.47	44.99
40	5.41	7.30	7.94	10.87	14.36	25.14	44.40
41	5.44	7.31	7.95	10.85	14.25	24.78	43.77
42	5.45	7.30	7.95	10.80	14.09	24.38	43.09
43	5.50	7.32	7.94	10.74	13.93	23.96	42.42
44	5.53	7.32	7.90	10.64	13.74	23.51	41.68
45	5.54	7.28	7.84	10.50	13.50	23.00	40.86
46	5.53	7.22	7.74	10.32	13.21	22.44	39.93
47	5.50	7.12	7.61	10.12	12.86	21.80	38.90
48	5.41	6.99	7.44	9.83	12.42	21.05	37.66
49	5.30	6.81	7.23	9.49	11.92	20.24	36.29
50	5.15	6.59	6.99	9.11	11.36	19.33	34.76
51	4.98	6.32	6.70	8.68	10.74	18.34	33.07
52	4.78	6.03	6.37	8.20	10.06	17.27	31.21
53	4.51	5.65	5.97	7.62	9.25	15.99	28.93
54	4.20	5.25	5.52	7.00	8.41	14.65	26.55
55	3.88	4.82	5.05	6.35	7.56	13.27	24.08
56	3.54	4.39	4.57	5.70	6.71	11.89	21.61
57	3.18	3.94	4.11	5.07	5.87	10.56	19.17
58	2.81	3.49	3.64	4.47	5.10	9.27	16.82
59	2.47	3.08	3.20	3.91	4.39	8.08	14.63
60	2.16	2.69	2.80	3.39	3.76	7.00	12.62
61	1.89	2.34	2.43	2.96	3.23	6.06	10.87
62	1.65	2.06	2.13	2.60	2.85	5.30	9.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.27	5.81	6.32	8.80	13.22	27.00	49.07
26	4.34	5.92	6.43	8.95	13.43	27.15	49.26
27	4.42	6.04	6.55	9.14	13.62	27.26	49.35
28	4.51	6.15	6.69	9.32	13.79	27.32	49.35
29	4.60	6.28	6.83	9.53	13.97	27.34	49.26
30	4.70	6.43	6.98	9.72	14.12	27.32	49.10
31	4.79	6.55	7.12	9.94	14.25	27.27	48.86
32	4.89	6.69	7.28	10.14	14.37	27.18	48.56
33	4.98	6.81	7.40	10.31	14.47	27.05	48.22
34	5.07	6.92	7.53	10.46	14.54	26.89	47.81
35	5.15	7.02	7.65	10.60	14.58	26.70	47.37
36	5.24	7.12	7.74	10.73	14.61	26.48	46.89
37	5.30	7.20	7.85	10.83	14.61	26.22	46.38
38	5.36	7.26	7.91	10.89	14.59	25.96	45.87
39	5.40	7.30	7.96	10.93	14.54	25.66	45.32
40	5.43	7.34	7.99	10.95	14.46	25.34	44.74
41	5.46	7.35	8.01	10.94	14.35	24.98	44.12
42	5.47	7.34	8.02	10.89	14.20	24.59	43.47
43	5.53	7.37	8.01	10.84	14.05	24.18	42.81
44	5.56	7.37	7.97	10.74	13.86	23.75	42.11
45	5.57	7.34	7.91	10.60	13.63	23.25	41.30
46	5.56	7.28	7.83	10.43	13.35	22.70	40.39
47	5.53	7.18	7.69	10.23	13.01	22.07	39.38
48	5.45	7.05	7.53	9.95	12.57	21.34	38.17
49	5.34	6.88	7.33	9.62	12.08	20.54	36.82
50	5.19	6.66	7.09	9.25	11.53	19.64	35.32
51	5.02	6.40	6.81	8.82	10.91	18.67	33.65
52	4.82	6.10	6.48	8.36	10.23	17.60	31.82
53	4.55	5.73	6.08	7.77	9.44	16.33	29.55
54	4.24	5.34	5.64	7.15	8.59	14.99	27.17
55	3.92	4.90	5.17	6.51	7.74	13.62	24.71
56	3.58	4.47	4.69	5.87	6.89	12.23	22.23
57	3.22	4.02	4.22	5.23	6.05	10.89	19.78
58	2.86	3.57	3.75	4.62	5.27	9.60	17.40
59	2.51	3.15	3.31	4.05	4.55	8.37	15.17
60	2.19	2.75	2.89	3.52	3.90	7.27	13.12
61	1.92	2.40	2.52	3.07	3.36	6.30	11.30
62	1.67	2.11	2.20	2.69	2.95	5.48	9.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.28	5.84	6.35	8.84	13.29	27.16	49.34
26	4.34	5.94	6.47	9.00	13.50	27.31	49.55
27	4.43	6.06	6.59	9.19	13.69	27.42	49.65
28	4.52	6.19	6.73	9.38	13.87	27.49	49.66
29	4.62	6.32	6.88	9.59	14.05	27.52	49.58
30	4.72	6.46	7.03	9.79	14.20	27.51	49.44
31	4.80	6.59	7.17	10.00	14.35	27.46	49.21
32	4.90	6.72	7.33	10.21	14.47	27.39	48.93
33	5.00	6.85	7.46	10.39	14.57	27.26	48.59
34	5.09	6.96	7.59	10.54	14.65	27.12	48.20
35	5.17	7.06	7.71	10.68	14.70	26.93	47.79
36	5.25	7.17	7.81	10.82	14.73	26.72	47.32
37	5.32	7.24	7.91	10.92	14.74	26.48	46.83
38	5.38	7.31	7.99	11.00	14.72	26.22	46.33
39	5.42	7.35	8.04	11.04	14.68	25.93	45.82
40	5.47	7.40	8.08	11.07	14.61	25.63	45.25
41	5.49	7.41	8.10	11.06	14.51	25.29	44.67
42	5.50	7.41	8.11	11.02	14.37	24.91	44.04
43	5.56	7.44	8.11	10.97	14.23	24.52	43.42
44	5.59	7.45	8.08	10.89	14.05	24.10	42.74
45	5.61	7.41	8.03	10.76	13.83	23.62	41.96
46	5.60	7.36	7.95	10.60	13.56	23.09	41.09
47	5.58	7.28	7.83	10.40	13.23	22.48	40.11
48	5.50	7.14	7.67	10.13	12.80	21.77	38.95
49	5.39	6.98	7.47	9.82	12.32	20.99	37.63
50	5.24	6.77	7.24	9.45	11.77	20.10	36.16
51	5.08	6.51	6.97	9.04	11.17	19.15	34.53
52	4.88	6.22	6.65	8.58	10.51	18.10	32.72
53	4.61	5.85	6.25	8.00	9.71	16.84	30.47
54	4.31	5.46	5.81	7.39	8.87	15.50	28.11
55	3.99	5.02	5.35	6.75	8.02	14.14	25.65
56	3.64	4.59	4.88	6.10	7.17	12.75	23.16
57	3.29	4.14	4.39	5.47	6.32	11.39	20.69
58	2.92	3.69	3.92	4.85	5.53	10.07	18.28
59	2.57	3.26	3.47	4.26	4.79	8.82	15.99
60	2.24	2.86	3.03	3.71	4.11	7.68	13.85
61	1.96	2.49	2.64	3.24	3.54	6.65	11.93
62	1.72	2.18	2.30	2.83	3.09	5.77	10.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.51	6.34	7.11	9.89	14.88	30.74	55.87
26	4.59	6.45	7.23	10.07	15.11	30.91	56.08
27	4.68	6.58	7.37	10.29	15.33	31.03	56.18
28	4.77	6.72	7.52	10.50	15.52	31.09	56.17
29	4.87	6.85	7.68	10.72	15.72	31.12	56.05
30	4.97	7.00	7.85	10.95	15.88	31.08	55.85
31	5.07	7.15	8.01	11.18	16.04	31.02	55.57
32	5.17	7.29	8.18	11.40	16.16	30.91	55.22
33	5.27	7.42	8.32	11.59	16.27	30.75	54.82
34	5.36	7.54	8.46	11.76	16.35	30.57	54.34
35	5.45	7.65	8.59	11.92	16.40	30.34	53.83
36	5.53	7.75	8.70	12.05	16.42	30.07	53.26
37	5.60	7.84	8.80	12.16	16.42	29.78	52.66
38	5.66	7.91	8.87	12.24	16.39	29.46	52.06
39	5.70	7.95	8.93	12.27	16.33	29.11	51.42
40	5.75	7.98	8.96	12.29	16.24	28.74	50.74
41	5.77	8.00	8.98	12.27	16.11	28.31	50.02
42	5.78	7.99	8.98	12.22	15.95	27.86	49.24
43	5.83	8.01	8.96	12.16	15.77	27.39	48.48
44	5.87	8.01	8.92	12.04	15.55	26.87	47.64
45	5.88	7.96	8.85	11.88	15.27	26.29	46.70
46	5.87	7.90	8.74	11.69	14.95	25.64	45.64
47	5.83	7.79	8.59	11.45	14.56	24.91	44.46
48	5.75	7.64	8.40	11.13	14.07	24.06	43.04
49	5.63	7.45	8.16	10.75	13.50	23.13	41.47
50	5.47	7.21	7.89	10.33	12.87	22.09	39.72
51	5.29	6.92	7.57	9.84	12.17	20.96	37.80
52	5.07	6.60	7.19	9.31	11.41	19.74	35.67
53	4.78	6.18	6.73	8.64	10.50	18.28	33.07
54	4.45	5.75	6.23	7.95	9.55	16.74	30.34
55	4.11	5.27	5.70	7.22	8.59	15.16	27.52
56	3.75	4.79	5.17	6.49	7.62	13.59	24.69
57	3.37	4.30	4.63	5.78	6.69	12.06	21.90
58	2.98	3.82	4.11	5.09	5.81	10.60	19.23
59	2.62	3.37	3.61	4.45	5.00	9.23	16.72
60	2.29	2.94	3.15	3.87	4.28	8.00	14.42
61	2.00	2.56	2.75	3.37	3.69	6.93	12.43
62	1.75	2.25	2.41	2.97	3.24	6.05	10.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.01	6.82	7.40	10.31	15.50	31.65	57.51
26	5.09	6.94	7.54	10.49	15.74	31.82	57.73
27	5.19	7.08	7.68	10.71	15.96	31.94	57.83
28	5.29	7.22	7.84	10.93	16.16	32.01	57.82
29	5.40	7.37	8.01	11.16	16.37	32.03	57.70
30	5.52	7.53	8.17	11.39	16.54	32.00	57.50
31	5.62	7.69	8.34	11.64	16.70	31.93	57.21
32	5.73	7.85	8.52	11.87	16.83	31.82	56.85
33	5.85	7.98	8.67	12.07	16.94	31.66	56.43
34	5.95	8.11	8.81	12.24	17.01	31.47	55.94
35	6.04	8.23	8.95	12.40	17.06	31.23	55.41
36	6.14	8.34	9.06	12.55	17.09	30.96	54.83
37	6.21	8.43	9.17	12.66	17.09	30.65	54.21
38	6.28	8.50	9.25	12.73	17.05	30.33	53.59
39	6.33	8.55	9.30	12.77	16.99	29.97	52.93
40	6.37	8.59	9.34	12.79	16.89	29.58	52.23
41	6.40	8.60	9.35	12.77	16.76	29.15	51.49
42	6.41	8.59	9.35	12.71	16.58	28.68	50.69
43	6.47	8.61	9.34	12.64	16.39	28.19	49.90
44	6.51	8.61	9.29	12.52	16.16	27.66	49.04
45	6.52	8.57	9.22	12.35	15.88	27.06	48.07
46	6.51	8.49	9.11	12.14	15.54	26.40	46.98
47	6.47	8.38	8.95	11.90	15.13	25.65	45.76
48	6.37	8.22	8.75	11.56	14.61	24.77	44.31
49	6.24	8.01	8.50	11.17	14.02	23.81	42.69
50	6.06	7.75	8.22	10.72	13.36	22.74	40.89
51	5.86	7.44	7.88	10.21	12.63	21.58	38.91
52	5.62	7.09	7.49	9.65	11.83	20.32	36.72
53	5.30	6.65	7.02	8.96	10.88	18.81	34.04
54	4.94	6.18	6.49	8.23	9.89	17.23	31.23
55	4.56	5.67	5.94	7.47	8.89	15.61	28.33
56	4.16	5.16	5.38	6.71	7.89	13.99	25.42
57	3.74	4.63	4.83	5.97	6.91	12.42	22.55
58	3.31	4.10	4.28	5.26	6.00	10.91	19.79
59	2.90	3.62	3.76	4.60	5.16	9.50	17.21
60	2.54	3.16	3.29	3.99	4.42	8.23	14.85
61	2.22	2.75	2.86	3.48	3.80	7.13	12.79
62	1.94	2.42	2.51	3.06	3.35	6.23	11.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.02	6.84	7.43	10.35	15.55	31.77	57.73
26	5.10	6.96	7.57	10.53	15.80	31.94	57.95
27	5.20	7.10	7.71	10.75	16.02	32.07	58.06
28	5.30	7.24	7.87	10.97	16.22	32.14	58.06
29	5.41	7.39	8.04	11.21	16.43	32.17	57.95
30	5.53	7.56	8.21	11.44	16.61	32.14	57.76
31	5.63	7.71	8.38	11.69	16.77	32.08	57.48
32	5.75	7.87	8.56	11.93	16.91	31.98	57.13
33	5.86	8.01	8.71	12.13	17.02	31.82	56.73
34	5.97	8.14	8.86	12.30	17.10	31.64	56.25
35	6.06	8.26	9.00	12.47	17.15	31.41	55.73
36	6.16	8.38	9.11	12.62	17.19	31.15	55.17
37	6.23	8.47	9.23	12.74	17.19	30.85	54.56
38	6.30	8.54	9.31	12.81	17.16	30.54	53.96
39	6.35	8.59	9.36	12.86	17.10	30.19	53.32
40	6.39	8.63	9.40	12.88	17.01	29.81	52.63
41	6.42	8.65	9.42	12.87	16.88	29.39	51.91
42	6.43	8.64	9.43	12.81	16.71	28.93	51.14
43	6.50	8.67	9.42	12.75	16.53	28.45	50.37
44	6.54	8.67	9.38	12.64	16.31	27.94	49.54
45	6.55	8.63	9.31	12.47	16.04	27.35	48.59
46	6.54	8.56	9.21	12.27	15.70	26.70	47.52
47	6.51	8.45	9.05	12.04	15.30	25.97	46.33
48	6.41	8.29	8.86	11.70	14.79	25.11	44.91
49	6.28	8.09	8.62	11.32	14.21	24.16	43.32
50	6.10	7.83	8.34	10.88	13.56	23.10	41.55
51	5.91	7.53	8.01	10.38	12.83	21.96	39.59
52	5.67	7.18	7.62	9.83	12.04	20.71	37.43
53	5.35	6.74	7.15	9.14	11.10	19.21	34.76
54	4.99	6.28	6.63	8.41	10.11	17.63	31.97
55	4.61	5.77	6.08	7.66	9.11	16.02	29.07
56	4.21	5.26	5.52	6.90	8.11	14.39	26.15
57	3.79	4.73	4.97	6.15	7.12	12.81	23.27
58	3.36	4.20	4.41	5.44	6.20	11.29	20.47
59	2.95	3.71	3.89	4.76	5.35	9.85	17.85
60	2.58	3.24	3.40	4.14	4.59	8.55	15.43
61	2.26	2.82	2.96	3.61	3.95	7.41	13.29
62	1.97	2.48	2.59	3.17	3.47	6.45	11.48

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.03	6.87	7.47	10.40	15.63	31.95	58.05
26	5.11	6.99	7.61	10.59	15.88	32.13	58.29
27	5.21	7.13	7.75	10.81	16.11	32.26	58.41
28	5.32	7.28	7.92	11.04	16.32	32.34	58.42
29	5.43	7.43	8.09	11.28	16.53	32.38	58.33
30	5.55	7.60	8.27	11.52	16.71	32.36	58.16
31	5.65	7.75	8.44	11.77	16.88	32.31	57.89
32	5.77	7.91	8.62	12.01	17.02	32.22	57.56
33	5.88	8.06	8.78	12.22	17.14	32.07	57.17
34	5.99	8.19	8.93	12.40	17.23	31.90	56.71
35	6.08	8.31	9.07	12.57	17.29	31.68	56.22
36	6.18	8.43	9.19	12.73	17.33	31.43	55.67
37	6.26	8.52	9.31	12.85	17.34	31.15	55.09
38	6.33	8.60	9.40	12.94	17.32	30.85	54.51
39	6.38	8.65	9.46	12.99	17.27	30.51	53.90
40	6.43	8.70	9.50	13.02	17.19	30.15	53.24
41	6.46	8.72	9.53	13.01	17.07	29.75	52.55
42	6.47	8.72	9.54	12.97	16.91	29.31	51.81
43	6.54	8.75	9.54	12.91	16.74	28.85	51.08
44	6.58	8.76	9.51	12.81	16.53	28.35	50.28
45	6.60	8.72	9.45	12.66	16.27	27.79	49.37
46	6.59	8.66	9.35	12.47	15.95	27.16	48.34
47	6.56	8.56	9.21	12.24	15.56	26.45	47.19
48	6.47	8.40	9.02	11.92	15.06	25.61	45.82
49	6.34	8.21	8.79	11.55	14.49	24.69	44.27
50	6.17	7.96	8.52	11.12	13.85	23.65	42.54
51	5.98	7.66	8.20	10.63	13.14	22.53	40.62
52	5.74	7.32	7.82	10.09	12.36	21.29	38.49
53	5.42	6.88	7.35	9.41	11.42	19.81	35.85
54	5.07	6.42	6.84	8.69	10.44	18.24	33.07
55	4.69	5.91	6.29	7.94	9.44	16.63	30.18
56	4.28	5.40	5.74	7.18	8.43	15.00	27.25
57	3.87	4.87	5.17	6.43	7.44	13.40	24.34
58	3.43	4.34	4.61	5.70	6.50	11.85	21.50
59	3.02	3.84	4.08	5.01	5.63	10.38	18.81
60	2.64	3.36	3.57	4.37	4.84	9.03	16.29
61	2.31	2.93	3.11	3.81	4.17	7.82	14.03
62	2.02	2.57	2.71	3.33	3.64	6.79	12.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.31	7.46	8.36	11.64	17.51	36.17	65.73
26	5.40	7.59	8.51	11.85	17.78	36.37	65.98
27	5.50	7.74	8.67	12.10	18.03	36.50	66.09
28	5.61	7.90	8.85	12.35	18.26	36.58	66.08
29	5.73	8.06	9.04	12.61	18.49	36.61	65.94
30	5.85	8.24	9.23	12.88	18.68	36.57	65.71
31	5.96	8.41	9.42	13.15	18.87	36.49	65.38
32	6.08	8.58	9.62	13.41	19.01	36.37	64.97
33	6.20	8.73	9.79	13.64	19.14	36.18	64.49
34	6.31	8.87	9.95	13.83	19.23	35.97	63.93
35	6.41	9.00	10.10	14.02	19.29	35.69	63.33
36	6.51	9.12	10.23	14.18	19.32	35.38	62.66
37	6.59	9.22	10.35	14.31	19.32	35.03	61.95
38	6.66	9.30	10.44	14.40	19.28	34.66	61.25
39	6.71	9.35	10.50	14.44	19.21	34.25	60.49
40	6.76	9.39	10.54	14.46	19.10	33.81	59.69
41	6.79	9.41	10.56	14.44	18.95	33.31	58.85
42	6.80	9.40	10.56	14.38	18.76	32.78	57.93
43	6.86	9.42	10.54	14.30	18.55	32.22	57.03
44	6.90	9.42	10.49	14.17	18.29	31.61	56.05
45	6.92	9.37	10.41	13.98	17.97	30.93	54.94
46	6.90	9.29	10.28	13.75	17.59	30.17	53.69
47	6.86	9.17	10.11	13.47	17.13	29.31	52.30
48	6.76	8.99	9.88	13.09	16.55	28.31	50.64
49	6.62	8.76	9.60	12.65	15.88	27.21	48.79
50	6.43	8.48	9.28	12.15	15.14	25.99	46.73
51	6.22	8.14	8.90	11.58	14.32	24.66	44.47
52	5.96	7.76	8.46	10.95	13.42	23.22	41.97
53	5.62	7.27	7.92	10.17	12.35	21.50	38.90
54	5.24	6.76	7.33	9.35	11.24	19.69	35.69
55	4.84	6.20	6.71	8.49	10.11	17.84	32.38
56	4.41	5.64	6.08	7.64	8.97	15.99	29.05
57	3.97	5.06	5.45	6.80	7.87	14.19	25.77
58	3.51	4.49	4.83	5.99	6.83	12.47	22.62
59	3.08	3.96	4.25	5.24	5.88	10.86	19.67
60	2.69	3.46	3.71	4.55	5.04	9.41	16.97
61	2.35	3.01	3.23	3.97	4.34	8.15	14.62
62	2.06	2.65	2.83	3.49	3.81	7.12	12.66

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.19	0.25	0.27	0.33	0.47	1.08	1.98
26	0.20	0.27	0.29	0.35	0.49	1.13	2.05
27	0.22	0.28	0.31	0.37	0.53	1.17	2.12
28	0.23	0.30	0.33	0.39	0.55	1.23	2.21
29	0.23	0.32	0.35	0.42	0.59	1.27	2.31
30	0.26	0.35	0.38	0.45	0.61	1.33	2.40
31	0.27	0.36	0.39	0.48	0.65	1.39	2.50
32	0.29	0.38	0.42	0.50	0.69	1.45	2.60
33	0.31	0.41	0.45	0.53	0.71	1.52	2.72
34	0.33	0.44	0.48	0.57	0.77	1.59	2.83
35	0.36	0.47	0.50	0.60	0.81	1.66	2.96
36	0.38	0.50	0.54	0.65	0.84	1.73	3.08
37	0.39	0.53	0.58	0.69	0.90	1.81	3.22
38	0.42	0.56	0.60	0.72	0.94	1.90	3.39
39	0.46	0.59	0.65	0.78	1.00	1.99	3.54
40	0.48	0.64	0.69	0.82	1.05	2.09	3.71
41	0.51	0.67	0.73	0.87	1.11	2.19	3.90
42	0.53	0.71	0.77	0.92	1.16	2.30	4.09
43	0.58	0.76	0.82	0.97	1.24	2.41	4.30
44	0.62	0.81	0.88	1.03	1.31	2.53	4.53
45	0.67	0.86	0.92	1.09	1.37	2.66	4.75
46	0.71	0.92	0.98	1.15	1.45	2.79	5.00
47	0.77	0.97	1.03	1.22	1.52	2.92	5.24
48	0.82	1.03	1.10	1.29	1.59	3.07	5.52
49	0.86	1.10	1.17	1.37	1.68	3.21	5.80
50	0.92	1.16	1.23	1.44	1.76	3.35	6.06
51	0.97	1.22	1.28	1.50	1.82	3.48	6.30
52	1.01	1.26	1.34	1.56	1.88	3.58	6.50
53	1.05	1.32	1.38	1.61	1.92	3.68	6.67
54	1.09	1.35	1.42	1.65	1.95	3.73	6.78
55	1.10	1.37	1.44	1.67	1.96	3.76	6.84
56	1.11	1.38	1.44	1.67	1.94	3.72	6.78
57	1.10	1.35	1.42	1.65	1.88	3.64	6.63
58	1.06	1.32	1.37	1.58	1.82	3.50	6.35
59	1.00	1.24	1.30	1.50	1.69	3.28	5.95
60	0.92	1.13	1.18	1.37	1.54	2.99	5.39
61	0.81	1.01	1.03	1.21	1.34	2.60	4.68
62	0.66	0.82	0.85	0.99	1.08	2.12	3.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.19	0.26	0.29	0.35	0.49	1.14	2.09
26	0.20	0.27	0.31	0.37	0.52	1.19	2.17
27	0.22	0.29	0.33	0.38	0.56	1.24	2.24
28	0.23	0.31	0.35	0.41	0.59	1.30	2.34
29	0.24	0.33	0.37	0.45	0.63	1.35	2.43
30	0.27	0.36	0.39	0.48	0.65	1.40	2.53
31	0.28	0.38	0.41	0.50	0.69	1.47	2.64
32	0.30	0.40	0.44	0.53	0.72	1.53	2.75
33	0.32	0.43	0.47	0.57	0.76	1.61	2.87
34	0.34	0.46	0.50	0.60	0.81	1.68	2.99
35	0.37	0.48	0.53	0.64	0.85	1.75	3.12
36	0.38	0.52	0.57	0.69	0.90	1.83	3.26
37	0.40	0.55	0.60	0.72	0.95	1.91	3.40
38	0.43	0.58	0.64	0.77	1.00	2.01	3.58
39	0.47	0.61	0.69	0.82	1.05	2.10	3.74
40	0.48	0.66	0.72	0.87	1.12	2.21	3.93
41	0.52	0.70	0.77	0.92	1.17	2.32	4.12
42	0.55	0.74	0.81	0.98	1.24	2.42	4.33
43	0.59	0.79	0.87	1.02	1.31	2.54	4.55
44	0.64	0.84	0.92	1.10	1.38	2.68	4.79
45	0.69	0.90	0.97	1.15	1.45	2.82	5.02
46	0.73	0.96	1.03	1.23	1.53	2.96	5.28
47	0.79	1.01	1.09	1.29	1.61	3.08	5.54
48	0.84	1.07	1.15	1.36	1.68	3.24	5.83
49	0.88	1.13	1.23	1.45	1.78	3.39	6.13
50	0.93	1.21	1.29	1.52	1.86	3.54	6.41
51	0.99	1.26	1.35	1.59	1.93	3.68	6.65
52	1.03	1.31	1.41	1.65	1.99	3.78	6.86
53	1.08	1.36	1.45	1.70	2.03	3.89	7.05
54	1.12	1.40	1.49	1.75	2.06	3.94	7.16
55	1.13	1.43	1.51	1.77	2.07	3.98	7.23
56	1.13	1.44	1.51	1.77	2.05	3.93	7.16
57	1.13	1.41	1.49	1.74	1.99	3.85	7.02
58	1.09	1.36	1.45	1.67	1.93	3.71	6.72
59	1.02	1.28	1.36	1.59	1.79	3.47	6.29
60	0.93	1.18	1.24	1.45	1.63	3.17	5.70
61	0.82	1.04	1.09	1.28	1.41	2.75	4.94
62	0.68	0.85	0.90	1.04	1.14	2.24	3.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.20	0.27	0.31	0.38	0.54	1.24	2.26
26	0.21	0.29	0.33	0.40	0.57	1.29	2.34
27	0.23	0.31	0.35	0.42	0.60	1.34	2.42
28	0.24	0.33	0.38	0.45	0.63	1.40	2.53
29	0.25	0.35	0.39	0.48	0.68	1.45	2.64
30	0.27	0.38	0.42	0.51	0.70	1.52	2.74
31	0.29	0.39	0.45	0.55	0.75	1.59	2.85
32	0.31	0.42	0.48	0.58	0.79	1.66	2.97
33	0.33	0.45	0.50	0.61	0.82	1.74	3.10
34	0.35	0.48	0.54	0.65	0.88	1.82	3.23
35	0.38	0.51	0.57	0.70	0.92	1.89	3.38
36	0.39	0.55	0.61	0.74	0.97	1.98	3.52
37	0.42	0.58	0.65	0.79	1.02	2.07	3.68
38	0.45	0.61	0.69	0.83	1.08	2.18	3.87
39	0.48	0.65	0.73	0.89	1.14	2.28	4.04
40	0.50	0.70	0.78	0.94	1.21	2.39	4.25
41	0.54	0.73	0.82	1.00	1.27	2.50	4.46
42	0.57	0.78	0.87	1.06	1.34	2.63	4.68
43	0.61	0.83	0.93	1.12	1.42	2.75	4.91
44	0.66	0.89	0.99	1.19	1.50	2.90	5.18
45	0.70	0.94	1.04	1.25	1.57	3.05	5.43
46	0.76	1.01	1.11	1.33	1.66	3.19	5.71
47	0.81	1.06	1.17	1.40	1.74	3.34	5.99
48	0.87	1.13	1.24	1.48	1.83	3.50	6.30
49	0.92	1.20	1.32	1.57	1.93	3.67	6.63
50	0.97	1.27	1.38	1.65	2.01	3.82	6.93
51	1.02	1.33	1.45	1.72	2.09	3.97	7.19
52	1.07	1.38	1.51	1.78	2.15	4.09	7.42
53	1.12	1.44	1.56	1.85	2.21	4.20	7.62
54	1.15	1.47	1.60	1.89	2.23	4.26	7.75
55	1.16	1.50	1.62	1.91	2.24	4.30	7.81
56	1.17	1.51	1.62	1.91	2.22	4.25	7.75
57	1.16	1.48	1.60	1.88	2.17	4.16	7.59
58	1.13	1.44	1.55	1.82	2.09	4.01	7.26
59	1.06	1.35	1.46	1.72	1.94	3.75	6.80
60	0.97	1.24	1.34	1.57	1.77	3.42	6.16
61	0.85	1.10	1.17	1.38	1.53	2.97	5.34
62	0.70	0.90	0.96	1.13	1.24	2.42	4.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.21	0.27	0.30	0.36	0.51	1.18	2.16
26	0.22	0.29	0.32	0.38	0.54	1.23	2.24
27	0.24	0.31	0.34	0.40	0.58	1.28	2.32
28	0.25	0.33	0.36	0.43	0.60	1.34	2.42
29	0.25	0.35	0.38	0.46	0.65	1.39	2.52
30	0.28	0.38	0.41	0.49	0.67	1.45	2.62
31	0.30	0.39	0.43	0.52	0.71	1.52	2.73
32	0.32	0.42	0.46	0.55	0.75	1.58	2.84
33	0.34	0.45	0.49	0.58	0.78	1.66	2.97
34	0.36	0.48	0.52	0.62	0.84	1.74	3.09
35	0.39	0.51	0.55	0.66	0.88	1.81	3.23
36	0.41	0.55	0.59	0.71	0.92	1.89	3.37
37	0.43	0.58	0.63	0.75	0.98	1.98	3.52
38	0.46	0.61	0.66	0.79	1.03	2.08	3.70
39	0.50	0.65	0.71	0.85	1.09	2.18	3.87
40	0.52	0.70	0.75	0.90	1.15	2.28	4.06
41	0.56	0.73	0.80	0.95	1.21	2.39	4.26
42	0.58	0.78	0.84	1.01	1.27	2.51	4.47
43	0.63	0.83	0.90	1.06	1.35	2.63	4.70
44	0.68	0.89	0.96	1.13	1.43	2.77	4.95
45	0.73	0.94	1.01	1.19	1.50	2.91	5.19
46	0.78	1.01	1.07	1.26	1.58	3.05	5.46
47	0.84	1.06	1.13	1.33	1.66	3.19	5.73
48	0.90	1.13	1.20	1.41	1.74	3.35	6.03
49	0.94	1.20	1.28	1.50	1.84	3.51	6.34
50	1.00	1.27	1.34	1.57	1.92	3.66	6.62
51	1.06	1.33	1.40	1.64	1.99	3.80	6.88
52	1.10	1.38	1.46	1.70	2.05	3.91	7.10
53	1.15	1.44	1.51	1.76	2.10	4.02	7.29
54	1.19	1.47	1.55	1.80	2.13	4.08	7.41
55	1.20	1.50	1.57	1.82	2.14	4.11	7.47
56	1.21	1.51	1.57	1.82	2.12	4.07	7.41
57	1.20	1.48	1.55	1.80	2.06	3.98	7.25
58	1.16	1.44	1.50	1.73	1.99	3.83	6.94
59	1.09	1.35	1.42	1.64	1.85	3.59	6.50
60	1.00	1.24	1.29	1.50	1.68	3.27	5.89
61	0.88	1.10	1.13	1.32	1.46	2.84	5.11
62	0.72	0.90	0.93	1.08	1.18	2.32	4.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.21	0.28	0.32	0.38	0.54	1.25	2.28
26	0.22	0.30	0.34	0.40	0.57	1.30	2.37
27	0.24	0.32	0.36	0.42	0.61	1.35	2.45
28	0.25	0.34	0.38	0.45	0.64	1.42	2.56
29	0.26	0.36	0.40	0.49	0.69	1.47	2.66
30	0.29	0.39	0.43	0.52	0.71	1.53	2.77
31	0.31	0.41	0.45	0.55	0.75	1.61	2.89
32	0.33	0.44	0.48	0.58	0.79	1.67	3.00
33	0.35	0.47	0.51	0.62	0.83	1.76	3.14
34	0.37	0.50	0.55	0.66	0.89	1.84	3.27
35	0.40	0.53	0.58	0.70	0.93	1.91	3.41
36	0.42	0.57	0.62	0.75	0.98	2.00	3.56
37	0.44	0.60	0.66	0.79	1.04	2.09	3.72
38	0.47	0.63	0.70	0.84	1.09	2.20	3.91
39	0.51	0.67	0.75	0.90	1.15	2.30	4.09
40	0.53	0.72	0.79	0.95	1.22	2.41	4.29
41	0.57	0.76	0.84	1.01	1.28	2.53	4.50
42	0.60	0.81	0.88	1.07	1.35	2.65	4.73
43	0.65	0.86	0.95	1.12	1.43	2.78	4.97
44	0.70	0.92	1.01	1.20	1.51	2.93	5.23
45	0.75	0.98	1.06	1.26	1.59	3.08	5.49
46	0.80	1.05	1.13	1.34	1.67	3.23	5.77
47	0.86	1.10	1.19	1.41	1.76	3.37	6.06
48	0.92	1.17	1.26	1.49	1.84	3.54	6.37
49	0.96	1.24	1.34	1.59	1.95	3.71	6.70
50	1.02	1.32	1.41	1.66	2.03	3.87	7.00
51	1.08	1.38	1.47	1.74	2.11	4.02	7.27
52	1.13	1.43	1.54	1.80	2.17	4.13	7.50
53	1.18	1.49	1.59	1.86	2.22	4.25	7.71
54	1.22	1.53	1.63	1.91	2.25	4.31	7.83
55	1.23	1.56	1.65	1.93	2.26	4.35	7.90
56	1.24	1.57	1.65	1.93	2.24	4.30	7.83
57	1.23	1.54	1.63	1.90	2.18	4.21	7.67
58	1.19	1.49	1.58	1.83	2.11	4.05	7.34
59	1.12	1.40	1.49	1.74	1.96	3.79	6.87
60	1.02	1.29	1.36	1.59	1.78	3.46	6.23
61	0.90	1.14	1.19	1.40	1.54	3.00	5.40
62	0.74	0.93	0.98	1.14	1.25	2.45	4.36

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.22	0.30	0.34	0.41	0.59	1.35	2.47
26	0.23	0.32	0.36	0.44	0.62	1.41	2.56
27	0.25	0.34	0.38	0.46	0.66	1.46	2.65
28	0.26	0.36	0.41	0.49	0.69	1.53	2.77
29	0.27	0.38	0.43	0.53	0.74	1.59	2.88
30	0.30	0.41	0.46	0.56	0.77	1.66	2.99
31	0.32	0.43	0.49	0.60	0.82	1.74	3.12
32	0.34	0.46	0.52	0.63	0.86	1.81	3.25
33	0.36	0.49	0.55	0.67	0.90	1.90	3.39
34	0.38	0.53	0.59	0.71	0.96	1.99	3.53
35	0.41	0.56	0.62	0.76	1.01	2.07	3.69
36	0.43	0.60	0.67	0.81	1.06	2.16	3.85
37	0.46	0.63	0.71	0.86	1.12	2.26	4.02
38	0.49	0.67	0.75	0.91	1.18	2.38	4.23
39	0.53	0.71	0.80	0.97	1.25	2.49	4.42
40	0.55	0.76	0.85	1.03	1.32	2.61	4.64
41	0.59	0.80	0.90	1.09	1.39	2.73	4.87
42	0.62	0.85	0.95	1.16	1.46	2.87	5.11
43	0.67	0.91	1.02	1.22	1.55	3.01	5.37
44	0.72	0.97	1.08	1.30	1.64	3.17	5.66
45	0.77	1.03	1.14	1.37	1.72	3.33	5.93
46	0.83	1.10	1.21	1.45	1.81	3.49	6.24
47	0.89	1.16	1.28	1.53	1.90	3.65	6.55
48	0.95	1.24	1.36	1.62	2.00	3.83	6.89
49	1.00	1.31	1.44	1.72	2.11	4.01	7.25
50	1.06	1.39	1.51	1.80	2.20	4.18	7.57
51	1.12	1.45	1.58	1.88	2.28	4.34	7.86
52	1.17	1.51	1.65	1.95	2.35	4.47	8.11
53	1.22	1.57	1.70	2.02	2.41	4.59	8.33
54	1.26	1.61	1.75	2.07	2.44	4.66	8.47
55	1.27	1.64	1.77	2.09	2.45	4.70	8.54
56	1.28	1.65	1.77	2.09	2.43	4.65	8.47
57	1.27	1.62	1.75	2.06	2.37	4.55	8.29
58	1.23	1.57	1.69	1.99	2.28	4.38	7.93
59	1.16	1.48	1.60	1.88	2.12	4.10	7.43
60	1.06	1.36	1.46	1.72	1.93	3.74	6.73
61	0.93	1.20	1.28	1.51	1.67	3.25	5.84
62	0.76	0.98	1.05	1.24	1.35	2.65	4.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.59	2.17	2.35	3.26	4.87	9.98	18.14
26	1.64	2.23	2.42	3.34	5.00	10.13	18.38
27	1.68	2.28	2.49	3.45	5.11	10.26	18.59
28	1.73	2.36	2.56	3.55	5.22	10.39	18.75
29	1.79	2.43	2.63	3.65	5.35	10.48	18.89
30	1.84	2.50	2.72	3.76	5.43	10.57	19.00
31	1.89	2.57	2.80	3.86	5.53	10.64	19.08
32	1.94	2.64	2.88	3.97	5.63	10.69	19.12
33	2.00	2.72	2.95	4.06	5.71	10.73	19.14
34	2.05	2.77	3.02	4.16	5.78	10.75	19.13
35	2.09	2.84	3.08	4.24	5.84	10.75	19.09
36	2.13	2.89	3.15	4.32	5.88	10.74	19.04
37	2.17	2.94	3.20	4.38	5.92	10.71	18.96
38	2.21	2.98	3.25	4.44	5.95	10.67	18.86
39	2.24	3.02	3.29	4.48	5.96	10.61	18.75
40	2.26	3.05	3.32	4.50	5.95	10.52	18.61
41	2.28	3.07	3.34	4.52	5.94	10.42	18.43
42	2.30	3.08	3.35	4.52	5.90	10.30	18.23
43	2.32	3.10	3.36	4.49	5.85	10.16	18.00
44	2.35	3.10	3.35	4.46	5.78	9.99	17.74
45	2.36	3.09	3.33	4.41	5.68	9.79	17.43
46	2.36	3.07	3.29	4.34	5.57	9.56	17.06
47	2.35	3.04	3.24	4.24	5.42	9.30	16.61
48	2.30	2.96	3.15	4.11	5.22	8.98	16.07
49	2.24	2.89	3.07	3.96	5.00	8.61	15.45
50	2.19	2.78	2.95	3.79	4.74	8.20	14.76
51	2.09	2.66	2.81	3.60	4.45	7.75	13.99
52	2.00	2.53	2.67	3.37	4.15	7.26	13.13
53	1.87	2.35	2.48	3.10	3.77	6.67	12.09
54	1.73	2.16	2.27	2.81	3.40	6.06	11.00
55	1.58	1.97	2.06	2.51	3.00	5.43	9.87
56	1.43	1.77	1.85	2.22	2.62	4.81	8.74
57	1.26	1.56	1.63	1.94	2.25	4.21	7.65
58	1.10	1.37	1.43	1.67	1.93	3.66	6.63
59	0.95	1.19	1.24	1.44	1.64	3.15	5.70
60	0.83	1.03	1.07	1.23	1.37	2.70	4.87
61	0.72	0.88	0.93	1.07	1.18	2.33	4.16
62	0.63	0.79	0.81	0.95	1.03	2.03	3.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.59	2.18	2.37	3.27	4.90	10.05	18.24
26	1.64	2.24	2.43	3.36	5.02	10.19	18.49
27	1.69	2.29	2.50	3.47	5.14	10.33	18.70
28	1.73	2.37	2.57	3.57	5.26	10.46	18.87
29	1.79	2.44	2.65	3.68	5.38	10.55	19.01
30	1.85	2.52	2.74	3.79	5.47	10.64	19.13
31	1.90	2.59	2.82	3.89	5.57	10.72	19.22
32	1.94	2.66	2.90	4.00	5.66	10.77	19.26
33	2.00	2.74	2.98	4.10	5.75	10.82	19.29
34	2.06	2.79	3.04	4.19	5.83	10.84	19.29
35	2.10	2.86	3.11	4.28	5.88	10.84	19.25
36	2.14	2.91	3.18	4.36	5.93	10.83	19.21
37	2.18	2.96	3.23	4.42	5.98	10.81	19.14
38	2.22	3.00	3.28	4.48	6.00	10.77	19.04
39	2.25	3.04	3.33	4.52	6.01	10.71	18.94
40	2.27	3.07	3.35	4.54	6.01	10.63	18.81
41	2.30	3.10	3.38	4.57	6.00	10.54	18.64
42	2.32	3.11	3.39	4.57	5.97	10.42	18.45
43	2.34	3.12	3.40	4.54	5.92	10.29	18.24
44	2.36	3.12	3.40	4.52	5.85	10.13	17.98
45	2.38	3.12	3.37	4.47	5.76	9.94	17.69
46	2.38	3.11	3.33	4.41	5.64	9.72	17.33
47	2.36	3.07	3.29	4.31	5.50	9.46	16.90
48	2.32	2.99	3.20	4.18	5.30	9.14	16.37
49	2.26	2.92	3.12	4.04	5.09	8.79	15.77
50	2.21	2.83	3.01	3.87	4.84	8.38	15.09
51	2.12	2.70	2.88	3.68	4.56	7.95	14.33
52	2.02	2.57	2.73	3.46	4.25	7.46	13.48
53	1.90	2.40	2.55	3.19	3.88	6.87	12.46
54	1.76	2.21	2.34	2.91	3.50	6.26	11.37
55	1.61	2.02	2.13	2.61	3.11	5.64	10.25
56	1.45	1.82	1.92	2.32	2.72	5.01	9.11
57	1.29	1.61	1.70	2.03	2.35	4.41	8.02
58	1.13	1.42	1.50	1.76	2.03	3.85	6.98
59	0.98	1.23	1.30	1.52	1.73	3.33	6.02
60	0.85	1.08	1.13	1.30	1.46	2.87	5.16
61	0.74	0.92	0.98	1.14	1.25	2.47	4.41
62	0.65	0.81	0.86	1.00	1.09	2.14	3.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.60	2.19	2.39	3.30	4.94	10.13	18.41
26	1.65	2.26	2.45	3.40	5.07	10.29	18.66
27	1.70	2.31	2.53	3.50	5.18	10.42	18.87
28	1.74	2.39	2.60	3.61	5.30	10.55	19.06
29	1.79	2.46	2.68	3.71	5.43	10.66	19.21
30	1.86	2.54	2.77	3.82	5.52	10.75	19.32
31	1.91	2.61	2.84	3.93	5.63	10.83	19.42
32	1.95	2.68	2.93	4.04	5.72	10.89	19.48
33	2.01	2.76	3.01	4.14	5.81	10.94	19.50
34	2.07	2.82	3.07	4.24	5.89	10.97	19.51
35	2.11	2.88	3.15	4.33	5.95	10.98	19.50
36	2.15	2.93	3.21	4.41	6.00	10.97	19.46
37	2.20	2.99	3.27	4.48	6.05	10.96	19.40
38	2.23	3.04	3.33	4.54	6.08	10.93	19.32
39	2.27	3.07	3.37	4.59	6.10	10.88	19.23
40	2.28	3.11	3.40	4.61	6.10	10.81	19.12
41	2.32	3.13	3.43	4.64	6.10	10.72	18.96
42	2.34	3.14	3.45	4.65	6.06	10.61	18.79
43	2.35	3.17	3.46	4.63	6.02	10.49	18.59
44	2.38	3.17	3.46	4.61	5.97	10.34	18.36
45	2.40	3.17	3.44	4.57	5.87	10.16	18.08
46	2.40	3.16	3.40	4.51	5.77	9.95	17.75
47	2.39	3.12	3.37	4.42	5.63	9.70	17.33
48	2.35	3.05	3.29	4.30	5.44	9.40	16.83
49	2.29	2.98	3.21	4.16	5.23	9.05	16.25
50	2.24	2.89	3.11	3.99	4.99	8.65	15.59
51	2.15	2.77	2.98	3.81	4.71	8.23	14.85
52	2.06	2.64	2.83	3.59	4.41	7.75	14.02
53	1.93	2.47	2.65	3.33	4.04	7.17	13.00
54	1.79	2.28	2.44	3.05	3.67	6.56	11.93
55	1.65	2.09	2.23	2.75	3.27	5.95	10.81
56	1.49	1.89	2.02	2.46	2.89	5.32	9.67
57	1.32	1.68	1.80	2.17	2.52	4.71	8.56
58	1.16	1.49	1.59	1.90	2.18	4.14	7.50
59	1.02	1.30	1.40	1.65	1.87	3.60	6.51
60	0.88	1.14	1.22	1.42	1.59	3.12	5.60
61	0.76	0.98	1.06	1.23	1.37	2.69	4.80
62	0.67	0.86	0.92	1.09	1.18	2.32	4.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.69	2.37	2.66	3.68	5.51	11.41	20.73
26	1.73	2.44	2.73	3.78	5.64	11.58	21.00
27	1.79	2.50	2.81	3.89	5.78	11.73	21.24
28	1.84	2.58	2.89	4.02	5.91	11.87	21.43
29	1.89	2.66	2.98	4.13	6.04	11.98	21.59
30	1.95	2.74	3.07	4.25	6.14	12.08	21.71
31	2.00	2.82	3.16	4.37	6.26	12.16	21.80
32	2.06	2.89	3.25	4.49	6.36	12.22	21.85
33	2.12	2.98	3.33	4.59	6.46	12.26	21.87
34	2.17	3.04	3.40	4.70	6.54	12.29	21.86
35	2.21	3.11	3.48	4.80	6.60	12.29	21.82
36	2.26	3.16	3.55	4.88	6.66	12.27	21.76
37	2.30	3.22	3.61	4.96	6.69	12.24	21.67
38	2.35	3.26	3.67	5.02	6.73	12.19	21.55
39	2.38	3.30	3.71	5.07	6.75	12.12	21.43
40	2.40	3.33	3.75	5.09	6.74	12.02	21.27
41	2.42	3.36	3.77	5.11	6.73	11.91	21.06
42	2.44	3.37	3.78	5.11	6.68	11.77	20.83
43	2.46	3.39	3.79	5.08	6.62	11.61	20.57
44	2.49	3.39	3.78	5.06	6.55	11.42	20.27
45	2.50	3.38	3.75	5.01	6.43	11.19	19.92
46	2.50	3.36	3.71	4.93	6.30	10.93	19.50
47	2.49	3.32	3.66	4.81	6.13	10.63	18.98
48	2.44	3.24	3.56	4.66	5.92	10.26	18.37
49	2.38	3.16	3.47	4.50	5.67	9.84	17.66
50	2.32	3.05	3.33	4.31	5.38	9.37	16.87
51	2.22	2.91	3.18	4.09	5.06	8.86	15.99
52	2.12	2.77	3.01	3.83	4.72	8.30	15.01
53	1.99	2.57	2.80	3.53	4.29	7.62	13.82
54	1.84	2.36	2.56	3.20	3.86	6.92	12.57
55	1.68	2.15	2.32	2.87	3.42	6.21	11.28
56	1.51	1.93	2.08	2.54	2.98	5.50	9.99
57	1.34	1.71	1.84	2.21	2.57	4.81	8.74
58	1.17	1.50	1.61	1.92	2.21	4.18	7.58
59	1.02	1.30	1.40	1.65	1.87	3.60	6.51
60	0.88	1.13	1.21	1.41	1.58	3.09	5.56
61	0.76	0.97	1.05	1.23	1.36	2.66	4.75
62	0.67	0.86	0.92	1.09	1.18	2.32	4.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.82	2.48	2.69	3.72	5.57	11.41	20.73
26	1.87	2.55	2.76	3.82	5.71	11.58	21.00
27	1.92	2.61	2.84	3.94	5.84	11.73	21.24
28	1.98	2.70	2.92	4.06	5.97	11.87	21.43
29	2.04	2.78	3.01	4.17	6.11	11.98	21.59
30	2.10	2.86	3.11	4.30	6.21	12.08	21.71
31	2.16	2.94	3.20	4.41	6.32	12.16	21.80
32	2.22	3.02	3.29	4.54	6.43	12.22	21.85
33	2.28	3.11	3.37	4.64	6.52	12.26	21.87
34	2.34	3.17	3.45	4.75	6.61	12.29	21.86
35	2.39	3.25	3.52	4.85	6.67	12.29	21.82
36	2.43	3.30	3.60	4.94	6.72	12.27	21.76
37	2.48	3.36	3.66	5.01	6.77	12.24	21.67
38	2.53	3.41	3.71	5.07	6.80	12.19	21.55
39	2.56	3.45	3.76	5.12	6.81	12.12	21.43
40	2.58	3.48	3.79	5.14	6.80	12.02	21.27
41	2.61	3.51	3.82	5.16	6.79	11.91	21.06
42	2.63	3.52	3.83	5.16	6.74	11.77	20.83
43	2.65	3.54	3.84	5.13	6.68	11.61	20.57
44	2.68	3.54	3.83	5.10	6.61	11.42	20.27
45	2.70	3.53	3.80	5.04	6.49	11.19	19.92
46	2.70	3.51	3.76	4.96	6.36	10.93	19.50
47	2.68	3.47	3.70	4.85	6.19	10.63	18.98
48	2.63	3.38	3.60	4.70	5.96	10.26	18.37
49	2.56	3.30	3.51	4.53	5.71	9.84	17.66
50	2.50	3.18	3.37	4.33	5.42	9.37	16.87
51	2.39	3.04	3.21	4.11	5.09	8.86	15.99
52	2.28	2.89	3.05	3.85	4.74	8.30	15.01
53	2.14	2.69	2.83	3.54	4.31	7.62	13.82
54	1.98	2.47	2.59	3.21	3.88	6.92	12.57
55	1.81	2.25	2.35	2.87	3.43	6.21	11.28
56	1.63	2.02	2.11	2.54	2.99	5.50	9.99
57	1.44	1.78	1.86	2.22	2.57	4.81	8.74
58	1.26	1.56	1.63	1.91	2.20	4.18	7.58
59	1.09	1.36	1.42	1.64	1.87	3.60	6.51
60	0.95	1.18	1.22	1.40	1.57	3.09	5.56
61	0.82	1.01	1.06	1.22	1.35	2.66	4.75
62	0.72	0.90	0.93	1.08	1.18	2.32	4.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.82	2.49	2.71	3.74	5.60	11.48	20.85
26	1.87	2.56	2.78	3.84	5.74	11.65	21.13
27	1.93	2.62	2.86	3.96	5.87	11.80	21.37
28	1.98	2.71	2.94	4.08	6.01	11.95	21.57
29	2.04	2.79	3.03	4.20	6.15	12.06	21.73
30	2.11	2.88	3.13	4.33	6.25	12.16	21.86
31	2.17	2.96	3.22	4.44	6.36	12.25	21.96
32	2.22	3.04	3.31	4.57	6.47	12.31	22.01
33	2.29	3.13	3.40	4.68	6.57	12.36	22.04
34	2.35	3.19	3.47	4.79	6.66	12.39	22.04
35	2.40	3.27	3.55	4.89	6.72	12.39	22.00
36	2.44	3.32	3.63	4.98	6.78	12.38	21.95
37	2.49	3.38	3.69	5.05	6.83	12.35	21.87
38	2.54	3.43	3.75	5.12	6.86	12.31	21.76
39	2.57	3.47	3.80	5.17	6.87	12.24	21.65
40	2.59	3.51	3.83	5.19	6.87	12.15	21.50
41	2.63	3.54	3.86	5.22	6.86	12.05	21.30
42	2.65	3.55	3.87	5.22	6.82	11.91	21.09
43	2.67	3.57	3.88	5.19	6.76	11.76	20.84
44	2.70	3.57	3.88	5.17	6.69	11.58	20.55
45	2.72	3.57	3.85	5.11	6.58	11.36	20.22
46	2.72	3.55	3.81	5.04	6.45	11.11	19.81
47	2.70	3.51	3.76	4.93	6.29	10.81	19.31
48	2.65	3.42	3.66	4.78	6.06	10.45	18.71
49	2.58	3.34	3.57	4.62	5.82	10.04	18.02
50	2.52	3.23	3.44	4.42	5.53	9.58	17.25
51	2.42	3.09	3.29	4.21	5.21	9.08	16.38
52	2.31	2.94	3.12	3.95	4.86	8.52	15.41
53	2.17	2.74	2.91	3.64	4.43	7.85	14.24
54	2.01	2.53	2.67	3.32	4.00	7.15	12.99
55	1.84	2.31	2.43	2.98	3.55	6.45	11.71
56	1.66	2.08	2.19	2.65	3.11	5.73	10.41
57	1.47	1.84	1.94	2.32	2.69	5.04	9.16
58	1.29	1.62	1.71	2.01	2.32	4.40	7.98
59	1.12	1.41	1.49	1.74	1.98	3.80	6.88
60	0.97	1.23	1.29	1.49	1.67	3.28	5.90
61	0.84	1.05	1.12	1.30	1.43	2.82	5.04
62	0.74	0.93	0.98	1.14	1.25	2.45	4.36

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.83	2.50	2.73	3.77	5.65	11.58	21.04
26	1.88	2.58	2.80	3.88	5.79	11.76	21.32
27	1.94	2.64	2.89	4.00	5.92	11.91	21.57
28	1.99	2.73	2.97	4.12	6.06	12.06	21.78
29	2.05	2.81	3.06	4.24	6.20	12.18	21.95
30	2.12	2.90	3.16	4.37	6.31	12.29	22.08
31	2.18	2.98	3.25	4.49	6.43	12.38	22.19
32	2.23	3.06	3.35	4.62	6.54	12.45	22.26
33	2.30	3.15	3.44	4.73	6.64	12.50	22.29
34	2.36	3.22	3.51	4.84	6.73	12.54	22.30
35	2.41	3.29	3.60	4.95	6.80	12.55	22.28
36	2.46	3.35	3.67	5.04	6.86	12.54	22.24
37	2.51	3.42	3.74	5.12	6.91	12.52	22.17
38	2.55	3.47	3.80	5.19	6.95	12.49	22.08
39	2.59	3.51	3.85	5.24	6.97	12.43	21.98
40	2.61	3.55	3.89	5.27	6.97	12.35	21.85
41	2.65	3.58	3.92	5.30	6.97	12.25	21.67
42	2.67	3.59	3.94	5.31	6.93	12.13	21.47
43	2.69	3.62	3.95	5.29	6.88	11.99	21.24
44	2.72	3.62	3.95	5.27	6.82	11.82	20.98
45	2.74	3.62	3.93	5.22	6.71	11.61	20.66
46	2.74	3.61	3.89	5.15	6.59	11.37	20.28
47	2.73	3.57	3.85	5.05	6.43	11.09	19.80
48	2.68	3.49	3.76	4.91	6.22	10.74	19.23
49	2.62	3.41	3.67	4.75	5.98	10.34	18.57
50	2.56	3.30	3.55	4.56	5.70	9.89	17.82
51	2.46	3.17	3.40	4.35	5.38	9.40	16.97
52	2.35	3.02	3.23	4.10	5.04	8.86	16.02
53	2.21	2.82	3.03	3.80	4.62	8.19	14.86
54	2.05	2.61	2.79	3.48	4.19	7.50	13.63
55	1.88	2.39	2.55	3.14	3.74	6.80	12.35
56	1.70	2.16	2.31	2.81	3.30	6.08	11.05
57	1.51	1.92	2.06	2.48	2.88	5.38	9.78
58	1.33	1.70	1.82	2.17	2.49	4.73	8.57
59	1.16	1.49	1.60	1.88	2.14	4.11	7.44
60	1.01	1.30	1.39	1.62	1.82	3.56	6.40
61	0.87	1.12	1.21	1.41	1.56	3.07	5.48
62	0.76	0.98	1.05	1.24	1.35	2.65	4.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.93	2.71	3.04	4.20	6.30	13.04	23.69
26	1.98	2.79	3.12	4.32	6.45	13.23	24.00
27	2.04	2.86	3.21	4.45	6.60	13.41	24.27
28	2.10	2.95	3.30	4.59	6.75	13.57	24.49
29	2.16	3.04	3.40	4.72	6.90	13.69	24.67
30	2.23	3.13	3.51	4.86	7.02	13.81	24.81
31	2.29	3.22	3.61	4.99	7.15	13.90	24.91
32	2.35	3.30	3.71	5.13	7.27	13.97	24.97
33	2.42	3.40	3.81	5.25	7.38	14.01	24.99
34	2.48	3.47	3.89	5.37	7.47	14.05	24.98
35	2.53	3.55	3.98	5.49	7.54	14.05	24.94
36	2.58	3.61	4.06	5.58	7.61	14.02	24.87
37	2.63	3.68	4.13	5.67	7.65	13.99	24.77
38	2.68	3.73	4.19	5.74	7.69	13.93	24.63
39	2.72	3.77	4.24	5.79	7.71	13.85	24.49
40	2.74	3.81	4.28	5.82	7.70	13.74	24.31
41	2.77	3.84	4.31	5.84	7.69	13.61	24.07
42	2.79	3.85	4.32	5.84	7.63	13.45	23.81
43	2.81	3.87	4.33	5.81	7.57	13.27	23.51
44	2.84	3.87	4.32	5.78	7.49	13.05	23.17
45	2.86	3.86	4.29	5.72	7.35	12.79	22.77
46	2.86	3.84	4.24	5.63	7.20	12.49	22.29
47	2.84	3.79	4.18	5.50	7.01	12.15	21.69
48	2.79	3.70	4.07	5.33	6.76	11.73	20.99
49	2.72	3.61	3.96	5.14	6.48	11.25	20.18
50	2.65	3.48	3.81	4.92	6.15	10.71	19.28
51	2.54	3.33	3.63	4.67	5.78	10.13	18.27
52	2.42	3.16	3.44	4.38	5.39	9.49	17.15
53	2.27	2.94	3.20	4.03	4.90	8.71	15.79
54	2.10	2.70	2.93	3.66	4.41	7.91	14.37
55	1.92	2.46	2.65	3.28	3.91	7.10	12.89
56	1.73	2.21	2.38	2.90	3.41	6.29	11.42
57	1.53	1.95	2.10	2.53	2.94	5.50	9.99
58	1.34	1.71	1.84	2.19	2.52	4.78	8.66
59	1.16	1.49	1.60	1.88	2.14	4.11	7.44
60	1.01	1.29	1.38	1.61	1.81	3.53	6.35
61	0.87	1.11	1.20	1.40	1.55	3.04	5.43
62	0.76	0.98	1.05	1.24	1.35	2.65	4.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.72	2.34	2.55	3.52	5.23	10.65	19.34
26	1.78	2.42	2.61	3.61	5.38	10.85	19.65
27	1.82	2.49	2.70	3.74	5.53	11.02	19.93
28	1.88	2.56	2.79	3.87	5.66	11.18	20.18
29	1.95	2.66	2.88	3.99	5.81	11.34	20.40
30	2.01	2.75	2.98	4.13	5.93	11.46	20.58
31	2.08	2.84	3.08	4.25	6.06	11.59	20.74
32	2.14	2.92	3.18	4.39	6.19	11.69	20.88
33	2.21	3.01	3.27	4.52	6.30	11.78	20.98
34	2.28	3.09	3.35	4.64	6.41	11.85	21.06
35	2.35	3.17	3.45	4.74	6.51	11.92	21.13
36	2.40	3.25	3.54	4.87	6.59	11.95	21.18
37	2.46	3.33	3.61	4.96	6.68	11.99	21.20
38	2.51	3.40	3.68	5.04	6.74	12.01	21.23
39	2.56	3.45	3.75	5.13	6.79	12.01	21.22
40	2.61	3.51	3.81	5.19	6.83	12.00	21.19
41	2.65	3.54	3.86	5.24	6.84	11.97	21.14
42	2.68	3.59	3.89	5.27	6.85	11.91	21.07
43	2.74	3.63	3.94	5.30	6.86	11.86	20.98
44	2.78	3.68	3.97	5.31	6.84	11.76	20.88
45	2.82	3.69	3.97	5.30	6.80	11.65	20.70
46	2.84	3.71	3.97	5.28	6.74	11.49	20.47
47	2.86	3.70	3.96	5.22	6.63	11.30	20.16
48	2.84	3.68	3.91	5.14	6.48	11.03	19.76
49	2.82	3.61	3.84	5.02	6.29	10.74	19.27
50	2.78	3.54	3.76	4.88	6.07	10.39	18.67
51	2.71	3.45	3.64	4.71	5.81	9.98	17.98
52	2.63	3.32	3.51	4.51	5.51	9.50	17.17
53	2.51	3.15	3.32	4.23	5.13	8.89	16.10
54	2.37	2.96	3.11	3.93	4.73	8.24	14.95
55	2.21	2.76	2.88	3.61	4.30	7.57	13.73
56	2.05	2.53	2.65	3.29	3.87	6.87	12.47
57	1.86	2.30	2.40	2.97	3.42	6.17	11.20
58	1.66	2.07	2.15	2.64	3.02	5.49	9.96
59	1.48	1.84	1.92	2.34	2.63	4.83	8.76
60	1.30	1.63	1.69	2.06	2.28	4.24	7.64
61	1.15	1.43	1.48	1.80	1.98	3.68	6.62
62	1.00	1.24	1.30	1.58	1.73	3.22	5.71

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.72	2.35	2.56	3.54	5.26	10.71	19.44
26	1.78	2.42	2.63	3.63	5.41	10.91	19.77
27	1.83	2.49	2.71	3.75	5.56	11.08	20.05
28	1.88	2.58	2.81	3.89	5.70	11.25	20.30
29	1.95	2.67	2.90	4.02	5.85	11.41	20.52
30	2.02	2.76	2.99	4.16	5.97	11.53	20.71
31	2.08	2.84	3.10	4.28	6.10	11.66	20.88
32	2.15	2.94	3.19	4.42	6.22	11.77	21.02
33	2.22	3.03	3.29	4.55	6.34	11.87	21.13
34	2.28	3.11	3.38	4.67	6.46	11.94	21.22
35	2.35	3.19	3.47	4.78	6.55	12.01	21.29
36	2.41	3.26	3.56	4.90	6.64	12.05	21.34
37	2.47	3.34	3.64	5.00	6.73	12.08	21.38
38	2.52	3.41	3.71	5.08	6.79	12.11	21.41
39	2.56	3.47	3.79	5.17	6.84	12.12	21.41
40	2.62	3.53	3.84	5.23	6.89	12.11	21.39
41	2.66	3.57	3.89	5.29	6.90	12.09	21.35
42	2.70	3.61	3.93	5.32	6.92	12.03	21.30
43	2.76	3.66	3.98	5.36	6.93	11.99	21.22
44	2.80	3.70	4.02	5.37	6.91	11.90	21.12
45	2.84	3.73	4.02	5.36	6.88	11.80	20.97
46	2.86	3.75	4.03	5.35	6.82	11.65	20.74
47	2.88	3.74	4.01	5.29	6.72	11.45	20.45
48	2.86	3.71	3.96	5.21	6.57	11.20	20.06
49	2.84	3.65	3.90	5.10	6.39	10.91	19.58
50	2.80	3.58	3.82	4.96	6.17	10.57	19.01
51	2.74	3.49	3.70	4.80	5.92	10.17	18.32
52	2.65	3.36	3.58	4.59	5.62	9.70	17.52
53	2.54	3.20	3.39	4.31	5.23	9.09	16.47
54	2.40	3.01	3.18	4.03	4.83	8.44	15.31
55	2.24	2.81	2.95	3.71	4.40	7.78	14.11
56	2.07	2.58	2.72	3.39	3.97	7.07	12.84
57	1.88	2.35	2.47	3.05	3.53	6.37	11.57
58	1.69	2.11	2.22	2.73	3.12	5.68	10.31
59	1.50	1.88	1.98	2.42	2.73	5.01	9.08
60	1.32	1.66	1.75	2.14	2.36	4.40	7.94
61	1.16	1.46	1.53	1.87	2.05	3.82	6.87
62	1.02	1.27	1.34	1.64	1.79	3.33	5.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.73	2.36	2.57	3.56	5.30	10.80	19.61
26	1.79	2.44	2.65	3.67	5.45	11.01	19.93
27	1.84	2.51	2.74	3.79	5.60	11.17	20.22
28	1.89	2.60	2.84	3.92	5.74	11.35	20.48
29	1.96	2.69	2.92	4.05	5.89	11.52	20.71
30	2.03	2.77	3.02	4.19	6.02	11.65	20.90
31	2.09	2.86	3.12	4.32	6.16	11.78	21.08
32	2.16	2.96	3.23	4.46	6.28	11.89	21.24
33	2.23	3.05	3.33	4.59	6.41	11.99	21.35
34	2.29	3.12	3.41	4.72	6.52	12.07	21.45
35	2.36	3.21	3.51	4.83	6.62	12.15	21.53
36	2.42	3.29	3.61	4.95	6.71	12.19	21.60
37	2.49	3.38	3.68	5.06	6.80	12.23	21.64
38	2.53	3.44	3.75	5.15	6.87	12.27	21.69
39	2.58	3.50	3.83	5.23	6.93	12.29	21.70
40	2.63	3.56	3.89	5.30	6.97	12.29	21.70
41	2.68	3.61	3.95	5.36	7.00	12.27	21.67
42	2.71	3.65	3.99	5.40	7.02	12.22	21.63
43	2.77	3.70	4.04	5.44	7.04	12.19	21.57
44	2.82	3.75	4.08	5.46	7.03	12.11	21.50
45	2.86	3.77	4.09	5.46	6.99	12.01	21.35
46	2.89	3.80	4.10	5.44	6.94	11.87	21.15
47	2.91	3.79	4.08	5.40	6.84	11.70	20.88
48	2.90	3.76	4.05	5.32	6.71	11.45	20.51
49	2.87	3.71	3.99	5.22	6.53	11.17	20.06
50	2.84	3.64	3.91	5.08	6.32	10.84	19.50
51	2.77	3.56	3.80	4.92	6.06	10.45	18.84
52	2.69	3.43	3.68	4.73	5.78	9.99	18.05
53	2.57	3.27	3.48	4.45	5.40	9.39	17.01
54	2.43	3.08	3.28	4.17	5.00	8.75	15.87
55	2.28	2.88	3.06	3.85	4.57	8.09	14.67
56	2.11	2.65	2.83	3.53	4.14	7.38	13.40
57	1.92	2.42	2.57	3.19	3.69	6.67	12.11
58	1.72	2.18	2.33	2.87	3.27	5.97	10.82
59	1.53	1.95	2.07	2.55	2.87	5.28	9.57
60	1.36	1.72	1.84	2.25	2.49	4.65	8.37
61	1.19	1.51	1.61	1.97	2.16	4.04	7.25
62	1.03	1.31	1.40	1.72	1.88	3.51	6.23

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.83	2.56	2.87	3.97	5.92	12.17	22.10
26	1.88	2.64	2.95	4.09	6.08	12.40	22.46
27	1.93	2.72	3.05	4.23	6.25	12.59	22.78
28	2.00	2.81	3.15	4.37	6.40	12.78	23.06
29	2.07	2.91	3.26	4.52	6.56	12.96	23.31
30	2.14	3.00	3.36	4.66	6.71	13.10	23.52
31	2.21	3.10	3.47	4.81	6.86	13.24	23.70
32	2.28	3.19	3.59	4.96	6.99	13.36	23.86
33	2.35	3.29	3.69	5.11	7.13	13.46	23.98
34	2.42	3.38	3.79	5.24	7.25	13.54	24.07
35	2.49	3.47	3.89	5.36	7.36	13.62	24.15
36	2.55	3.55	3.99	5.50	7.46	13.66	24.20
37	2.61	3.64	4.08	5.61	7.55	13.70	24.23
38	2.66	3.71	4.16	5.71	7.62	13.72	24.26
39	2.71	3.77	4.24	5.79	7.68	13.73	24.25
40	2.77	3.83	4.30	5.87	7.73	13.71	24.22
41	2.81	3.88	4.36	5.93	7.74	13.68	24.16
42	2.84	3.92	4.40	5.97	7.75	13.61	24.08
43	2.91	3.97	4.45	6.00	7.76	13.55	23.98
44	2.95	4.02	4.48	6.02	7.74	13.44	23.86
45	2.99	4.04	4.49	6.01	7.70	13.31	23.66
46	3.02	4.06	4.49	5.98	7.63	13.13	23.39
47	3.04	4.05	4.46	5.92	7.51	12.91	23.04
48	3.02	4.02	4.42	5.82	7.35	12.61	22.58
49	2.99	3.96	4.34	5.70	7.13	12.27	22.02
50	2.95	3.87	4.24	5.54	6.89	11.87	21.34
51	2.88	3.77	4.11	5.34	6.59	11.40	20.55
52	2.79	3.63	3.96	5.11	6.26	10.86	19.62
53	2.66	3.45	3.75	4.80	5.82	10.16	18.40
54	2.51	3.24	3.51	4.47	5.36	9.42	17.08
55	2.35	3.01	3.26	4.11	4.88	8.65	15.69
56	2.17	2.77	2.99	3.75	4.40	7.85	14.25
57	1.97	2.52	2.70	3.38	3.90	7.05	12.80
58	1.77	2.26	2.43	3.02	3.44	6.27	11.38
59	1.57	2.01	2.16	2.66	3.00	5.52	10.01
60	1.38	1.78	1.91	2.35	2.60	4.84	8.73
61	1.22	1.56	1.67	2.06	2.25	4.21	7.56
62	1.06	1.36	1.46	1.80	1.97	3.68	6.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.97	2.67	2.91	4.02	5.98	12.17	22.10
26	2.03	2.76	2.98	4.13	6.15	12.40	22.46
27	2.08	2.84	3.08	4.27	6.32	12.59	22.78
28	2.15	2.93	3.19	4.42	6.47	12.78	23.06
29	2.23	3.04	3.29	4.56	6.64	12.96	23.31
30	2.30	3.14	3.40	4.72	6.78	13.10	23.52
31	2.38	3.24	3.52	4.86	6.93	13.24	23.70
32	2.45	3.34	3.63	5.02	7.07	13.36	23.86
33	2.53	3.44	3.74	5.16	7.20	13.46	23.98
34	2.60	3.53	3.83	5.30	7.33	13.54	24.07
35	2.68	3.62	3.94	5.42	7.44	13.62	24.15
36	2.74	3.71	4.04	5.56	7.53	13.66	24.20
37	2.81	3.80	4.13	5.67	7.63	13.70	24.23
38	2.87	3.88	4.21	5.76	7.70	13.72	24.26
39	2.92	3.94	4.29	5.86	7.76	13.73	24.25
40	2.98	4.01	4.35	5.93	7.80	13.71	24.22
41	3.03	4.05	4.41	5.99	7.82	13.68	24.16
42	3.06	4.10	4.45	6.02	7.83	13.61	24.08
43	3.13	4.15	4.50	6.06	7.84	13.55	23.98
44	3.18	4.20	4.54	6.07	7.82	13.44	23.86
45	3.22	4.22	4.54	6.06	7.77	13.31	23.66
46	3.25	4.24	4.54	6.03	7.70	13.13	23.39
47	3.27	4.23	4.52	5.97	7.58	12.91	23.04
48	3.25	4.20	4.47	5.87	7.41	12.61	22.58
49	3.22	4.13	4.39	5.74	7.19	12.27	22.02
50	3.18	4.04	4.30	5.58	6.94	11.87	21.34
51	3.10	3.94	4.16	5.38	6.64	11.40	20.55
52	3.01	3.79	4.01	5.15	6.30	10.86	19.62
53	2.87	3.60	3.79	4.83	5.86	10.16	18.40
54	2.71	3.38	3.55	4.49	5.40	9.42	17.08
55	2.53	3.15	3.29	4.13	4.91	8.65	15.69
56	2.34	2.89	3.03	3.76	4.42	7.85	14.25
57	2.12	2.63	2.74	3.39	3.91	7.05	12.80
58	1.90	2.36	2.46	3.02	3.45	6.27	11.38
59	1.69	2.10	2.19	2.67	3.01	5.52	10.01
60	1.49	1.86	1.93	2.35	2.60	4.84	8.73
61	1.31	1.63	1.69	2.06	2.26	4.21	7.56
62	1.14	1.42	1.48	1.81	1.98	3.68	6.53

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.97	2.68	2.92	4.04	6.01	12.24	22.22
26	2.03	2.77	3.00	4.15	6.18	12.47	22.59
27	2.09	2.85	3.10	4.29	6.35	12.66	22.91
28	2.15	2.95	3.21	4.44	6.51	12.86	23.20
29	2.23	3.05	3.31	4.59	6.68	13.04	23.45
30	2.31	3.15	3.42	4.75	6.82	13.18	23.67
31	2.38	3.25	3.54	4.89	6.97	13.33	23.86
32	2.46	3.36	3.65	5.05	7.11	13.45	24.02
33	2.54	3.46	3.76	5.20	7.25	13.56	24.15
34	2.61	3.55	3.86	5.34	7.38	13.64	24.25
35	2.69	3.64	3.97	5.46	7.49	13.72	24.33
36	2.75	3.73	4.07	5.60	7.59	13.77	24.39
37	2.82	3.82	4.16	5.71	7.69	13.81	24.43
38	2.88	3.90	4.24	5.81	7.76	13.84	24.47
39	2.93	3.96	4.33	5.91	7.82	13.85	24.47
40	2.99	4.03	4.39	5.98	7.87	13.84	24.45
41	3.04	4.08	4.45	6.05	7.89	13.82	24.40
42	3.08	4.13	4.49	6.08	7.91	13.75	24.34
43	3.15	4.18	4.55	6.12	7.92	13.70	24.25
44	3.20	4.23	4.59	6.14	7.90	13.60	24.14
45	3.24	4.26	4.59	6.13	7.86	13.48	23.96
46	3.27	4.28	4.60	6.11	7.79	13.31	23.70
47	3.29	4.27	4.58	6.05	7.68	13.09	23.37
48	3.27	4.24	4.53	5.95	7.51	12.80	22.92
49	3.24	4.17	4.46	5.83	7.30	12.47	22.38
50	3.20	4.09	4.37	5.67	7.05	12.08	21.72
51	3.13	3.99	4.23	5.48	6.76	11.62	20.94
52	3.03	3.84	4.09	5.25	6.42	11.08	20.02
53	2.90	3.66	3.87	4.93	5.98	10.39	18.82
54	2.74	3.44	3.63	4.60	5.52	9.65	17.50
55	2.56	3.21	3.37	4.24	5.03	8.89	16.12
56	2.37	2.95	3.11	3.87	4.54	8.08	14.67
57	2.15	2.69	2.82	3.49	4.03	7.28	13.22
58	1.93	2.41	2.54	3.12	3.57	6.49	11.78
59	1.71	2.15	2.26	2.77	3.12	5.72	10.38
60	1.51	1.90	2.00	2.44	2.70	5.03	9.07
61	1.33	1.67	1.75	2.14	2.34	4.37	7.85
62	1.16	1.45	1.53	1.87	2.05	3.81	6.77

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.98	2.70	2.94	4.07	6.06	12.34	22.41
26	2.04	2.79	3.03	4.19	6.23	12.58	22.78
27	2.10	2.87	3.13	4.33	6.40	12.77	23.11
28	2.16	2.97	3.24	4.48	6.56	12.97	23.41
29	2.24	3.07	3.34	4.63	6.73	13.16	23.67
30	2.32	3.17	3.45	4.79	6.88	13.31	23.89
31	2.39	3.27	3.57	4.94	7.04	13.46	24.09
32	2.47	3.38	3.69	5.10	7.18	13.59	24.27
33	2.55	3.48	3.80	5.25	7.32	13.70	24.40
34	2.62	3.57	3.90	5.39	7.45	13.79	24.51
35	2.70	3.67	4.01	5.52	7.57	13.88	24.61
36	2.77	3.76	4.12	5.66	7.67	13.93	24.68
37	2.84	3.86	4.21	5.78	7.77	13.98	24.73
38	2.89	3.93	4.29	5.88	7.85	14.02	24.79
39	2.95	4.00	4.38	5.98	7.92	14.04	24.80
40	3.01	4.07	4.45	6.06	7.97	14.04	24.80
41	3.06	4.12	4.51	6.13	8.00	14.02	24.77
42	3.10	4.17	4.56	6.17	8.02	13.97	24.72
43	3.17	4.23	4.62	6.22	8.04	13.93	24.65
44	3.22	4.28	4.66	6.24	8.03	13.84	24.57
45	3.27	4.31	4.67	6.24	7.99	13.73	24.40
46	3.30	4.34	4.68	6.22	7.93	13.57	24.17
47	3.32	4.33	4.66	6.17	7.82	13.37	23.86
48	3.31	4.30	4.63	6.08	7.67	13.09	23.44
49	3.28	4.24	4.56	5.96	7.46	12.77	22.93
50	3.24	4.16	4.47	5.81	7.22	12.39	22.29
51	3.17	4.07	4.34	5.62	6.93	11.94	21.53
52	3.07	3.92	4.20	5.40	6.60	11.42	20.63
53	2.94	3.74	3.98	5.09	6.17	10.73	19.44
54	2.78	3.52	3.75	4.76	5.71	10.00	18.14
55	2.60	3.29	3.50	4.40	5.22	9.24	16.76
56	2.41	3.03	3.23	4.03	4.73	8.43	15.31
57	2.19	2.77	2.94	3.65	4.22	7.62	13.84
58	1.97	2.49	2.66	3.28	3.74	6.82	12.37
59	1.75	2.23	2.37	2.91	3.28	6.03	10.94
60	1.55	1.97	2.10	2.57	2.85	5.31	9.57
61	1.36	1.73	1.84	2.25	2.47	4.62	8.29
62	1.18	1.50	1.60	1.97	2.15	4.01	7.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.09	2.92	3.28	4.54	6.76	13.91	25.26
26	2.15	3.02	3.37	4.67	6.95	14.17	25.67
27	2.21	3.11	3.48	4.83	7.14	14.39	26.03
28	2.28	3.21	3.60	4.99	7.31	14.61	26.35
29	2.36	3.32	3.72	5.16	7.50	14.81	26.64
30	2.44	3.43	3.84	5.33	7.67	14.97	26.88
31	2.52	3.54	3.97	5.50	7.84	15.13	27.09
32	2.60	3.65	4.10	5.67	7.99	15.27	27.27
33	2.68	3.76	4.22	5.84	8.15	15.38	27.41
34	2.76	3.86	4.33	5.99	8.28	15.47	27.51
35	2.84	3.96	4.45	6.13	8.41	15.57	27.60
36	2.91	4.06	4.56	6.28	8.52	15.61	27.66
37	2.98	4.16	4.66	6.41	8.63	15.66	27.69
38	3.04	4.24	4.75	6.52	8.71	15.68	27.73
39	3.10	4.31	4.84	6.62	8.78	15.69	27.71
40	3.16	4.38	4.91	6.71	8.83	15.67	27.68
41	3.21	4.43	4.98	6.78	8.85	15.63	27.61
42	3.25	4.48	5.03	6.82	8.86	15.55	27.52
43	3.32	4.54	5.08	6.86	8.87	15.49	27.41
44	3.37	4.59	5.12	6.88	8.85	15.36	27.27
45	3.42	4.62	5.13	6.87	8.80	15.21	27.04
46	3.45	4.64	5.13	6.83	8.72	15.01	26.73
47	3.47	4.63	5.10	6.77	8.58	14.75	26.33
48	3.45	4.59	5.05	6.65	8.40	14.41	25.81
49	3.42	4.52	4.96	6.51	8.15	14.02	25.17
50	3.37	4.42	4.85	6.33	7.87	13.57	24.39
51	3.29	4.31	4.70	6.10	7.53	13.03	23.49
52	3.19	4.15	4.53	5.84	7.15	12.41	22.42
53	3.04	3.94	4.28	5.49	6.65	11.61	21.03
54	2.87	3.70	4.01	5.11	6.13	10.77	19.52
55	2.68	3.44	3.72	4.70	5.58	9.89	17.93
56	2.48	3.16	3.42	4.28	5.03	8.97	16.29
57	2.25	2.88	3.09	3.86	4.46	8.06	14.63
58	2.02	2.58	2.78	3.45	3.93	7.17	13.01
59	1.79	2.30	2.47	3.04	3.43	6.31	11.44
60	1.58	2.03	2.18	2.68	2.97	5.53	9.98
61	1.39	1.78	1.91	2.35	2.57	4.81	8.64
62	1.21	1.55	1.67	2.06	2.25	4.21	7.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.23	0.30	0.32	0.40	0.56	1.29	2.34
26	0.23	0.32	0.34	0.41	0.59	1.34	2.43
27	0.25	0.33	0.37	0.44	0.63	1.40	2.53
28	0.27	0.35	0.38	0.47	0.66	1.46	2.63
29	0.29	0.38	0.41	0.50	0.69	1.52	2.74
30	0.31	0.41	0.44	0.52	0.73	1.58	2.84
31	0.33	0.43	0.46	0.56	0.77	1.65	2.97
32	0.35	0.45	0.50	0.59	0.82	1.73	3.09
33	0.37	0.50	0.53	0.64	0.86	1.80	3.22
34	0.39	0.52	0.57	0.68	0.91	1.88	3.36
35	0.41	0.55	0.59	0.72	0.95	1.96	3.51
36	0.45	0.59	0.64	0.76	1.01	2.06	3.66
37	0.48	0.63	0.68	0.82	1.06	2.15	3.83
38	0.51	0.67	0.72	0.86	1.13	2.26	4.01
39	0.53	0.70	0.77	0.92	1.19	2.37	4.20
40	0.57	0.75	0.81	0.97	1.25	2.48	4.40
41	0.60	0.80	0.87	1.04	1.31	2.60	4.63
42	0.65	0.84	0.93	1.09	1.38	2.72	4.86
43	0.69	0.90	0.98	1.15	1.47	2.86	5.11
44	0.75	0.96	1.04	1.23	1.55	3.01	5.37
45	0.79	1.02	1.10	1.31	1.63	3.15	5.64
46	0.85	1.09	1.16	1.38	1.71	3.30	5.92
47	0.90	1.15	1.23	1.44	1.80	3.46	6.22
48	0.96	1.22	1.31	1.53	1.90	3.64	6.54
49	1.03	1.30	1.38	1.62	1.98	3.81	6.88
50	1.09	1.38	1.46	1.69	2.08	3.97	7.17
51	1.13	1.44	1.51	1.77	2.15	4.12	7.46
52	1.20	1.49	1.58	1.85	2.21	4.24	7.69
53	1.25	1.55	1.64	1.90	2.27	4.35	7.89
54	1.28	1.59	1.67	1.94	2.30	4.41	8.01
55	1.30	1.61	1.70	1.97	2.30	4.43	8.06
56	1.30	1.62	1.69	1.97	2.29	4.39	7.99
57	1.28	1.59	1.67	1.93	2.23	4.29	7.79
58	1.24	1.55	1.61	1.85	2.12	4.11	7.47
59	1.17	1.45	1.51	1.76	1.98	3.85	6.97
60	1.07	1.32	1.39	1.60	1.80	3.49	6.31
61	0.94	1.16	1.22	1.40	1.55	3.03	5.45
62	0.77	0.95	0.99	1.14	1.25	2.46	4.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.23	0.31	0.34	0.41	0.59	1.36	2.48
26	0.24	0.33	0.36	0.44	0.63	1.41	2.57
27	0.26	0.35	0.39	0.47	0.67	1.48	2.67
28	0.28	0.37	0.40	0.50	0.69	1.54	2.78
29	0.30	0.40	0.43	0.53	0.73	1.61	2.89
30	0.32	0.42	0.46	0.56	0.77	1.67	3.01
31	0.34	0.45	0.49	0.59	0.82	1.74	3.14
32	0.36	0.47	0.52	0.63	0.86	1.83	3.27
33	0.38	0.51	0.56	0.68	0.91	1.91	3.40
34	0.40	0.54	0.59	0.71	0.96	1.99	3.55
35	0.42	0.57	0.63	0.77	1.01	2.07	3.71
36	0.46	0.60	0.68	0.80	1.07	2.18	3.87
37	0.49	0.65	0.71	0.86	1.13	2.28	4.05
38	0.52	0.69	0.76	0.92	1.19	2.39	4.25
39	0.55	0.73	0.80	0.97	1.26	2.50	4.45
40	0.59	0.77	0.86	1.03	1.32	2.62	4.65
41	0.62	0.83	0.92	1.10	1.40	2.75	4.89
42	0.67	0.87	0.97	1.15	1.46	2.87	5.14
43	0.71	0.94	1.04	1.22	1.56	3.02	5.40
44	0.77	1.00	1.09	1.31	1.64	3.18	5.68
45	0.81	1.05	1.15	1.38	1.73	3.33	5.97
46	0.86	1.13	1.22	1.46	1.81	3.49	6.26
47	0.92	1.20	1.30	1.53	1.91	3.65	6.58
48	0.98	1.27	1.39	1.62	2.01	3.84	6.92
49	1.05	1.35	1.45	1.72	2.10	4.02	7.27
50	1.12	1.43	1.53	1.79	2.21	4.19	7.59
51	1.16	1.49	1.59	1.88	2.28	4.36	7.88
52	1.22	1.54	1.66	1.95	2.34	4.48	8.13
53	1.28	1.60	1.72	2.01	2.40	4.60	8.34
54	1.31	1.66	1.76	2.06	2.43	4.66	8.47
55	1.33	1.67	1.79	2.09	2.44	4.68	8.51
56	1.33	1.68	1.78	2.09	2.42	4.64	8.45
57	1.31	1.66	1.76	2.04	2.36	4.54	8.24
58	1.27	1.60	1.69	1.96	2.25	4.35	7.90
59	1.20	1.50	1.59	1.86	2.10	4.07	7.36
60	1.10	1.38	1.46	1.69	1.91	3.69	6.67
61	0.95	1.21	1.28	1.49	1.64	3.20	5.77
62	0.78	0.99	1.04	1.22	1.32	2.60	4.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.24	0.32	0.37	0.45	0.64	1.47	2.67
26	0.25	0.35	0.39	0.48	0.68	1.53	2.78
27	0.27	0.37	0.41	0.50	0.72	1.59	2.89
28	0.29	0.39	0.43	0.54	0.76	1.67	3.01
29	0.31	0.41	0.47	0.58	0.79	1.74	3.12
30	0.32	0.44	0.50	0.60	0.84	1.81	3.25
31	0.35	0.48	0.52	0.64	0.89	1.88	3.39
32	0.37	0.50	0.56	0.68	0.94	1.97	3.53
33	0.39	0.54	0.60	0.73	0.98	2.06	3.68
34	0.41	0.57	0.64	0.77	1.04	2.15	3.83
35	0.44	0.60	0.68	0.83	1.10	2.24	4.01
36	0.48	0.64	0.72	0.87	1.16	2.36	4.19
37	0.50	0.68	0.77	0.94	1.22	2.46	4.38
38	0.54	0.73	0.81	0.99	1.29	2.58	4.59
39	0.57	0.77	0.86	1.05	1.36	2.71	4.81
40	0.60	0.82	0.92	1.12	1.43	2.83	5.03
41	0.64	0.87	0.98	1.19	1.51	2.97	5.28
42	0.68	0.92	1.04	1.25	1.58	3.11	5.55
43	0.74	0.98	1.11	1.32	1.68	3.27	5.84
44	0.79	1.05	1.17	1.41	1.77	3.44	6.14
45	0.84	1.12	1.24	1.49	1.87	3.60	6.45
46	0.90	1.19	1.31	1.58	1.96	3.77	6.77
47	0.95	1.26	1.40	1.66	2.07	3.95	7.11
48	1.02	1.34	1.49	1.76	2.18	4.16	7.48
49	1.09	1.42	1.56	1.86	2.28	4.35	7.86
50	1.15	1.50	1.65	1.94	2.39	4.54	8.20
51	1.21	1.58	1.71	2.03	2.47	4.71	8.52
52	1.27	1.63	1.78	2.12	2.54	4.84	8.78
53	1.32	1.69	1.85	2.18	2.60	4.97	9.02
54	1.36	1.75	1.89	2.23	2.64	5.04	9.15
55	1.38	1.76	1.92	2.26	2.65	5.06	9.21
56	1.38	1.77	1.91	2.26	2.62	5.02	9.14
57	1.36	1.75	1.88	2.21	2.56	4.91	8.91
58	1.31	1.69	1.82	2.13	2.44	4.70	8.54
59	1.24	1.58	1.71	2.02	2.28	4.40	7.97
60	1.13	1.45	1.57	1.84	2.06	3.99	7.21
61	0.99	1.27	1.37	1.61	1.77	3.47	6.24
62	0.81	1.04	1.12	1.31	1.44	2.81	5.00

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.25	0.33	0.36	0.44	0.62	1.43	2.60
26	0.26	0.36	0.38	0.46	0.66	1.49	2.70
27	0.28	0.37	0.41	0.49	0.70	1.55	2.81
28	0.30	0.39	0.42	0.52	0.73	1.62	2.92
29	0.32	0.42	0.46	0.56	0.77	1.69	3.04
30	0.34	0.45	0.49	0.58	0.81	1.76	3.16
31	0.37	0.48	0.51	0.62	0.86	1.83	3.30
32	0.39	0.50	0.55	0.66	0.91	1.92	3.43
33	0.41	0.55	0.59	0.71	0.95	2.00	3.58
34	0.43	0.58	0.63	0.75	1.01	2.09	3.73
35	0.46	0.61	0.66	0.80	1.06	2.18	3.90
36	0.50	0.65	0.71	0.84	1.12	2.29	4.07
37	0.53	0.70	0.75	0.91	1.18	2.39	4.26
38	0.57	0.74	0.80	0.96	1.25	2.51	4.46
39	0.59	0.78	0.85	1.02	1.32	2.63	4.67
40	0.63	0.83	0.90	1.08	1.39	2.75	4.89
41	0.67	0.89	0.97	1.15	1.46	2.89	5.14
42	0.72	0.93	1.03	1.21	1.53	3.02	5.40
43	0.77	1.00	1.09	1.28	1.63	3.18	5.68
44	0.83	1.07	1.15	1.37	1.72	3.34	5.97
45	0.88	1.13	1.22	1.45	1.81	3.50	6.27
46	0.94	1.21	1.29	1.53	1.90	3.67	6.58
47	1.00	1.28	1.37	1.60	2.00	3.84	6.91
48	1.07	1.36	1.46	1.70	2.11	4.04	7.27
49	1.14	1.44	1.53	1.80	2.20	4.23	7.64
50	1.21	1.53	1.62	1.88	2.31	4.41	7.97
51	1.26	1.60	1.68	1.97	2.39	4.58	8.29
52	1.33	1.65	1.75	2.05	2.46	4.71	8.54
53	1.39	1.72	1.82	2.11	2.52	4.83	8.77
54	1.42	1.77	1.86	2.16	2.55	4.90	8.90
55	1.44	1.79	1.89	2.19	2.56	4.92	8.95
56	1.44	1.80	1.88	2.19	2.54	4.88	8.88
57	1.42	1.77	1.85	2.14	2.48	4.77	8.66
58	1.38	1.72	1.79	2.06	2.36	4.57	8.30
59	1.30	1.61	1.68	1.95	2.20	4.28	7.74
60	1.19	1.47	1.54	1.78	2.00	3.88	7.01
61	1.04	1.29	1.35	1.56	1.72	3.37	6.06
62	0.85	1.06	1.10	1.27	1.39	2.73	4.86

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.26	0.34	0.38	0.46	0.66	1.51	2.75
26	0.27	0.37	0.40	0.49	0.70	1.57	2.86
27	0.29	0.39	0.43	0.52	0.74	1.64	2.97
28	0.31	0.41	0.44	0.55	0.77	1.71	3.09
29	0.33	0.44	0.48	0.59	0.81	1.79	3.21
30	0.35	0.47	0.51	0.62	0.86	1.86	3.34
31	0.38	0.50	0.54	0.66	0.91	1.93	3.49
32	0.40	0.52	0.58	0.70	0.96	2.03	3.63
33	0.42	0.57	0.62	0.75	1.01	2.12	3.78
34	0.44	0.60	0.66	0.79	1.07	2.21	3.94
35	0.47	0.63	0.70	0.85	1.12	2.30	4.12
36	0.51	0.67	0.75	0.89	1.19	2.42	4.30
37	0.54	0.72	0.79	0.96	1.25	2.53	4.50
38	0.58	0.77	0.84	1.02	1.32	2.65	4.72
39	0.61	0.81	0.89	1.08	1.40	2.78	4.94
40	0.65	0.86	0.95	1.14	1.47	2.91	5.17
41	0.69	0.92	1.02	1.22	1.55	3.05	5.43
42	0.74	0.97	1.08	1.28	1.62	3.19	5.71
43	0.79	1.04	1.15	1.36	1.73	3.36	6.00
44	0.85	1.11	1.21	1.45	1.82	3.53	6.31
45	0.90	1.17	1.28	1.53	1.92	3.70	6.63
46	0.96	1.25	1.36	1.62	2.01	3.88	6.96
47	1.02	1.33	1.44	1.70	2.12	4.06	7.31
48	1.09	1.41	1.54	1.80	2.23	4.27	7.69
49	1.17	1.50	1.61	1.91	2.33	4.47	8.08
50	1.24	1.59	1.70	1.99	2.45	4.66	8.43
51	1.29	1.66	1.77	2.09	2.53	4.84	8.76
52	1.36	1.71	1.84	2.17	2.60	4.98	9.03
53	1.42	1.78	1.91	2.23	2.67	5.11	9.27
54	1.46	1.84	1.96	2.29	2.70	5.18	9.41
55	1.48	1.86	1.99	2.32	2.71	5.20	9.46
56	1.48	1.87	1.98	2.32	2.69	5.16	9.39
57	1.46	1.84	1.95	2.27	2.62	5.04	9.16
58	1.41	1.78	1.88	2.18	2.50	4.83	8.78
59	1.33	1.67	1.77	2.07	2.33	4.52	8.18
60	1.22	1.53	1.62	1.88	2.12	4.10	7.41
61	1.06	1.34	1.42	1.65	1.82	3.56	6.41
62	0.87	1.10	1.16	1.35	1.47	2.89	5.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.27	0.36	0.41	0.50	0.71	1.63	2.97
26	0.28	0.39	0.43	0.53	0.76	1.70	3.09
27	0.30	0.41	0.46	0.56	0.80	1.77	3.21
28	0.32	0.43	0.48	0.60	0.84	1.85	3.34
29	0.34	0.46	0.52	0.64	0.88	1.93	3.47
30	0.36	0.49	0.55	0.67	0.93	2.01	3.61
31	0.39	0.53	0.58	0.71	0.99	2.09	3.77
32	0.41	0.55	0.62	0.76	1.04	2.19	3.92
33	0.43	0.60	0.67	0.81	1.09	2.29	4.09
34	0.46	0.63	0.71	0.86	1.16	2.39	4.26
35	0.49	0.67	0.75	0.92	1.22	2.49	4.46
36	0.53	0.71	0.80	0.97	1.29	2.62	4.65
37	0.56	0.76	0.85	1.04	1.35	2.73	4.87
38	0.60	0.81	0.90	1.10	1.43	2.87	5.10
39	0.63	0.85	0.96	1.17	1.51	3.01	5.34
40	0.67	0.91	1.02	1.24	1.59	3.14	5.59
41	0.71	0.97	1.09	1.32	1.68	3.30	5.87
42	0.76	1.02	1.16	1.39	1.76	3.45	6.17
43	0.82	1.09	1.23	1.47	1.87	3.63	6.49
44	0.88	1.17	1.30	1.57	1.97	3.82	6.82
45	0.93	1.24	1.38	1.66	2.08	4.00	7.17
46	1.00	1.32	1.46	1.75	2.18	4.19	7.52
47	1.06	1.40	1.55	1.84	2.30	4.39	7.90
48	1.13	1.49	1.65	1.95	2.42	4.62	8.31
49	1.21	1.58	1.73	2.07	2.53	4.83	8.73
50	1.28	1.67	1.83	2.16	2.65	5.04	9.11
51	1.34	1.75	1.90	2.26	2.74	5.23	9.47
52	1.41	1.81	1.98	2.35	2.82	5.38	9.76
53	1.47	1.88	2.05	2.42	2.89	5.52	10.02
54	1.51	1.94	2.10	2.48	2.93	5.60	10.17
55	1.53	1.96	2.13	2.51	2.94	5.62	10.23
56	1.53	1.97	2.12	2.51	2.91	5.58	10.15
57	1.51	1.94	2.09	2.46	2.84	5.45	9.90
58	1.46	1.88	2.02	2.37	2.71	5.22	9.49
59	1.38	1.76	1.90	2.24	2.53	4.89	8.85
60	1.26	1.61	1.74	2.04	2.29	4.43	8.01
61	1.10	1.41	1.52	1.79	1.97	3.85	6.93
62	0.90	1.16	1.24	1.46	1.60	3.12	5.55

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.38	3.24	3.52	4.88	7.34	15.07	27.40
26	2.42	3.30	3.58	4.97	7.46	15.18	27.56
27	2.47	3.37	3.66	5.09	7.58	15.27	27.65
28	2.52	3.44	3.73	5.19	7.69	15.31	27.68
29	2.58	3.52	3.83	5.31	7.79	15.34	27.66
30	2.63	3.60	3.91	5.43	7.89	15.34	27.60
31	2.69	3.68	3.99	5.54	7.96	15.33	27.48
32	2.74	3.75	4.06	5.65	8.03	15.27	27.32
33	2.80	3.82	4.14	5.75	8.08	15.21	27.12
34	2.85	3.88	4.21	5.83	8.12	15.10	26.89
35	2.89	3.93	4.28	5.90	8.14	14.99	26.63
36	2.92	3.98	4.33	5.97	8.14	14.86	26.33
37	2.97	4.02	4.37	6.01	8.14	14.69	26.01
38	2.99	4.04	4.40	6.04	8.12	14.52	25.68
39	3.01	4.06	4.42	6.05	8.08	14.32	25.32
40	3.02	4.07	4.43	6.04	8.01	14.10	24.92
41	3.02	4.07	4.43	6.01	7.91	13.86	24.51
42	3.02	4.05	4.40	5.97	7.81	13.59	24.04
43	3.03	4.04	4.39	5.90	7.68	13.30	23.57
44	3.03	4.02	4.34	5.81	7.53	12.99	23.04
45	3.02	3.98	4.28	5.70	7.35	12.63	22.46
46	3.01	3.93	4.20	5.58	7.15	12.25	21.81
47	2.97	3.84	4.11	5.40	6.89	11.82	21.09
48	2.89	3.73	3.98	5.20	6.60	11.31	20.24
49	2.81	3.60	3.83	4.96	6.26	10.76	19.31
50	2.70	3.45	3.66	4.71	5.89	10.17	18.30
51	2.58	3.27	3.47	4.43	5.51	9.54	17.21
52	2.45	3.09	3.26	4.12	5.08	8.87	16.04
53	2.27	2.85	2.99	3.76	4.59	8.08	14.65
54	2.07	2.59	2.74	3.38	4.09	7.28	13.21
55	1.89	2.34	2.46	3.01	3.59	6.48	11.77
56	1.69	2.08	2.18	2.64	3.11	5.70	10.34
57	1.48	1.84	1.90	2.28	2.64	4.93	8.98
58	1.28	1.59	1.67	1.95	2.24	4.26	7.74
59	1.11	1.38	1.43	1.67	1.89	3.66	6.60
60	0.95	1.19	1.23	1.42	1.59	3.11	5.61
61	0.82	1.03	1.06	1.22	1.35	2.67	4.78
62	0.72	0.90	0.94	1.08	1.18	2.32	4.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.39	3.25	3.54	4.90	7.38	15.14	27.53
26	2.42	3.31	3.60	5.00	7.50	15.25	27.69
27	2.47	3.37	3.67	5.12	7.62	15.34	27.79
28	2.52	3.46	3.75	5.22	7.73	15.39	27.83
29	2.58	3.54	3.84	5.34	7.83	15.43	27.80
30	2.64	3.61	3.93	5.47	7.93	15.43	27.75
31	2.69	3.70	4.01	5.58	8.01	15.41	27.64
32	2.75	3.77	4.09	5.69	8.08	15.37	27.49
33	2.81	3.83	4.17	5.78	8.13	15.31	27.29
34	2.86	3.89	4.23	5.87	8.17	15.21	27.07
35	2.90	3.94	4.31	5.94	8.19	15.09	26.82
36	2.93	4.00	4.36	6.01	8.20	14.97	26.53
37	2.98	4.04	4.40	6.05	8.20	14.81	26.21
38	3.00	4.06	4.44	6.09	8.18	14.64	25.90
39	3.02	4.09	4.45	6.10	8.14	14.45	25.55
40	3.03	4.10	4.46	6.09	8.08	14.24	25.16
41	3.03	4.10	4.47	6.07	7.99	13.99	24.75
42	3.03	4.09	4.45	6.03	7.89	13.74	24.30
43	3.04	4.07	4.44	5.97	7.77	13.46	23.84
44	3.05	4.05	4.39	5.88	7.62	13.15	23.32
45	3.03	4.01	4.33	5.77	7.45	12.80	22.76
46	3.03	3.96	4.26	5.65	7.24	12.43	22.13
47	2.98	3.88	4.17	5.48	7.00	12.00	21.43
48	2.92	3.77	4.04	5.29	6.71	11.51	20.60
49	2.83	3.65	3.89	5.06	6.37	10.97	19.69
50	2.73	3.50	3.72	4.80	6.01	10.39	18.69
51	2.61	3.32	3.54	4.53	5.63	9.76	17.61
52	2.47	3.14	3.33	4.22	5.20	9.10	16.46
53	2.30	2.90	3.08	3.86	4.72	8.32	15.07
54	2.11	2.65	2.82	3.49	4.22	7.52	13.64
55	1.91	2.40	2.54	3.12	3.71	6.72	12.21
56	1.73	2.14	2.27	2.75	3.24	5.93	10.78
57	1.51	1.89	1.99	2.39	2.76	5.16	9.40
58	1.31	1.65	1.74	2.05	2.35	4.48	8.14
59	1.14	1.43	1.50	1.77	2.00	3.86	6.97
60	0.98	1.24	1.30	1.50	1.69	3.30	5.95
61	0.83	1.07	1.12	1.30	1.44	2.83	5.07
62	0.74	0.94	0.99	1.15	1.25	2.46	4.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.40	3.26	3.55	4.93	7.42	15.24	27.72
26	2.43	3.32	3.62	5.03	7.55	15.36	27.89
27	2.48	3.39	3.70	5.15	7.67	15.45	27.99
28	2.53	3.48	3.78	5.26	7.79	15.50	28.04
29	2.59	3.55	3.88	5.38	7.89	15.55	28.02
30	2.64	3.64	3.96	5.51	7.99	15.56	27.98
31	2.70	3.71	4.05	5.62	8.08	15.55	27.88
32	2.76	3.78	4.12	5.74	8.14	15.50	27.74
33	2.82	3.86	4.21	5.83	8.20	15.45	27.56
34	2.86	3.93	4.28	5.92	8.25	15.36	27.34
35	2.92	3.97	4.35	6.00	8.28	15.25	27.11
36	2.95	4.03	4.40	6.08	8.29	15.14	26.83
37	2.99	4.07	4.45	6.12	8.29	14.98	26.53
38	3.02	4.10	4.50	6.16	8.27	14.82	26.22
39	3.03	4.13	4.51	6.18	8.24	14.65	25.89
40	3.05	4.14	4.52	6.17	8.18	14.43	25.52
41	3.06	4.14	4.53	6.15	8.10	14.20	25.13
42	3.06	4.13	4.51	6.12	8.01	13.96	24.69
43	3.07	4.12	4.51	6.06	7.89	13.69	24.26
44	3.08	4.11	4.47	5.98	7.74	13.40	23.76
45	3.07	4.07	4.41	5.88	7.58	13.06	23.22
46	3.05	4.02	4.34	5.76	7.39	12.69	22.61
47	3.02	3.94	4.25	5.60	7.15	12.28	21.93
48	2.95	3.84	4.13	5.41	6.87	11.81	21.12
49	2.86	3.71	4.00	5.19	6.54	11.27	20.24
50	2.76	3.57	3.83	4.95	6.18	10.71	19.27
51	2.64	3.40	3.66	4.68	5.81	10.09	18.22
52	2.52	3.22	3.44	4.38	5.39	9.44	17.08
53	2.34	2.98	3.20	4.02	4.90	8.67	15.71
54	2.15	2.74	2.94	3.66	4.41	7.88	14.29
55	1.96	2.48	2.66	3.28	3.91	7.07	12.86
56	1.77	2.23	2.39	2.91	3.43	6.29	11.42
57	1.56	1.97	2.11	2.55	2.95	5.51	10.03
58	1.35	1.73	1.86	2.21	2.53	4.81	8.75
59	1.18	1.50	1.62	1.91	2.17	4.17	7.54
60	1.01	1.31	1.40	1.64	1.84	3.58	6.46
61	0.87	1.13	1.21	1.42	1.56	3.08	5.52
62	0.77	0.99	1.05	1.24	1.36	2.65	4.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.52	3.54	3.97	5.51	8.30	17.22	31.32
26	2.57	3.60	4.04	5.62	8.43	17.35	31.49
27	2.62	3.68	4.12	5.75	8.57	17.45	31.60
28	2.67	3.77	4.22	5.87	8.70	17.49	31.64
29	2.73	3.85	4.32	6.00	8.81	17.54	31.61
30	2.79	3.94	4.41	6.15	8.92	17.54	31.54
31	2.85	4.02	4.51	6.26	9.00	17.52	31.41
32	2.91	4.10	4.59	6.39	9.08	17.46	31.22
33	2.97	4.17	4.68	6.49	9.14	17.38	31.00
34	3.02	4.24	4.75	6.60	9.18	17.26	30.74
35	3.07	4.29	4.83	6.67	9.21	17.13	30.44
36	3.10	4.35	4.89	6.75	9.21	16.98	30.10
37	3.15	4.39	4.93	6.79	9.21	16.79	29.72
38	3.17	4.42	4.97	6.83	9.18	16.59	29.35
39	3.19	4.45	4.99	6.84	9.13	16.37	28.94
40	3.20	4.45	5.00	6.83	9.05	16.12	28.48
41	3.20	4.45	5.00	6.80	8.96	15.84	28.01
42	3.20	4.44	4.97	6.76	8.84	15.53	27.47
43	3.21	4.42	4.95	6.68	8.70	15.21	26.94
44	3.22	4.39	4.90	6.58	8.53	14.84	26.32
45	3.20	4.35	4.83	6.46	8.33	14.43	25.66
46	3.19	4.29	4.74	6.32	8.10	14.00	24.93
47	3.15	4.20	4.63	6.12	7.82	13.51	24.10
48	3.07	4.08	4.49	5.90	7.49	12.93	23.13
49	2.98	3.94	4.32	5.64	7.10	12.30	22.07
50	2.86	3.77	4.13	5.35	6.68	11.63	20.92
51	2.74	3.58	3.92	5.03	6.25	10.90	19.67
52	2.59	3.37	3.67	4.68	5.77	10.13	18.33
53	2.41	3.11	3.38	4.28	5.22	9.24	16.74
54	2.20	2.84	3.09	3.85	4.66	8.32	15.10
55	2.00	2.56	2.77	3.43	4.09	7.40	13.46
56	1.79	2.28	2.47	3.01	3.54	6.51	11.82
57	1.57	2.01	2.15	2.61	3.02	5.64	10.26
58	1.36	1.74	1.88	2.24	2.57	4.87	8.84
59	1.18	1.50	1.62	1.91	2.17	4.17	7.54
60	1.01	1.30	1.39	1.63	1.82	3.55	6.41
61	0.87	1.12	1.20	1.40	1.55	3.05	5.46
62	0.77	0.99	1.05	1.24	1.36	2.65	4.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.80	3.81	4.14	5.74	8.64	17.73	32.24
26	2.85	3.88	4.21	5.85	8.78	17.86	32.42
27	2.90	3.96	4.30	5.99	8.92	17.96	32.53
28	2.96	4.05	4.39	6.11	9.05	18.01	32.57
29	3.03	4.14	4.50	6.25	9.17	18.05	32.54
30	3.09	4.23	4.60	6.39	9.28	18.05	32.47
31	3.16	4.33	4.69	6.52	9.37	18.03	32.33
32	3.22	4.41	4.78	6.65	9.45	17.97	32.14
33	3.29	4.49	4.87	6.76	9.51	17.89	31.91
34	3.35	4.56	4.95	6.86	9.55	17.77	31.64
35	3.40	4.62	5.03	6.94	9.58	17.63	31.33
36	3.44	4.68	5.09	7.02	9.58	17.48	30.98
37	3.49	4.73	5.14	7.07	9.58	17.28	30.60
38	3.52	4.75	5.18	7.11	9.55	17.08	30.21
39	3.54	4.78	5.20	7.12	9.50	16.85	29.79
40	3.55	4.79	5.21	7.10	9.42	16.59	29.32
41	3.55	4.79	5.21	7.07	9.31	16.30	28.83
42	3.55	4.77	5.18	7.02	9.19	15.99	28.28
43	3.56	4.75	5.16	6.94	9.04	15.65	27.73
44	3.57	4.73	5.11	6.84	8.86	15.28	27.10
45	3.55	4.68	5.03	6.71	8.65	14.86	26.42
46	3.54	4.62	4.94	6.56	8.41	14.41	25.66
47	3.49	4.52	4.83	6.35	8.11	13.90	24.81
48	3.40	4.39	4.68	6.12	7.77	13.31	23.81
49	3.30	4.23	4.50	5.84	7.36	12.66	22.72
50	3.18	4.06	4.30	5.54	6.93	11.97	21.53
51	3.04	3.85	4.08	5.21	6.48	11.22	20.25
52	2.88	3.63	3.83	4.85	5.98	10.43	18.87
53	2.67	3.35	3.52	4.42	5.40	9.51	17.23
54	2.44	3.05	3.22	3.98	4.81	8.57	15.54
55	2.22	2.75	2.89	3.54	4.22	7.62	13.85
56	1.99	2.45	2.57	3.10	3.66	6.70	12.17
57	1.74	2.16	2.24	2.68	3.11	5.80	10.56
58	1.51	1.87	1.96	2.29	2.63	5.01	9.10
59	1.31	1.62	1.68	1.96	2.22	4.30	7.76
60	1.12	1.40	1.45	1.67	1.87	3.66	6.60
61	0.96	1.21	1.25	1.44	1.59	3.14	5.62
62	0.85	1.06	1.10	1.27	1.39	2.73	4.86

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.81	3.82	4.16	5.76	8.68	17.81	32.39
26	2.85	3.89	4.23	5.88	8.82	17.94	32.58
27	2.91	3.97	4.32	6.02	8.96	18.05	32.69
28	2.97	4.07	4.41	6.14	9.09	18.10	32.74
29	3.04	4.16	4.52	6.28	9.21	18.15	32.71
30	3.10	4.25	4.62	6.43	9.33	18.15	32.65
31	3.17	4.35	4.72	6.56	9.42	18.13	32.52
32	3.23	4.43	4.81	6.69	9.50	18.08	32.34
33	3.30	4.51	4.90	6.80	9.57	18.01	32.11
34	3.36	4.58	4.98	6.90	9.61	17.89	31.85
35	3.41	4.64	5.07	6.99	9.64	17.75	31.55
36	3.45	4.70	5.13	7.07	9.65	17.61	31.21
37	3.50	4.75	5.18	7.12	9.65	17.42	30.84
38	3.53	4.78	5.22	7.17	9.62	17.22	30.47
39	3.55	4.81	5.24	7.18	9.58	17.00	30.06
40	3.57	4.82	5.25	7.16	9.50	16.75	29.60
41	3.57	4.82	5.26	7.14	9.40	16.46	29.12
42	3.57	4.81	5.23	7.09	9.28	16.16	28.59
43	3.58	4.79	5.22	7.02	9.14	15.83	28.05
44	3.59	4.77	5.17	6.92	8.96	15.47	27.44
45	3.57	4.72	5.09	6.79	8.76	15.06	26.78
46	3.56	4.66	5.01	6.65	8.52	14.62	26.04
47	3.51	4.57	4.90	6.45	8.23	14.12	25.21
48	3.43	4.44	4.75	6.22	7.89	13.54	24.23
49	3.33	4.29	4.58	5.95	7.49	12.90	23.16
50	3.21	4.12	4.38	5.65	7.07	12.22	21.99
51	3.07	3.91	4.17	5.33	6.62	11.48	20.72
52	2.91	3.69	3.92	4.97	6.12	10.70	19.36
53	2.70	3.41	3.62	4.54	5.55	9.79	17.73
54	2.48	3.12	3.32	4.11	4.96	8.85	16.05
55	2.25	2.82	2.99	3.67	4.37	7.90	14.36
56	2.03	2.52	2.67	3.23	3.81	6.98	12.68
57	1.78	2.22	2.34	2.81	3.25	6.07	11.06
58	1.54	1.94	2.05	2.41	2.77	5.27	9.58
59	1.34	1.68	1.77	2.08	2.35	4.54	8.20
60	1.15	1.46	1.53	1.77	1.99	3.88	7.00
61	0.98	1.26	1.32	1.53	1.69	3.33	5.97
62	0.87	1.10	1.16	1.35	1.47	2.89	5.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.82	3.84	4.18	5.80	8.73	17.93	32.61
26	2.86	3.91	4.26	5.92	8.88	18.07	32.81
27	2.92	3.99	4.35	6.06	9.02	18.18	32.93
28	2.98	4.09	4.45	6.19	9.16	18.24	32.99
29	3.05	4.18	4.56	6.33	9.28	18.29	32.97
30	3.11	4.28	4.66	6.48	9.40	18.30	32.92
31	3.18	4.37	4.76	6.61	9.50	18.29	32.80
32	3.25	4.45	4.85	6.75	9.58	18.24	32.63
33	3.32	4.54	4.95	6.86	9.65	18.18	32.42
34	3.37	4.62	5.03	6.97	9.70	18.07	32.17
35	3.43	4.67	5.12	7.06	9.74	17.94	31.89
36	3.47	4.74	5.18	7.15	9.75	17.81	31.56
37	3.52	4.79	5.23	7.20	9.75	17.62	31.21
38	3.55	4.82	5.29	7.25	9.73	17.44	30.85
39	3.57	4.86	5.31	7.27	9.69	17.23	30.46
40	3.59	4.87	5.32	7.26	9.62	16.98	30.02
41	3.60	4.87	5.33	7.24	9.53	16.71	29.56
42	3.60	4.86	5.31	7.20	9.42	16.42	29.05
43	3.61	4.85	5.30	7.13	9.28	16.10	28.54
44	3.62	4.83	5.26	7.04	9.11	15.76	27.95
45	3.61	4.79	5.19	6.92	8.92	15.36	27.32
46	3.59	4.73	5.11	6.78	8.69	14.93	26.60
47	3.55	4.64	5.00	6.59	8.41	14.45	25.80
48	3.47	4.52	4.86	6.37	8.08	13.89	24.85
49	3.37	4.37	4.70	6.11	7.69	13.26	23.81
50	3.25	4.20	4.51	5.82	7.27	12.60	22.67
51	3.11	4.00	4.30	5.50	6.83	11.87	21.43
52	2.96	3.79	4.05	5.15	6.34	11.10	20.09
53	2.75	3.51	3.76	4.73	5.77	10.20	18.48
54	2.53	3.22	3.46	4.30	5.19	9.27	16.81
55	2.30	2.92	3.13	3.86	4.60	8.32	15.13
56	2.08	2.62	2.81	3.42	4.03	7.40	13.44
57	1.83	2.32	2.48	3.00	3.47	6.48	11.80
58	1.59	2.04	2.19	2.60	2.98	5.66	10.29
59	1.39	1.77	1.90	2.25	2.55	4.91	8.87
60	1.19	1.54	1.65	1.93	2.16	4.21	7.60
61	1.02	1.33	1.42	1.67	1.84	3.62	6.49
62	0.90	1.16	1.24	1.46	1.60	3.12	5.55

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.97	4.17	4.67	6.48	9.76	20.26	36.85
26	3.02	4.24	4.75	6.61	9.92	20.41	37.05
27	3.08	4.33	4.85	6.77	10.08	20.53	37.18
28	3.14	4.43	4.96	6.91	10.23	20.58	37.22
29	3.21	4.53	5.08	7.06	10.36	20.63	37.19
30	3.28	4.63	5.19	7.23	10.49	20.63	37.11
31	3.35	4.73	5.30	7.37	10.59	20.61	36.95
32	3.42	4.82	5.40	7.52	10.68	20.54	36.73
33	3.49	4.91	5.50	7.64	10.75	20.45	36.47
34	3.55	4.99	5.59	7.76	10.80	20.31	36.16
35	3.61	5.05	5.68	7.85	10.84	20.15	35.81
36	3.65	5.12	5.75	7.94	10.84	19.98	35.41
37	3.70	5.17	5.80	7.99	10.83	19.75	34.97
38	3.73	5.20	5.85	8.04	10.80	19.52	34.53
39	3.75	5.23	5.87	8.05	10.74	19.26	34.05
40	3.77	5.24	5.88	8.03	10.65	18.96	33.51
41	3.77	5.24	5.88	8.00	10.54	18.63	32.95
42	3.77	5.22	5.85	7.95	10.40	18.27	32.32
43	3.78	5.20	5.82	7.86	10.23	17.89	31.69
44	3.79	5.17	5.77	7.74	10.03	17.46	30.97
45	3.77	5.12	5.68	7.60	9.80	16.98	30.19
46	3.75	5.05	5.58	7.43	9.53	16.47	29.33
47	3.70	4.94	5.45	7.20	9.20	15.89	28.35
48	3.61	4.80	5.28	6.94	8.81	15.21	27.21
49	3.50	4.63	5.08	6.63	8.35	14.47	25.97
50	3.37	4.44	4.86	6.29	7.86	13.68	24.61
51	3.22	4.21	4.61	5.92	7.35	12.82	23.14
52	3.05	3.97	4.32	5.51	6.79	11.92	21.57
53	2.83	3.66	3.98	5.03	6.14	10.87	19.69
54	2.59	3.34	3.63	4.53	5.48	9.79	17.76
55	2.35	3.01	3.26	4.03	4.81	8.71	15.83
56	2.11	2.68	2.90	3.54	4.17	7.66	13.91
57	1.85	2.36	2.53	3.07	3.55	6.63	12.07
58	1.60	2.05	2.21	2.63	3.02	5.73	10.40
59	1.39	1.77	1.90	2.25	2.55	4.91	8.87
60	1.19	1.53	1.64	1.92	2.14	4.18	7.54
61	1.02	1.32	1.41	1.65	1.82	3.59	6.42
62	0.90	1.16	1.24	1.46	1.60	3.12	5.55

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.59	3.53	3.83	5.32	7.98	16.27	29.55
26	2.64	3.60	3.91	5.44	8.13	16.43	29.78
27	2.70	3.69	4.00	5.58	8.30	16.56	29.97
28	2.77	3.78	4.11	5.71	8.43	16.68	30.10
29	2.84	3.88	4.22	5.87	8.58	16.75	30.18
30	2.92	3.98	4.32	6.00	8.70	16.81	30.20
31	2.98	4.08	4.44	6.16	8.81	16.85	30.18
32	3.06	4.18	4.54	6.30	8.93	16.87	30.12
33	3.13	4.27	4.64	6.43	9.02	16.86	30.04
34	3.19	4.35	4.73	6.56	9.10	16.83	29.91
35	3.26	4.44	4.83	6.67	9.15	16.77	29.76
36	3.32	4.51	4.90	6.77	9.21	16.69	29.56
37	3.37	4.58	4.97	6.86	9.26	16.60	29.36
38	3.43	4.63	5.04	6.93	9.27	16.50	29.15
39	3.47	4.68	5.09	6.98	9.27	16.37	28.91
40	3.51	4.72	5.13	7.01	9.26	16.22	28.65
41	3.53	4.74	5.16	7.03	9.21	16.05	28.35
42	3.55	4.76	5.17	7.02	9.15	15.85	28.02
43	3.60	4.78	5.19	7.01	9.09	15.64	27.70
44	3.63	4.79	5.19	6.97	8.99	15.41	27.32
45	3.66	4.79	5.16	6.91	8.87	15.13	26.89
46	3.66	4.77	5.11	6.82	8.71	14.82	26.38
47	3.65	4.73	5.05	6.69	8.51	14.45	25.78
48	3.60	4.66	4.96	6.53	8.25	14.02	25.07
49	3.54	4.55	4.84	6.32	7.94	13.52	24.24
50	3.46	4.41	4.68	6.10	7.61	12.96	23.31
51	3.36	4.27	4.51	5.84	7.22	12.35	22.26
52	3.23	4.08	4.31	5.53	6.79	11.67	21.08
53	3.05	3.84	4.05	5.16	6.26	10.84	19.63
54	2.86	3.58	3.76	4.76	5.72	9.97	18.06
55	2.64	3.30	3.46	4.34	5.15	9.06	16.46
56	2.43	3.00	3.14	3.92	4.60	8.16	14.82
57	2.19	2.71	2.82	3.49	4.05	7.27	13.20
58	1.95	2.41	2.52	3.08	3.52	6.41	11.64
59	1.72	2.13	2.22	2.70	3.04	5.60	10.15
60	1.50	1.86	1.94	2.37	2.62	4.86	8.78
61	1.31	1.63	1.69	2.06	2.26	4.22	7.57
62	1.15	1.43	1.49	1.81	1.97	3.68	6.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.59	3.54	3.84	5.34	8.02	16.34	29.67
26	2.65	3.61	3.93	5.47	8.17	16.50	29.92
27	2.70	3.71	4.02	5.60	8.33	16.63	30.11
28	2.78	3.80	4.12	5.74	8.47	16.75	30.24
29	2.85	3.89	4.23	5.89	8.61	16.84	30.32
30	2.92	4.00	4.34	6.04	8.74	16.90	30.35
31	2.99	4.10	4.45	6.20	8.86	16.93	30.35
32	3.07	4.20	4.56	6.33	8.97	16.97	30.29
33	3.14	4.28	4.67	6.47	9.07	16.96	30.21
34	3.20	4.37	4.76	6.60	9.15	16.93	30.09
35	3.27	4.45	4.85	6.72	9.21	16.87	29.95
36	3.32	4.52	4.94	6.81	9.27	16.80	29.76
37	3.38	4.60	5.01	6.90	9.32	16.72	29.56
38	3.44	4.66	5.07	6.98	9.33	16.62	29.37
39	3.49	4.70	5.13	7.03	9.34	16.50	29.14
40	3.53	4.74	5.18	7.06	9.32	16.35	28.88
41	3.54	4.77	5.20	7.09	9.28	16.18	28.59
42	3.57	4.79	5.22	7.08	9.22	16.00	28.28
43	3.61	4.81	5.24	7.08	9.17	15.79	27.97
44	3.65	4.83	5.24	7.04	9.08	15.57	27.61
45	3.67	4.83	5.21	6.98	8.96	15.30	27.19
46	3.67	4.81	5.17	6.89	8.81	14.99	26.71
47	3.66	4.77	5.11	6.77	8.61	14.64	26.12
48	3.62	4.70	5.02	6.61	8.36	14.21	25.42
49	3.57	4.59	4.90	6.42	8.05	13.72	24.62
50	3.49	4.46	4.75	6.20	7.73	13.18	23.70
51	3.38	4.32	4.58	5.94	7.34	12.57	22.66
52	3.26	4.13	4.39	5.64	6.91	11.90	21.50
53	3.09	3.89	4.12	5.26	6.39	11.08	20.05
54	2.89	3.63	3.84	4.87	5.85	10.21	18.50
55	2.68	3.36	3.54	4.45	5.28	9.30	16.89
56	2.46	3.06	3.22	4.03	4.73	8.40	15.25
57	2.23	2.77	2.91	3.60	4.17	7.50	13.63
58	1.97	2.47	2.59	3.18	3.64	6.63	12.04
59	1.74	2.18	2.30	2.81	3.15	5.81	10.52
60	1.52	1.91	2.01	2.46	2.72	5.05	9.12
61	1.33	1.67	1.75	2.13	2.35	4.38	7.87
62	1.16	1.46	1.54	1.88	2.04	3.82	6.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.60	3.55	3.87	5.37	8.06	16.44	29.86
26	2.66	3.63	3.95	5.50	8.22	16.61	30.12
27	2.71	3.72	4.05	5.64	8.38	16.75	30.31
28	2.79	3.82	4.15	5.78	8.53	16.87	30.46
29	2.86	3.91	4.27	5.93	8.67	16.96	30.54
30	2.93	4.01	4.38	6.08	8.80	17.03	30.58
31	3.00	4.12	4.49	6.24	8.93	17.07	30.58
32	3.09	4.22	4.60	6.38	9.04	17.10	30.54
33	3.15	4.31	4.70	6.52	9.14	17.10	30.47
34	3.21	4.39	4.80	6.66	9.22	17.09	30.36
35	3.29	4.49	4.90	6.77	9.29	17.03	30.23
36	3.34	4.56	4.98	6.88	9.36	16.97	30.06
37	3.40	4.63	5.06	6.97	9.40	16.89	29.88
38	3.46	4.69	5.13	7.05	9.43	16.80	29.69
39	3.50	4.74	5.19	7.11	9.44	16.69	29.48
40	3.54	4.79	5.24	7.15	9.43	16.55	29.24
41	3.56	4.81	5.26	7.17	9.39	16.40	28.97
42	3.59	4.83	5.29	7.17	9.34	16.22	28.67
43	3.64	4.86	5.30	7.17	9.29	16.02	28.39
44	3.67	4.88	5.31	7.14	9.21	15.82	28.04
45	3.70	4.89	5.29	7.09	9.10	15.56	27.65
46	3.71	4.87	5.25	7.00	8.95	15.26	27.18
47	3.70	4.83	5.20	6.89	8.76	14.92	26.62
48	3.66	4.76	5.12	6.74	8.52	14.51	25.95
49	3.60	4.66	5.00	6.55	8.22	14.03	25.17
50	3.53	4.54	4.86	6.34	7.90	13.50	24.28
51	3.43	4.39	4.69	6.09	7.51	12.90	23.26
52	3.30	4.22	4.50	5.79	7.10	12.24	22.12
53	3.13	3.98	4.24	5.42	6.58	11.42	20.69
54	2.93	3.71	3.96	5.03	6.04	10.57	19.14
55	2.72	3.44	3.66	4.62	5.47	9.66	17.54
56	2.50	3.15	3.35	4.19	4.91	8.76	15.90
57	2.27	2.86	3.03	3.76	4.35	7.85	14.25
58	2.01	2.55	2.71	3.34	3.82	6.96	12.65
59	1.79	2.26	2.41	2.95	3.32	6.12	11.09
60	1.56	1.98	2.11	2.59	2.86	5.33	9.63
61	1.36	1.73	1.84	2.25	2.47	4.62	8.31
62	1.19	1.51	1.61	1.97	2.15	4.01	7.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.75	3.86	4.32	6.01	9.02	18.59	33.77
26	2.81	3.94	4.41	6.15	9.20	18.78	34.04
27	2.86	4.04	4.52	6.30	9.37	18.92	34.26
28	2.94	4.14	4.63	6.46	9.53	19.06	34.40
29	3.01	4.24	4.76	6.63	9.69	19.15	34.48
30	3.09	4.35	4.88	6.78	9.83	19.22	34.52
31	3.16	4.46	5.01	6.96	9.96	19.25	34.49
32	3.25	4.57	5.13	7.12	10.08	19.29	34.43
33	3.32	4.67	5.24	7.27	10.19	19.26	34.33
34	3.38	4.76	5.35	7.42	10.29	19.24	34.19
35	3.46	4.85	5.45	7.55	10.35	19.17	34.01
36	3.52	4.93	5.53	7.66	10.42	19.08	33.79
37	3.58	5.01	5.62	7.75	10.46	18.97	33.55
38	3.64	5.07	5.69	7.83	10.48	18.85	33.31
39	3.68	5.12	5.75	7.89	10.48	18.71	33.04
40	3.72	5.16	5.80	7.93	10.46	18.54	32.73
41	3.74	5.19	5.82	7.96	10.42	18.34	32.39
42	3.77	5.20	5.84	7.95	10.35	18.11	32.02
43	3.82	5.23	5.86	7.94	10.28	17.88	31.66
44	3.85	5.24	5.86	7.89	10.17	17.61	31.22
45	3.88	5.24	5.82	7.82	10.04	17.29	30.73
46	3.88	5.22	5.77	7.71	9.86	16.93	30.15
47	3.87	5.17	5.70	7.58	9.64	16.52	29.46
48	3.82	5.09	5.59	7.40	9.35	16.02	28.65
49	3.76	4.97	5.46	7.17	9.00	15.44	27.70
50	3.67	4.83	5.29	6.92	8.62	14.82	26.64
51	3.56	4.67	5.09	6.62	8.18	14.12	25.44
52	3.43	4.46	4.86	6.27	7.70	13.34	24.09
53	3.24	4.20	4.56	5.86	7.11	12.38	22.43
54	3.03	3.91	4.24	5.41	6.50	11.40	20.65
55	2.81	3.60	3.90	4.94	5.86	10.35	18.81
56	2.58	3.28	3.54	4.45	5.23	9.32	16.93
57	2.33	2.97	3.19	3.97	4.60	8.30	15.09
58	2.07	2.64	2.84	3.51	4.01	7.33	13.30
59	1.82	2.33	2.51	3.09	3.48	6.40	11.60
60	1.59	2.04	2.19	2.70	2.98	5.56	10.04
61	1.39	1.79	1.91	2.35	2.58	4.82	8.65
62	1.22	1.56	1.67	2.07	2.25	4.21	7.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.05	4.15	4.50	6.26	9.39	19.14	34.76
26	3.11	4.23	4.60	6.40	9.57	19.33	35.04
27	3.18	4.34	4.71	6.56	9.76	19.48	35.26
28	3.26	4.45	4.83	6.72	9.92	19.62	35.41
29	3.34	4.56	4.96	6.90	10.09	19.71	35.50
30	3.43	4.68	5.08	7.06	10.23	19.78	35.53
31	3.51	4.80	5.22	7.25	10.37	19.82	35.51
32	3.60	4.92	5.34	7.41	10.50	19.85	35.44
33	3.68	5.02	5.46	7.57	10.61	19.83	35.34
34	3.75	5.12	5.57	7.72	10.70	19.80	35.19
35	3.84	5.22	5.68	7.85	10.77	19.73	35.01
36	3.90	5.30	5.77	7.96	10.84	19.64	34.78
37	3.97	5.39	5.85	8.07	10.89	19.53	34.54
38	4.04	5.45	5.93	8.15	10.91	19.41	34.29
39	4.08	5.50	5.99	8.21	10.91	19.26	34.01
40	4.13	5.55	6.04	8.25	10.89	19.08	33.70
41	4.15	5.58	6.07	8.27	10.83	18.88	33.35
42	4.18	5.60	6.08	8.26	10.76	18.65	32.96
43	4.23	5.62	6.10	8.25	10.69	18.40	32.59
44	4.27	5.64	6.10	8.20	10.58	18.13	32.14
45	4.30	5.64	6.07	8.13	10.43	17.80	31.63
46	4.30	5.61	6.01	8.02	10.25	17.43	31.04
47	4.29	5.56	5.94	7.87	10.01	17.00	30.33
48	4.23	5.48	5.83	7.68	9.71	16.49	29.49
49	4.17	5.35	5.69	7.44	9.34	15.90	28.52
50	4.07	5.19	5.51	7.18	8.95	15.25	27.42
51	3.95	5.02	5.31	6.87	8.49	14.53	26.19
52	3.80	4.80	5.07	6.51	7.99	13.73	24.80
53	3.59	4.52	4.76	6.07	7.37	12.75	23.09
54	3.37	4.21	4.42	5.60	6.73	11.73	21.25
55	3.11	3.88	4.07	5.11	6.06	10.66	19.36
56	2.86	3.53	3.69	4.61	5.41	9.60	17.43
57	2.58	3.19	3.32	4.10	4.76	8.55	15.53
58	2.29	2.83	2.96	3.62	4.14	7.54	13.69
59	2.02	2.50	2.61	3.18	3.58	6.59	11.94
60	1.76	2.19	2.28	2.79	3.08	5.72	10.33
61	1.54	1.92	1.99	2.42	2.66	4.96	8.91
62	1.35	1.68	1.75	2.13	2.32	4.33	7.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.05	4.16	4.52	6.28	9.43	19.22	34.91
26	3.12	4.25	4.62	6.43	9.61	19.41	35.20
27	3.18	4.36	4.73	6.59	9.80	19.57	35.42
28	3.27	4.47	4.85	6.75	9.96	19.71	35.58
29	3.35	4.58	4.98	6.93	10.13	19.81	35.67
30	3.44	4.70	5.11	7.10	10.28	19.88	35.71
31	3.52	4.82	5.24	7.29	10.42	19.92	35.70
32	3.61	4.94	5.37	7.45	10.55	19.96	35.64
33	3.69	5.04	5.49	7.61	10.67	19.95	35.54
34	3.76	5.14	5.60	7.76	10.76	19.92	35.40
35	3.85	5.24	5.71	7.90	10.83	19.85	35.23
36	3.91	5.32	5.81	8.01	10.91	19.77	35.01
37	3.98	5.41	5.89	8.12	10.96	19.67	34.78
38	4.05	5.48	5.97	8.21	10.98	19.55	34.55
39	4.10	5.53	6.03	8.27	10.99	19.41	34.28
40	4.15	5.58	6.09	8.31	10.97	19.24	33.98
41	4.17	5.61	6.12	8.34	10.92	19.04	33.64
42	4.20	5.63	6.14	8.33	10.85	18.82	33.27
43	4.25	5.66	6.16	8.33	10.79	18.58	32.91
44	4.29	5.68	6.16	8.28	10.68	18.32	32.48
45	4.32	5.68	6.13	8.21	10.54	18.00	31.99
46	4.32	5.66	6.08	8.11	10.36	17.64	31.42
47	4.31	5.61	6.01	7.97	10.13	17.22	30.73
48	4.26	5.53	5.91	7.78	9.83	16.72	29.91
49	4.20	5.40	5.77	7.55	9.47	16.14	28.96
50	4.10	5.25	5.59	7.29	9.09	15.50	27.88
51	3.98	5.08	5.39	6.99	8.63	14.79	26.66
52	3.83	4.86	5.16	6.63	8.13	14.00	25.29
53	3.63	4.58	4.85	6.19	7.52	13.03	23.59
54	3.40	4.27	4.52	5.73	6.88	12.01	21.76
55	3.15	3.95	4.17	5.24	6.21	10.94	19.87
56	2.89	3.60	3.79	4.74	5.56	9.88	17.94
57	2.62	3.26	3.42	4.23	4.90	8.82	16.03
58	2.32	2.90	3.05	3.74	4.28	7.80	14.17
59	2.05	2.56	2.70	3.30	3.71	6.83	12.38
60	1.79	2.25	2.36	2.89	3.20	5.94	10.73
61	1.56	1.97	2.06	2.51	2.76	5.15	9.26
62	1.37	1.72	1.81	2.21	2.40	4.49	7.99

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.06	4.18	4.55	6.32	9.48	19.34	35.13
26	3.13	4.27	4.65	6.47	9.67	19.54	35.43
27	3.19	4.38	4.76	6.63	9.86	19.70	35.66
28	3.28	4.49	4.88	6.80	10.03	19.85	35.83
29	3.36	4.60	5.02	6.98	10.20	19.95	35.93
30	3.45	4.72	5.15	7.15	10.35	20.03	35.98
31	3.53	4.85	5.28	7.34	10.50	20.08	35.98
32	3.63	4.97	5.41	7.51	10.63	20.12	35.93
33	3.70	5.07	5.53	7.67	10.75	20.12	35.85
34	3.78	5.17	5.65	7.83	10.85	20.10	35.72
35	3.87	5.28	5.76	7.97	10.93	20.04	35.57
36	3.93	5.36	5.86	8.09	11.01	19.97	35.36
37	4.00	5.45	5.95	8.20	11.06	19.87	35.15
38	4.07	5.52	6.03	8.29	11.09	19.77	34.93
39	4.12	5.58	6.10	8.36	11.10	19.64	34.68
40	4.17	5.63	6.16	8.41	11.09	19.47	34.40
41	4.19	5.66	6.19	8.44	11.05	19.29	34.08
42	4.22	5.68	6.22	8.44	10.99	19.08	33.73
43	4.28	5.72	6.24	8.44	10.93	18.85	33.40
44	4.32	5.74	6.25	8.40	10.83	18.61	32.99
45	4.35	5.75	6.22	8.34	10.70	18.30	32.53
46	4.36	5.73	6.18	8.24	10.53	17.95	31.98
47	4.35	5.68	6.12	8.11	10.31	17.55	31.32
48	4.30	5.60	6.02	7.93	10.02	17.07	30.53
49	4.24	5.48	5.88	7.71	9.67	16.50	29.61
50	4.15	5.34	5.72	7.46	9.29	15.88	28.56
51	4.03	5.17	5.52	7.16	8.84	15.18	27.37
52	3.88	4.96	5.29	6.81	8.35	14.40	26.02
53	3.68	4.68	4.99	6.38	7.74	13.44	24.34
54	3.45	4.37	4.66	5.92	7.11	12.43	22.52
55	3.20	4.05	4.31	5.43	6.44	11.36	20.64
56	2.94	3.70	3.94	4.93	5.78	10.30	18.70
57	2.67	3.36	3.56	4.42	5.12	9.23	16.77
58	2.37	3.00	3.19	3.93	4.49	8.19	14.88
59	2.10	2.66	2.83	3.47	3.91	7.20	13.05
60	1.84	2.33	2.48	3.05	3.37	6.27	11.33
61	1.60	2.04	2.17	2.65	2.91	5.44	9.78
62	1.40	1.78	1.89	2.32	2.53	4.72	8.40

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.23	4.54	5.08	7.07	10.61	21.87	39.73
26	3.30	4.63	5.19	7.23	10.82	22.09	40.05
27	3.37	4.75	5.32	7.41	11.02	22.26	40.30
28	3.46	4.87	5.45	7.60	11.21	22.42	40.47
29	3.54	4.99	5.60	7.80	11.40	22.53	40.57
30	3.64	5.12	5.74	7.98	11.56	22.61	40.61
31	3.72	5.25	5.89	8.19	11.72	22.65	40.58
32	3.82	5.38	6.03	8.38	11.86	22.69	40.50
33	3.90	5.49	6.16	8.55	11.99	22.66	40.39
34	3.98	5.60	6.29	8.73	12.10	22.63	40.22
35	4.07	5.71	6.41	8.88	12.18	22.55	40.01
36	4.14	5.80	6.51	9.01	12.26	22.45	39.75
37	4.21	5.89	6.61	9.12	12.31	22.32	39.47
38	4.28	5.96	6.69	9.21	12.33	22.18	39.19
39	4.33	6.02	6.76	9.28	12.33	22.01	38.87
40	4.38	6.07	6.82	9.33	12.31	21.81	38.51
41	4.40	6.10	6.85	9.36	12.26	21.58	38.11
42	4.43	6.12	6.87	9.35	12.18	21.31	37.67
43	4.49	6.15	6.89	9.34	12.09	21.03	37.25
44	4.53	6.17	6.89	9.28	11.97	20.72	36.73
45	4.56	6.17	6.85	9.20	11.81	20.34	36.15
46	4.56	6.14	6.79	9.07	11.60	19.92	35.47
47	4.55	6.08	6.71	8.92	11.34	19.43	34.66
48	4.49	5.99	6.58	8.70	11.00	18.85	33.70
49	4.42	5.85	6.42	8.44	10.59	18.17	32.59
50	4.32	5.68	6.22	8.14	10.14	17.43	31.34
51	4.19	5.49	5.99	7.79	9.62	16.61	29.93
52	4.03	5.25	5.72	7.38	9.06	15.69	28.34
53	3.81	4.94	5.37	6.89	8.36	14.57	26.39
54	3.57	4.60	4.99	6.36	7.65	13.41	24.29
55	3.30	4.24	4.59	5.81	6.89	12.18	22.13
56	3.03	3.86	4.17	5.24	6.15	10.97	19.92
57	2.74	3.49	3.75	4.67	5.41	9.77	17.75
58	2.43	3.10	3.34	4.13	4.72	8.62	15.65
59	2.14	2.74	2.95	3.63	4.09	7.53	13.65
60	1.87	2.40	2.58	3.18	3.51	6.54	11.81
61	1.63	2.10	2.25	2.76	3.03	5.67	10.18
62	1.43	1.84	1.97	2.43	2.65	4.95	8.81

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.24	4.17	4.59	5.47	6.84	11.57	19.90
26	3.32	4.27	4.70	5.62	7.01	11.78	20.24
27	3.41	4.39	4.84	5.79	7.18	11.98	20.57
28	3.50	4.53	4.99	5.97	7.37	12.19	20.91
29	3.61	4.66	5.15	6.16	7.58	12.41	21.28
30	3.71	4.81	5.32	6.37	7.78	12.64	21.66
31	3.83	4.97	5.50	6.59	8.01	12.89	22.07
32	3.96	5.15	5.68	6.82	8.24	13.16	22.51
33	4.09	5.31	5.88	7.05	8.48	13.44	22.98
34	4.22	5.49	6.09	7.29	8.73	13.73	23.49
35	4.36	5.68	6.30	7.55	9.00	14.05	24.05
36	4.52	5.88	6.53	7.82	9.28	14.40	24.67
37	4.68	6.10	6.76	8.10	9.57	14.78	25.34
38	4.85	6.32	7.02	8.39	9.87	15.19	26.10
39	5.03	6.56	7.28	8.70	10.19	15.63	26.92
40	5.22	6.81	7.57	9.04	10.53	16.12	27.82
41	5.43	7.08	7.87	9.39	10.89	16.64	28.82
42	5.65	7.37	8.19	9.76	11.27	17.21	29.91
43	5.94	7.70	8.54	10.16	11.66	17.83	31.09
44	6.24	8.07	8.92	10.59	12.08	18.49	32.38
45	6.58	8.47	9.32	11.05	12.55	19.22	33.79
46	6.93	8.90	9.76	11.56	13.06	20.01	35.33
47	7.32	9.37	10.24	12.12	13.62	20.88	37.01
48	7.74	9.87	10.78	12.74	14.26	21.87	38.91
49	8.19	10.43	11.36	13.41	14.95	22.93	40.93
50	8.67	11.03	11.99	14.13	15.71	24.08	43.10
51	9.19	11.66	12.66	14.92	16.53	25.30	45.37
52	9.76	12.35	13.39	15.75	17.41	26.61	47.78
53	10.41	13.14	14.21	16.72	18.45	28.11	50.45
54	11.08	13.97	15.08	17.73	19.53	29.65	53.18
55	11.78	14.83	15.96	18.77	20.65	31.22	55.91
56	12.49	15.69	16.87	19.81	21.77	32.79	58.58
57	13.20	16.55	17.75	20.84	22.87	34.32	61.15
58	13.65	17.09	18.31	21.48	23.55	35.17	62.31
59	14.13	17.67	18.90	22.17	24.27	36.09	63.55
60	14.69	18.35	19.61	22.99	25.15	37.19	65.16
61	15.36	19.17	20.47	24.01	26.23	38.62	67.38
62	16.18	20.21	21.57	25.31	27.65	40.48	70.46
63	17.47	21.88	23.38	27.46	29.98	43.71	76.15
64	18.95	23.79	25.44	29.92	32.66	47.43	82.85
65	20.57	25.90	27.72	32.64	35.63	51.58	90.46
66	22.31	28.18	30.17	35.58	38.85	56.11	98.88
67	24.15	30.57	32.77	38.69	42.25	60.91	107.99
68	26.05	33.05	35.46	41.92	45.79	65.95	117.68
69	27.97	35.57	38.21	45.24	49.40	71.15	127.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.31	4.25	4.68	5.58	6.98	11.81	20.31
26	3.39	4.36	4.80	5.73	7.15	12.02	20.65
27	3.48	4.48	4.94	5.91	7.33	12.22	20.99
28	3.57	4.62	5.09	6.09	7.52	12.44	21.34
29	3.68	4.76	5.25	6.29	7.73	12.66	21.71
30	3.79	4.91	5.43	6.50	7.94	12.90	22.10
31	3.91	5.07	5.61	6.72	8.17	13.15	22.52
32	4.04	5.25	5.80	6.96	8.41	13.43	22.97
33	4.17	5.42	6.00	7.19	8.65	13.71	23.45
34	4.31	5.60	6.21	7.44	8.91	14.01	23.97
35	4.45	5.80	6.43	7.70	9.18	14.34	24.54
36	4.61	6.00	6.66	7.98	9.47	14.69	25.17
37	4.78	6.22	6.90	8.27	9.77	15.08	25.86
38	4.95	6.45	7.16	8.56	10.07	15.50	26.63
39	5.13	6.69	7.43	8.88	10.40	15.95	27.47
40	5.33	6.95	7.72	9.22	10.74	16.45	28.39
41	5.54	7.22	8.03	9.58	11.11	16.98	29.41
42	5.77	7.52	8.36	9.96	11.50	17.56	30.52
43	6.06	7.86	8.71	10.37	11.90	18.19	31.72
44	6.37	8.23	9.10	10.81	12.33	18.87	33.04
45	6.71	8.64	9.51	11.28	12.81	19.61	34.48
46	7.07	9.08	9.96	11.80	13.33	20.42	36.05
47	7.47	9.56	10.45	12.37	13.90	21.31	37.77
48	7.90	10.07	11.00	13.00	14.55	22.32	39.70
49	8.36	10.64	11.59	13.68	15.26	23.40	41.77
50	8.85	11.25	12.23	14.42	16.03	24.57	43.98
51	9.38	11.90	12.92	15.22	16.87	25.82	46.30
52	9.96	12.60	13.66	16.07	17.77	27.15	48.75
53	10.62	13.41	14.50	17.06	18.83	28.68	51.48
54	11.31	14.26	15.39	18.09	19.93	30.26	54.27
55	12.02	15.13	16.29	19.15	21.07	31.86	57.05
56	12.74	16.01	17.21	20.21	22.21	33.46	59.78
57	13.47	16.89	18.11	21.27	23.34	35.02	62.40
58	13.93	17.44	18.68	21.92	24.03	35.89	63.58
59	14.42	18.03	19.29	22.62	24.77	36.83	64.85
60	14.99	18.72	20.01	23.46	25.66	37.95	66.49
61	15.67	19.56	20.89	24.50	26.77	39.41	68.75
62	16.51	20.62	22.01	25.83	28.21	41.31	71.90
63	17.83	22.33	23.86	28.02	30.59	44.60	77.70
64	19.34	24.28	25.96	30.53	33.33	48.40	84.54
65	20.99	26.43	28.29	33.31	36.36	52.63	92.31
66	22.77	28.75	30.79	36.31	39.64	57.25	100.90
67	24.64	31.19	33.44	39.48	43.11	62.15	110.19
68	26.58	33.72	36.18	42.78	46.72	67.30	120.08
69	28.54	36.30	38.99	46.16	50.41	72.60	130.45

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.65	1.98	2.14	2.48	3.32	6.24	10.73
26	1.69	2.04	2.21	2.56	3.42	6.36	10.93
27	1.73	2.10	2.27	2.64	3.52	6.50	11.13
28	1.78	2.17	2.35	2.73	3.64	6.63	11.37
29	1.84	2.24	2.44	2.84	3.75	6.79	11.62
30	1.90	2.33	2.54	2.96	3.88	6.97	11.90
31	1.98	2.43	2.64	3.09	4.02	7.15	12.21
32	2.05	2.53	2.75	3.22	4.17	7.36	12.55
33	2.13	2.64	2.87	3.37	4.32	7.59	12.93
34	2.21	2.75	3.01	3.53	4.50	7.83	13.33
35	2.31	2.87	3.15	3.69	4.67	8.09	13.78
36	2.41	3.01	3.29	3.87	4.87	8.38	14.28
37	2.52	3.15	3.45	4.06	5.09	8.69	14.83
38	2.64	3.29	3.62	4.26	5.31	9.03	15.42
39	2.75	3.46	3.80	4.48	5.55	9.39	16.06
40	2.89	3.64	4.00	4.70	5.81	9.79	16.78
41	3.04	3.82	4.21	4.95	6.10	10.22	17.55
42	3.19	4.03	4.44	5.21	6.40	10.69	18.40
43	3.38	4.25	4.68	5.50	6.72	11.19	19.33
44	3.59	4.51	4.95	5.80	7.08	11.74	20.33
45	3.81	4.78	5.23	6.13	7.46	12.33	21.42
46	4.07	5.09	5.55	6.50	7.86	12.98	22.63
47	4.33	5.41	5.89	6.89	8.30	13.69	23.94
48	4.63	5.77	6.26	7.33	8.78	14.47	25.42
49	4.94	6.15	6.67	7.80	9.30	15.33	27.02
50	5.28	6.58	7.11	8.32	9.85	16.24	28.72
51	5.64	7.03	7.60	8.86	10.43	17.22	30.54
52	6.02	7.50	8.09	9.45	11.03	18.26	32.46
53	6.44	8.04	8.66	10.11	11.72	19.44	34.62
54	6.89	8.60	9.25	10.81	12.43	20.67	36.84
55	7.34	9.18	9.86	11.52	13.13	21.91	39.08
56	7.81	9.77	10.47	12.24	13.85	23.17	41.30
57	8.27	10.36	11.07	12.95	14.54	24.39	43.44
58	8.57	10.73	11.46	13.40	14.95	25.12	44.55
59	8.88	11.13	11.88	13.89	15.39	25.90	45.74
60	9.23	11.59	12.36	14.45	15.92	26.83	47.22
61	9.67	12.15	12.95	15.14	16.60	28.01	49.17
62	10.21	12.86	13.69	16.02	17.49	29.51	51.80
63	11.04	13.97	14.89	17.44	19.03	32.03	56.43
64	12.00	15.22	16.25	19.07	20.80	34.93	61.85
65	13.03	16.61	17.75	20.86	22.76	38.15	67.95
66	14.14	18.10	19.36	22.79	24.88	41.64	74.66
67	15.32	19.68	21.07	24.83	27.13	45.33	81.89
68	16.52	21.31	22.83	26.96	29.45	49.21	89.55
69	17.76	22.96	24.64	29.14	31.84	53.17	97.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.68	2.02	2.18	2.53	3.39	6.37	10.95
26	1.72	2.08	2.25	2.61	3.49	6.49	11.15
27	1.77	2.14	2.32	2.69	3.59	6.63	11.36
28	1.82	2.21	2.40	2.79	3.71	6.77	11.60
29	1.88	2.29	2.49	2.90	3.83	6.93	11.86
30	1.94	2.38	2.59	3.02	3.96	7.11	12.14
31	2.02	2.48	2.69	3.15	4.10	7.30	12.46
32	2.09	2.58	2.81	3.29	4.25	7.51	12.81
33	2.17	2.69	2.93	3.44	4.41	7.74	13.19
34	2.26	2.81	3.07	3.60	4.59	7.99	13.60
35	2.36	2.93	3.21	3.77	4.77	8.25	14.06
36	2.46	3.07	3.36	3.95	4.97	8.55	14.57
37	2.57	3.21	3.52	4.14	5.19	8.87	15.13
38	2.69	3.36	3.69	4.35	5.42	9.21	15.73
39	2.81	3.53	3.88	4.57	5.66	9.58	16.39
40	2.95	3.71	4.08	4.80	5.93	9.99	17.12
41	3.10	3.90	4.30	5.05	6.22	10.43	17.91
42	3.25	4.11	4.53	5.32	6.53	10.91	18.78
43	3.45	4.34	4.78	5.61	6.86	11.42	19.72
44	3.66	4.60	5.05	5.92	7.22	11.98	20.74
45	3.89	4.88	5.34	6.26	7.61	12.58	21.86
46	4.15	5.19	5.66	6.63	8.02	13.24	23.09
47	4.42	5.52	6.01	7.03	8.47	13.97	24.43
48	4.72	5.89	6.39	7.48	8.96	14.77	25.94
49	5.04	6.28	6.81	7.96	9.49	15.64	27.57
50	5.39	6.71	7.26	8.49	10.05	16.57	29.31
51	5.76	7.17	7.75	9.04	10.64	17.57	31.16
52	6.14	7.65	8.25	9.64	11.26	18.63	33.12
53	6.57	8.20	8.84	10.32	11.96	19.84	35.33
54	7.03	8.78	9.44	11.03	12.68	21.09	37.59
55	7.49	9.37	10.06	11.76	13.40	22.36	39.88
56	7.97	9.97	10.68	12.49	14.13	23.64	42.14
57	8.44	10.57	11.30	13.21	14.84	24.89	44.33
58	8.74	10.95	11.69	13.67	15.25	25.63	45.46
59	9.06	11.36	12.12	14.17	15.70	26.43	46.67
60	9.42	11.83	12.61	14.74	16.24	27.38	48.18
61	9.87	12.40	13.21	15.45	16.94	28.58	50.17
62	10.42	13.12	13.97	16.35	17.85	30.11	52.86
63	11.27	14.25	15.19	17.80	19.42	32.68	57.58
64	12.24	15.53	16.58	19.46	21.22	35.64	63.11
65	13.30	16.95	18.11	21.29	23.22	38.93	69.34
66	14.43	18.47	19.76	23.26	25.39	42.49	76.18
67	15.63	20.08	21.50	25.34	27.68	46.26	83.56
68	16.86	21.74	23.30	27.51	30.05	50.21	91.38
69	18.12	23.43	25.14	29.73	32.49	54.26	99.54

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.40	1.65	1.76	2.01	2.76	5.30	9.02
26	1.44	1.69	1.81	2.08	2.84	5.42	9.21
27	1.47	1.73	1.87	2.15	2.94	5.56	9.43
28	1.52	1.79	1.93	2.22	3.04	5.69	9.65
29	1.57	1.86	2.01	2.31	3.14	5.84	9.91
30	1.62	1.93	2.09	2.41	3.25	6.01	10.18
31	1.67	2.01	2.18	2.51	3.37	6.19	10.48
32	1.73	2.09	2.26	2.63	3.51	6.39	10.81
33	1.79	2.18	2.36	2.74	3.65	6.60	11.16
34	1.87	2.27	2.47	2.87	3.80	6.82	11.55
35	1.94	2.37	2.58	3.01	3.96	7.08	11.98
36	2.03	2.48	2.70	3.15	4.14	7.34	12.45
37	2.12	2.60	2.83	3.30	4.32	7.63	12.96
38	2.21	2.72	2.98	3.47	4.53	7.95	13.50
39	2.31	2.85	3.13	3.65	4.74	8.29	14.11
40	2.42	3.00	3.28	3.83	4.98	8.66	14.78
41	2.54	3.16	3.46	4.04	5.23	9.07	15.50
42	2.67	3.32	3.65	4.26	5.51	9.51	16.30
43	2.82	3.51	3.85	4.50	5.80	9.97	17.15
44	3.00	3.72	4.07	4.74	6.12	10.48	18.07
45	3.19	3.95	4.30	5.03	6.45	11.03	19.09
46	3.39	4.19	4.57	5.32	6.81	11.62	20.20
47	3.62	4.47	4.84	5.64	7.20	12.28	21.41
48	3.86	4.76	5.16	6.02	7.63	13.01	22.79
49	4.12	5.09	5.50	6.41	8.09	13.80	24.26
50	4.40	5.43	5.87	6.83	8.58	14.65	25.84
51	4.70	5.80	6.25	7.28	9.10	15.55	27.52
52	5.02	6.19	6.67	7.77	9.65	16.52	29.29
53	5.38	6.64	7.14	8.33	10.27	17.61	31.30
54	5.76	7.11	7.63	8.91	10.90	18.74	33.37
55	6.15	7.60	8.14	9.50	11.53	19.87	35.45
56	6.55	8.09	8.65	10.09	12.17	21.02	37.51
57	6.95	8.58	9.15	10.69	12.80	22.15	39.51
58	7.20	8.89	9.48	11.06	13.17	22.79	40.55
59	7.48	9.22	9.83	11.47	13.56	23.51	41.67
60	7.79	9.61	10.23	11.95	14.03	24.35	43.06
61	8.17	10.08	10.73	12.53	14.61	25.42	44.91
62	8.65	10.68	11.36	13.28	15.36	26.79	47.40
63	9.38	11.62	12.38	14.48	16.59	29.12	51.75
64	10.21	12.69	13.52	15.86	18.01	31.78	56.85
65	11.12	13.87	14.80	17.38	19.59	34.76	62.60
66	12.11	15.13	16.17	19.02	21.30	37.99	68.93
67	13.14	16.47	17.63	20.76	23.10	41.44	75.78
68	14.21	17.87	19.14	22.58	24.99	45.06	83.05
69	15.31	19.29	20.69	24.44	26.94	48.79	90.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.43	1.68	1.80	2.05	2.82	5.41	9.20
26	1.47	1.72	1.85	2.12	2.90	5.53	9.40
27	1.50	1.77	1.91	2.19	3.00	5.67	9.62
28	1.55	1.83	1.97	2.27	3.10	5.81	9.85
29	1.60	1.90	2.05	2.36	3.20	5.96	10.11
30	1.65	1.97	2.13	2.46	3.32	6.13	10.39
31	1.70	2.05	2.22	2.56	3.44	6.32	10.69
32	1.77	2.13	2.31	2.68	3.58	6.52	11.03
33	1.83	2.22	2.41	2.80	3.72	6.73	11.39
34	1.91	2.32	2.52	2.93	3.88	6.96	11.79
35	1.98	2.42	2.63	3.07	4.04	7.22	12.22
36	2.07	2.53	2.76	3.21	4.22	7.49	12.70
37	2.16	2.65	2.89	3.37	4.41	7.79	13.22
38	2.26	2.78	3.04	3.54	4.62	8.11	13.78
39	2.36	2.91	3.19	3.72	4.84	8.46	14.40
40	2.47	3.06	3.35	3.91	5.08	8.84	15.08
41	2.59	3.22	3.53	4.12	5.34	9.25	15.82
42	2.72	3.39	3.72	4.35	5.62	9.70	16.63
43	2.88	3.58	3.93	4.59	5.92	10.17	17.50
44	3.06	3.80	4.15	4.84	6.24	10.69	18.44
45	3.25	4.03	4.39	5.13	6.58	11.25	19.48
46	3.46	4.28	4.66	5.43	6.95	11.86	20.61
47	3.69	4.56	4.94	5.76	7.35	12.53	21.85
48	3.94	4.86	5.27	6.14	7.79	13.28	23.25
49	4.20	5.19	5.61	6.54	8.26	14.08	24.75
50	4.49	5.54	5.99	6.97	8.76	14.95	26.37
51	4.80	5.92	6.38	7.43	9.29	15.87	28.08
52	5.12	6.32	6.81	7.93	9.85	16.86	29.89
53	5.49	6.78	7.29	8.50	10.48	17.97	31.94
54	5.88	7.26	7.79	9.09	11.12	19.12	34.05
55	6.28	7.75	8.31	9.69	11.77	20.28	36.17
56	6.68	8.25	8.83	10.30	12.42	21.45	38.28
57	7.09	8.75	9.34	10.91	13.06	22.60	40.32
58	7.35	9.07	9.67	11.29	13.44	23.26	41.38
59	7.63	9.41	10.03	11.70	13.84	23.99	42.52
60	7.95	9.81	10.44	12.19	14.32	24.85	43.94
61	8.34	10.29	10.95	12.79	14.91	25.94	45.83
62	8.83	10.90	11.59	13.55	15.67	27.34	48.37
63	9.57	11.86	12.63	14.78	16.93	29.71	52.81
64	10.42	12.95	13.80	16.18	18.38	32.43	58.01
65	11.35	14.15	15.10	17.73	19.99	35.47	63.88
66	12.36	15.44	16.50	19.41	21.73	38.77	70.34
67	13.41	16.81	17.99	21.18	23.57	42.29	77.33
68	14.50	18.23	19.53	23.04	25.50	45.98	84.74
69	15.62	19.68	21.11	24.94	27.49	49.79	92.51

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	10.12	12.58	13.43	15.75	17.75	31.48	56.63
66	11.02	13.74	14.68	17.26	19.32	34.45	62.44
67	11.97	14.97	16.01	18.85	20.97	37.60	68.70
68	12.95	16.25	17.40	20.51	22.71	40.92	75.35
69	13.96	17.56	18.83	22.23	24.50	44.35	82.34

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	10.33	12.84	13.70	16.07	18.11	32.12	57.79
66	11.24	14.02	14.98	17.61	19.71	35.15	63.71
67	12.21	15.28	16.34	19.23	21.40	38.37	70.10
68	13.21	16.58	17.75	20.93	23.17	41.76	76.89
69	14.24	17.92	19.21	22.68	25.00	45.26	84.02

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	8.86	10.99	11.71	13.73	15.46	27.33	49.05
66	9.63	11.99	12.79	15.01	16.80	29.86	54.00
67	10.45	13.03	13.93	16.38	18.22	32.56	59.34
68	11.28	14.12	15.11	17.80	19.70	35.38	65.01
69	12.13	15.24	16.33	19.26	21.23	38.31	70.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	9.04	11.21	11.95	14.01	15.78	27.89	50.05
66	9.83	12.23	13.05	15.32	17.14	30.47	55.10
67	10.66	13.30	14.21	16.71	18.59	33.22	60.55
68	11.51	14.41	15.42	18.16	20.10	36.10	66.34
69	12.38	15.55	16.66	19.65	21.66	39.09	72.41

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.58	6.00	6.64	7.98	10.04	17.12	29.76
26	4.74	6.21	6.88	8.27	10.37	17.56	30.50
27	4.90	6.44	7.13	8.59	10.72	18.01	31.28
28	5.08	6.68	7.41	8.93	11.10	18.47	32.05
29	5.27	6.94	7.70	9.29	11.48	18.95	32.86
30	5.46	7.22	8.01	9.67	11.89	19.45	33.70
31	5.68	7.51	8.34	10.06	12.30	19.98	34.58
32	5.91	7.82	8.69	10.48	12.75	20.53	35.50
33	6.14	8.13	9.04	10.91	13.21	21.09	36.47
34	6.39	8.45	9.41	11.36	13.68	21.68	37.50
35	6.65	8.80	9.79	11.82	14.18	22.32	38.61
36	6.92	9.16	10.20	12.30	14.70	22.99	39.80
37	7.21	9.53	10.62	12.81	15.24	23.70	41.07
38	7.51	9.93	11.07	13.33	15.79	24.46	42.46
39	7.83	10.34	11.54	13.88	16.36	25.27	43.97
40	8.15	10.78	12.03	14.45	16.96	26.14	45.58
41	8.51	11.24	12.55	15.05	17.59	27.07	47.31
42	8.89	11.73	13.10	15.69	18.25	28.05	49.19
43	9.36	12.30	13.69	16.37	18.93	29.11	51.23
44	9.85	12.91	14.31	17.09	19.67	30.24	53.41
45	10.39	13.55	14.97	17.84	20.43	31.44	55.73
46	10.96	14.23	15.67	18.65	21.24	32.71	58.20
47	11.57	14.96	16.41	19.50	22.10	34.05	60.80
48	12.21	15.75	17.23	20.46	23.06	35.58	63.77
49	12.88	16.57	18.10	21.45	24.07	37.15	66.83
50	13.58	17.42	18.99	22.47	25.10	38.75	69.90
51	14.29	18.29	19.89	23.52	26.16	40.37	72.96
52	15.02	19.16	20.80	24.55	27.22	41.96	75.95
53	15.82	20.13	21.81	25.73	28.46	43.72	79.12
54	16.59	21.07	22.77	26.84	29.64	45.38	82.02
55	17.31	21.92	23.65	27.85	30.72	46.84	84.51
56	17.95	22.68	24.40	28.72	31.63	48.03	86.46
57	18.48	23.28	24.99	29.39	32.34	48.89	87.73
58	18.81	23.66	25.38	29.83	32.78	49.31	88.17
59	18.95	23.82	25.52	29.98	32.91	49.24	87.66
60	18.89	23.70	25.37	29.80	32.66	48.61	86.06
61	18.59	23.29	24.90	29.24	31.99	47.32	83.23
62	18.01	22.54	24.07	28.26	30.85	45.32	79.03

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.75	6.22	6.88	8.27	10.40	17.74	30.84
26	4.91	6.43	7.13	8.57	10.75	18.20	31.61
27	5.08	6.67	7.39	8.90	11.11	18.66	32.41
28	5.26	6.92	7.68	9.25	11.50	19.14	33.21
29	5.46	7.19	7.98	9.63	11.90	19.64	34.05
30	5.66	7.48	8.30	10.02	12.32	20.16	34.92
31	5.89	7.78	8.64	10.43	12.75	20.70	35.83
32	6.12	8.10	9.00	10.86	13.21	21.27	36.79
33	6.36	8.42	9.37	11.31	13.69	21.85	37.79
34	6.62	8.76	9.75	11.77	14.18	22.47	38.86
35	6.89	9.12	10.15	12.25	14.69	23.13	40.01
36	7.17	9.49	10.57	12.75	15.23	23.82	41.24
37	7.47	9.88	11.01	13.27	15.79	24.56	42.56
38	7.78	10.29	11.47	13.81	16.36	25.35	44.00
39	8.11	10.72	11.96	14.38	16.95	26.19	45.56
40	8.45	11.17	12.47	14.97	17.58	27.09	47.23
41	8.82	11.65	13.01	15.60	18.23	28.05	49.03
42	9.21	12.16	13.58	16.26	18.91	29.07	50.97
43	9.70	12.75	14.19	16.96	19.62	30.17	53.09
44	10.21	13.38	14.83	17.71	20.38	31.34	55.35
45	10.77	14.04	15.51	18.49	21.17	32.58	57.75
46	11.36	14.75	16.24	19.33	22.01	33.90	60.31
47	11.99	15.50	17.00	20.21	22.90	35.29	63.01
48	12.65	16.32	17.86	21.20	23.90	36.87	66.08
49	13.35	17.17	18.76	22.23	24.94	38.50	69.25
50	14.07	18.05	19.68	23.29	26.01	40.16	72.44
51	14.81	18.95	20.61	24.37	27.11	41.83	75.61
52	15.56	19.85	21.55	25.44	28.21	43.48	78.70
53	16.39	20.86	22.60	26.66	29.49	45.31	81.99
54	17.19	21.83	23.60	27.81	30.72	47.03	84.99
55	17.94	22.72	24.51	28.86	31.83	48.54	87.58
56	18.60	23.50	25.29	29.76	32.78	49.77	89.60
57	19.15	24.12	25.90	30.46	33.51	50.66	90.91
58	19.49	24.52	26.30	30.91	33.97	51.10	91.37
59	19.64	24.68	26.45	31.07	34.10	51.03	90.84
60	19.58	24.56	26.29	30.88	33.84	50.37	89.18
61	19.26	24.13	25.80	30.30	33.15	49.04	86.25
62	18.66	23.36	24.94	29.28	31.97	46.96	81.90

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.28	2.85	3.11	3.67	5.03	9.62	16.88
26	2.35	2.95	3.22	3.81	5.21	9.88	17.32
27	2.43	3.07	3.36	3.98	5.41	10.17	17.81
28	2.53	3.20	3.51	4.16	5.64	10.48	18.33
29	2.63	3.35	3.67	4.36	5.87	10.82	18.88
30	2.76	3.50	3.85	4.57	6.11	11.17	19.46
31	2.89	3.68	4.04	4.81	6.38	11.55	20.10
32	3.02	3.86	4.25	5.06	6.66	11.96	20.80
33	3.17	4.05	4.47	5.32	6.96	12.39	21.53
34	3.32	4.26	4.70	5.60	7.28	12.85	22.32
35	3.48	4.48	4.95	5.90	7.61	13.36	23.17
36	3.67	4.72	5.21	6.21	7.97	13.89	24.11
37	3.85	4.97	5.50	6.55	8.36	14.47	25.11
38	4.05	5.24	5.80	6.91	8.76	15.07	26.19
39	4.27	5.52	6.12	7.29	9.20	15.74	27.37
40	4.51	5.82	6.47	7.69	9.66	16.44	28.63
41	4.75	6.15	6.82	8.12	10.15	17.21	29.99
42	5.02	6.49	7.22	8.58	10.67	18.02	31.47
43	5.34	6.90	7.64	9.06	11.24	18.89	33.07
44	5.69	7.32	8.09	9.58	11.85	19.82	34.79
45	6.07	7.78	8.56	10.14	12.49	20.82	36.62
46	6.47	8.27	9.07	10.73	13.16	21.87	38.58
47	6.90	8.79	9.61	11.35	13.87	22.99	40.67
48	7.36	9.37	10.22	12.05	14.64	24.26	43.05
49	7.86	9.97	10.86	12.80	15.44	25.57	45.51
50	8.37	10.59	11.51	13.55	16.25	26.91	48.03
51	8.89	11.22	12.18	14.31	17.05	28.26	50.56
52	9.42	11.86	12.85	15.08	17.84	29.61	53.04
53	9.98	12.56	13.59	15.93	18.69	31.06	55.74
54	10.51	13.24	14.28	16.75	19.47	32.44	58.26
55	10.99	13.86	14.92	17.50	20.17	33.68	60.48
56	11.43	14.40	15.47	18.14	20.74	34.70	62.29
57	11.77	14.84	15.90	18.64	21.15	35.46	63.60
58	11.99	15.12	16.19	18.99	21.37	35.91	64.29
59	12.09	15.26	16.32	19.13	21.37	35.98	64.24
60	12.04	15.20	16.24	19.04	21.11	35.60	63.34
61	11.84	14.94	15.95	18.68	20.56	34.73	61.50
62	11.44	14.45	15.40	18.04	19.70	33.31	58.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.36	2.95	3.22	3.80	5.21	9.97	17.49
26	2.44	3.06	3.34	3.95	5.40	10.24	17.95
27	2.52	3.18	3.48	4.12	5.61	10.54	18.46
28	2.62	3.32	3.64	4.31	5.84	10.86	18.99
29	2.73	3.47	3.80	4.52	6.08	11.21	19.56
30	2.86	3.63	3.99	4.74	6.33	11.57	20.17
31	2.99	3.81	4.19	4.98	6.61	11.97	20.83
32	3.13	4.00	4.40	5.24	6.90	12.39	21.55
33	3.28	4.20	4.63	5.51	7.21	12.84	22.31
34	3.44	4.41	4.87	5.80	7.54	13.32	23.13
35	3.61	4.64	5.13	6.11	7.89	13.84	24.01
36	3.80	4.89	5.40	6.44	8.26	14.39	24.98
37	3.99	5.15	5.70	6.79	8.66	14.99	26.02
38	4.20	5.43	6.01	7.16	9.08	15.62	27.14
39	4.43	5.72	6.34	7.55	9.53	16.31	28.36
40	4.67	6.03	6.70	7.97	10.01	17.04	29.67
41	4.92	6.37	7.07	8.41	10.52	17.83	31.08
42	5.20	6.73	7.48	8.89	11.06	18.67	32.61
43	5.53	7.15	7.92	9.39	11.65	19.57	34.27
44	5.90	7.59	8.38	9.93	12.28	20.54	36.05
45	6.29	8.06	8.87	10.51	12.94	21.57	37.95
46	6.70	8.57	9.40	11.12	13.64	22.66	39.98
47	7.15	9.11	9.96	11.76	14.37	23.82	42.14
48	7.63	9.71	10.59	12.49	15.17	25.14	44.61
49	8.14	10.33	11.25	13.26	16.00	26.50	47.16
50	8.67	10.97	11.93	14.04	16.84	27.89	49.77
51	9.21	11.63	12.62	14.83	17.67	29.29	52.39
52	9.76	12.29	13.32	15.63	18.49	30.68	54.96
53	10.34	13.02	14.08	16.51	19.37	32.19	57.76
54	10.89	13.72	14.80	17.36	20.18	33.62	60.37
55	11.39	14.36	15.46	18.13	20.90	34.90	62.67
56	11.84	14.92	16.03	18.80	21.49	35.96	64.55
57	12.20	15.38	16.48	19.32	21.92	36.75	65.91
58	12.43	15.67	16.78	19.68	22.15	37.21	66.62
59	12.53	15.81	16.91	19.82	22.15	37.28	66.57
60	12.48	15.75	16.83	19.73	21.88	36.89	65.64
61	12.27	15.48	16.53	19.36	21.31	35.99	63.73
62	11.86	14.97	15.96	18.69	20.41	34.52	60.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.95	2.39	2.60	3.04	4.33	8.56	14.93
26	2.01	2.48	2.70	3.17	4.50	8.82	15.38
27	2.08	2.59	2.82	3.31	4.68	9.11	15.86
28	2.17	2.69	2.94	3.46	4.88	9.41	16.38
29	2.26	2.82	3.08	3.63	5.10	9.73	16.92
30	2.35	2.95	3.23	3.81	5.32	10.07	17.50
31	2.46	3.10	3.40	4.01	5.56	10.44	18.12
32	2.58	3.25	3.57	4.23	5.82	10.84	18.79
33	2.70	3.42	3.75	4.45	6.09	11.25	19.50
34	2.83	3.59	3.95	4.68	6.38	11.71	20.27
35	2.97	3.77	4.16	4.93	6.69	12.18	21.09
36	3.13	3.98	4.38	5.20	7.02	12.69	21.97
37	3.28	4.19	4.62	5.49	7.37	13.24	22.94
38	3.45	4.42	4.88	5.79	7.74	13.83	23.97
39	3.64	4.66	5.15	6.11	8.14	14.46	25.09
40	3.83	4.91	5.44	6.46	8.56	15.13	26.30
41	4.04	5.19	5.75	6.81	9.01	15.85	27.59
42	4.27	5.48	6.08	7.20	9.50	16.62	28.99
43	4.55	5.83	6.44	7.61	10.02	17.45	30.50
44	4.83	6.19	6.81	8.06	10.58	18.34	32.13
45	5.15	6.57	7.22	8.53	11.16	19.27	33.86
46	5.50	6.99	7.65	9.02	11.76	20.27	35.71
47	5.87	7.43	8.11	9.55	12.41	21.33	37.68
48	6.25	7.91	8.63	10.15	13.11	22.52	39.92
49	6.67	8.42	9.17	10.77	13.85	23.77	42.25
50	7.10	8.95	9.72	11.42	14.58	25.03	44.61
51	7.54	9.49	10.28	12.06	15.31	26.30	46.99
52	7.99	10.02	10.85	12.71	16.03	27.55	49.31
53	8.46	10.62	11.45	13.42	16.80	28.91	51.84
54	8.93	11.17	12.04	14.11	17.51	30.19	54.18
55	9.35	11.70	12.57	14.73	18.13	31.32	56.25
56	9.73	12.14	13.03	15.27	18.63	32.25	57.92
57	10.03	12.50	13.38	15.68	18.99	32.93	59.11
58	10.22	12.73	13.62	15.95	19.16	33.28	59.70
59	10.31	12.82	13.70	16.05	19.14	33.28	59.60
60	10.27	12.77	13.63	15.95	18.86	32.85	58.68
61	10.09	12.53	13.36	15.62	18.31	31.93	56.86
62	9.76	12.08	12.86	15.04	17.45	30.48	54.03

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.02	2.48	2.69	3.15	4.49	8.87	15.47
26	2.08	2.57	2.80	3.28	4.66	9.14	15.94
27	2.16	2.68	2.92	3.43	4.85	9.44	16.44
28	2.25	2.79	3.05	3.59	5.06	9.75	16.97
29	2.34	2.92	3.19	3.76	5.28	10.08	17.53
30	2.44	3.06	3.35	3.95	5.51	10.44	18.13
31	2.55	3.21	3.52	4.16	5.76	10.82	18.78
32	2.67	3.37	3.70	4.38	6.03	11.23	19.47
33	2.80	3.54	3.89	4.61	6.31	11.66	20.21
34	2.93	3.72	4.09	4.85	6.61	12.13	21.00
35	3.08	3.91	4.31	5.11	6.93	12.62	21.85
36	3.24	4.12	4.54	5.39	7.27	13.15	22.77
37	3.40	4.34	4.79	5.69	7.64	13.72	23.77
38	3.58	4.58	5.06	6.00	8.02	14.33	24.84
39	3.77	4.83	5.34	6.33	8.44	14.98	26.00
40	3.97	5.09	5.64	6.69	8.87	15.68	27.25
41	4.19	5.38	5.96	7.06	9.34	16.43	28.59
42	4.42	5.68	6.30	7.46	9.84	17.22	30.04
43	4.71	6.04	6.67	7.89	10.38	18.08	31.61
44	5.01	6.41	7.06	8.35	10.96	19.00	33.30
45	5.34	6.81	7.48	8.84	11.56	19.97	35.09
46	5.70	7.24	7.93	9.35	12.19	21.01	37.01
47	6.08	7.70	8.40	9.90	12.86	22.10	39.05
48	6.48	8.20	8.94	10.52	13.59	23.34	41.37
49	6.91	8.73	9.50	11.16	14.35	24.63	43.78
50	7.36	9.27	10.07	11.83	15.11	25.94	46.23
51	7.81	9.83	10.65	12.50	15.87	27.25	48.69
52	8.28	10.38	11.24	13.17	16.61	28.55	51.10
53	8.77	11.00	11.87	13.91	17.41	29.96	53.72
54	9.25	11.58	12.48	14.62	18.14	31.29	56.15
55	9.69	12.12	13.03	15.26	18.79	32.46	58.29
56	10.08	12.58	13.50	15.82	19.31	33.42	60.02
57	10.39	12.95	13.87	16.25	19.68	34.12	61.25
58	10.59	13.19	14.11	16.53	19.86	34.49	61.87
59	10.68	13.29	14.20	16.63	19.83	34.49	61.76
60	10.64	13.23	14.12	16.53	19.54	34.04	60.81
61	10.46	12.98	13.84	16.19	18.97	33.09	58.92
62	10.11	12.52	13.33	15.59	18.08	31.59	55.99

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.78	2.15	2.34	2.71	3.81	7.43	12.86
26	1.83	2.24	2.43	2.84	3.98	7.70	13.33
27	1.90	2.34	2.54	2.96	4.16	7.98	13.80
28	1.98	2.44	2.65	3.11	4.34	8.28	14.31
29	2.07	2.56	2.79	3.27	4.55	8.59	14.84
30	2.16	2.68	2.92	3.44	4.76	8.93	15.41
31	2.26	2.81	3.08	3.62	4.98	9.28	16.02
32	2.36	2.95	3.24	3.82	5.22	9.66	16.67
33	2.48	3.11	3.41	4.02	5.48	10.06	17.35
34	2.60	3.27	3.59	4.25	5.75	10.49	18.08
35	2.73	3.45	3.78	4.48	6.04	10.94	18.88
36	2.87	3.63	4.00	4.73	6.35	11.43	19.71
37	3.02	3.83	4.22	5.00	6.68	11.95	20.63
38	3.17	4.04	4.46	5.28	7.03	12.51	21.61
39	3.35	4.27	4.71	5.57	7.40	13.10	22.66
40	3.52	4.51	4.98	5.89	7.80	13.73	23.79
41	3.72	4.76	5.27	6.22	8.22	14.40	25.00
42	3.93	5.03	5.57	6.59	8.67	15.12	26.32
43	4.19	5.35	5.91	6.98	9.16	15.90	27.72
44	4.46	5.68	6.25	7.38	9.67	16.72	29.25
45	4.76	6.04	6.63	7.82	10.21	17.60	30.86
46	5.07	6.43	7.03	8.28	10.78	18.53	32.58
47	5.40	6.83	7.45	8.77	11.37	19.50	34.39
48	5.77	7.28	7.92	9.32	12.02	20.61	36.48
49	6.16	7.75	8.42	9.89	12.70	21.76	38.62
50	6.54	8.23	8.94	10.48	13.38	22.93	40.81
51	6.95	8.72	9.45	11.08	14.05	24.10	42.99
52	7.36	9.22	9.97	11.67	14.72	25.25	45.13
53	7.81	9.76	10.53	12.32	15.42	26.50	47.45
54	8.22	10.27	11.06	12.95	16.07	27.67	49.59
55	8.61	10.74	11.54	13.52	16.64	28.69	51.46
56	8.95	11.15	11.96	14.00	17.09	29.53	52.98
57	9.22	11.47	12.27	14.37	17.40	30.13	54.02
58	9.39	11.67	12.48	14.60	17.54	30.44	54.52
59	9.46	11.74	12.55	14.68	17.50	30.39	54.37
60	9.41	11.67	12.45	14.57	17.22	29.95	53.45
61	9.23	11.43	12.18	14.24	16.68	29.07	51.70
62	8.90	11.00	11.71	13.68	15.86	27.69	49.01

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.84	2.23	2.42	2.81	3.95	7.70	13.33
26	1.90	2.32	2.52	2.94	4.12	7.98	13.81
27	1.97	2.42	2.63	3.07	4.31	8.27	14.30
28	2.05	2.53	2.75	3.22	4.50	8.58	14.83
29	2.14	2.65	2.89	3.39	4.71	8.90	15.38
30	2.24	2.78	3.03	3.56	4.93	9.25	15.97
31	2.34	2.91	3.19	3.75	5.16	9.62	16.60
32	2.45	3.06	3.36	3.96	5.41	10.01	17.27
33	2.57	3.22	3.53	4.17	5.68	10.43	17.98
34	2.69	3.39	3.72	4.40	5.96	10.87	18.74
35	2.83	3.57	3.92	4.64	6.26	11.34	19.56
36	2.97	3.76	4.14	4.90	6.58	11.84	20.43
37	3.13	3.97	4.37	5.18	6.92	12.38	21.38
38	3.29	4.19	4.62	5.47	7.28	12.96	22.39
39	3.47	4.42	4.88	5.77	7.67	13.57	23.48
40	3.65	4.67	5.16	6.10	8.08	14.23	24.65
41	3.86	4.93	5.46	6.45	8.52	14.92	25.91
42	4.07	5.21	5.77	6.83	8.98	15.67	27.27
43	4.34	5.54	6.12	7.23	9.49	16.48	28.73
44	4.62	5.89	6.48	7.65	10.02	17.33	30.31
45	4.93	6.26	6.87	8.10	10.58	18.24	31.98
46	5.25	6.66	7.28	8.58	11.17	19.20	33.76
47	5.60	7.08	7.72	9.09	11.78	20.21	35.64
48	5.98	7.54	8.21	9.66	12.46	21.36	37.80
49	6.38	8.03	8.73	10.25	13.16	22.55	40.02
50	6.78	8.53	9.26	10.86	13.87	23.76	42.29
51	7.20	9.04	9.79	11.48	14.56	24.97	44.55
52	7.63	9.55	10.33	12.09	15.25	26.17	46.77
53	8.09	10.11	10.91	12.77	15.98	27.46	49.17
54	8.52	10.64	11.46	13.42	16.65	28.67	51.39
55	8.92	11.13	11.96	14.01	17.24	29.73	53.33
56	9.27	11.55	12.39	14.51	17.71	30.60	54.90
57	9.55	11.89	12.72	14.89	18.03	31.22	55.98
58	9.73	12.09	12.93	15.13	18.18	31.54	56.50
59	9.80	12.17	13.00	15.21	18.13	31.49	56.34
60	9.75	12.09	12.90	15.10	17.84	31.04	55.39
61	9.56	11.84	12.62	14.76	17.29	30.12	53.58
62	9.22	11.40	12.13	14.18	16.44	28.69	50.79

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.60	1.91	2.07	2.39	3.31	6.31	10.78
26	1.66	2.00	2.15	2.50	3.46	6.56	11.22
27	1.72	2.08	2.26	2.62	3.62	6.83	11.69
28	1.79	2.18	2.36	2.75	3.79	7.11	12.17
29	1.86	2.28	2.48	2.90	3.98	7.41	12.68
30	1.95	2.39	2.61	3.05	4.17	7.73	13.22
31	2.04	2.52	2.74	3.21	4.38	8.06	13.79
32	2.13	2.64	2.89	3.39	4.60	8.41	14.40
33	2.24	2.78	3.04	3.58	4.83	8.78	15.03
34	2.34	2.92	3.20	3.77	5.08	9.18	15.71
35	2.46	3.09	3.38	3.99	5.35	9.59	16.43
36	2.59	3.25	3.57	4.21	5.62	10.04	17.21
37	2.72	3.43	3.77	4.45	5.92	10.51	18.04
38	2.87	3.62	3.98	4.70	6.23	11.01	18.92
39	3.01	3.82	4.21	4.97	6.57	11.55	19.88
40	3.17	4.03	4.45	5.25	6.93	12.12	20.90
41	3.35	4.26	4.70	5.56	7.31	12.73	21.99
42	3.53	4.51	4.98	5.88	7.70	13.37	23.16
43	3.76	4.79	5.27	6.22	8.14	14.07	24.43
44	4.00	5.09	5.59	6.58	8.60	14.80	25.78
45	4.27	5.40	5.92	6.98	9.08	15.58	27.22
46	4.55	5.74	6.27	7.38	9.58	16.41	28.75
47	4.84	6.10	6.65	7.82	10.11	17.27	30.36
48	5.17	6.50	7.07	8.31	10.69	18.26	32.19
49	5.51	6.92	7.51	8.81	11.29	19.27	34.08
50	5.86	7.34	7.96	9.33	11.89	20.29	36.01
51	6.21	7.78	8.41	9.85	12.49	21.32	37.92
52	6.57	8.20	8.87	10.37	13.06	22.33	39.80
53	6.97	8.69	9.36	10.95	13.67	23.41	41.80
54	7.33	9.13	9.82	11.49	14.23	24.42	43.66
55	7.66	9.54	10.24	11.98	14.73	25.30	45.26
56	7.96	9.89	10.60	12.39	15.11	26.02	46.54
57	8.19	10.16	10.87	12.70	15.37	26.51	47.42
58	8.33	10.33	11.03	12.89	15.48	26.75	47.80
59	8.38	10.37	11.07	12.94	15.41	26.67	47.59
60	8.32	10.30	10.97	12.82	15.14	26.25	46.73
61	8.14	10.06	10.71	12.52	14.65	25.43	45.11
62	7.85	9.66	10.28	11.99	13.90	24.16	42.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.66	1.98	2.14	2.48	3.43	6.54	11.17
26	1.72	2.07	2.23	2.59	3.59	6.80	11.63
27	1.78	2.16	2.34	2.72	3.75	7.08	12.11
28	1.85	2.26	2.45	2.85	3.93	7.37	12.61
29	1.93	2.36	2.57	3.00	4.12	7.68	13.14
30	2.02	2.48	2.70	3.16	4.32	8.01	13.70
31	2.11	2.61	2.84	3.33	4.54	8.35	14.29
32	2.21	2.74	2.99	3.51	4.77	8.72	14.92
33	2.32	2.88	3.15	3.71	5.01	9.10	15.58
34	2.43	3.03	3.32	3.91	5.26	9.51	16.28
35	2.55	3.20	3.50	4.13	5.54	9.94	17.03
36	2.68	3.37	3.70	4.36	5.82	10.40	17.83
37	2.82	3.55	3.91	4.61	6.13	10.89	18.69
38	2.97	3.75	4.12	4.87	6.46	11.41	19.61
39	3.12	3.96	4.36	5.15	6.81	11.97	20.60
40	3.29	4.18	4.61	5.44	7.18	12.56	21.66
41	3.47	4.41	4.87	5.76	7.57	13.19	22.79
42	3.66	4.67	5.16	6.09	7.98	13.86	24.00
43	3.90	4.96	5.46	6.45	8.44	14.58	25.32
44	4.15	5.27	5.79	6.82	8.91	15.34	26.72
45	4.42	5.60	6.13	7.23	9.41	16.15	28.21
46	4.71	5.95	6.50	7.65	9.93	17.00	29.79
47	5.02	6.32	6.89	8.10	10.48	17.90	31.46
48	5.36	6.74	7.33	8.61	11.08	18.92	33.36
49	5.71	7.17	7.78	9.13	11.70	19.97	35.32
50	6.07	7.61	8.25	9.67	12.32	21.03	37.32
51	6.44	8.06	8.72	10.21	12.94	22.09	39.30
52	6.81	8.50	9.19	10.75	13.53	23.14	41.24
53	7.22	9.00	9.70	11.35	14.17	24.26	43.32
54	7.60	9.46	10.18	11.91	14.75	25.31	45.24
55	7.94	9.89	10.61	12.41	15.26	26.22	46.90
56	8.25	10.25	10.98	12.84	15.66	26.96	48.23
57	8.49	10.53	11.26	13.16	15.93	27.47	49.14
58	8.63	10.70	11.43	13.36	16.04	27.72	49.53
59	8.68	10.75	11.47	13.41	15.97	27.64	49.32
60	8.62	10.67	11.37	13.29	15.69	27.20	48.42
61	8.44	10.43	11.10	12.97	15.18	26.35	46.75
62	8.13	10.01	10.65	12.43	14.40	25.04	44.21

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.89	10.60	11.81	14.36	18.33	31.26	54.63
26	8.18	11.00	12.25	14.92	18.97	32.13	56.12
27	8.47	11.42	12.71	15.49	19.63	32.98	57.56
28	8.78	11.85	13.21	16.10	20.28	33.82	58.97
29	9.10	12.29	13.71	16.72	20.96	34.65	60.33
30	9.43	12.75	14.22	17.36	21.63	35.45	61.67
31	9.78	13.22	14.74	18.00	22.32	36.25	63.00
32	10.13	13.70	15.29	18.66	23.00	37.04	64.32
33	10.48	14.16	15.82	19.30	23.69	37.81	65.62
34	10.83	14.64	16.35	19.95	24.38	38.58	66.92
35	11.19	15.12	16.89	20.59	25.05	39.35	68.24
36	11.55	15.60	17.42	21.23	25.73	40.11	69.58
37	11.91	16.07	17.96	21.87	26.38	40.88	70.95
38	12.28	16.55	18.51	22.49	27.02	41.67	72.40
39	12.64	17.02	19.04	23.10	27.64	42.46	73.90
40	13.02	17.50	19.57	23.72	28.23	43.25	75.43
41	13.39	17.96	20.10	24.32	28.82	44.05	77.01
42	13.76	18.44	20.63	24.92	29.38	44.85	78.62
43	14.24	19.00	21.18	25.53	29.94	45.69	80.36
44	14.73	19.55	21.72	26.13	30.49	46.52	82.12
45	15.23	20.10	22.25	26.70	31.00	47.33	83.87
46	15.72	20.65	22.77	27.27	31.47	48.12	85.59
47	16.22	21.19	23.28	27.82	31.92	48.86	87.25
48	16.67	21.71	23.79	28.37	32.33	49.61	88.96
49	17.12	22.19	24.27	28.89	32.69	50.30	90.54
50	17.54	22.66	24.73	29.37	33.01	50.89	91.91
51	17.93	23.08	25.13	29.79	33.28	51.39	93.05
52	18.28	23.44	25.47	30.15	33.50	51.75	93.88
53	18.58	23.74	25.74	30.42	33.70	51.93	94.17
54	18.83	23.98	25.94	30.61	33.83	51.94	94.09
55	19.01	24.13	26.04	30.69	33.87	51.78	93.61
56	19.13	24.20	26.05	30.69	33.80	51.42	92.72
57	19.17	24.18	25.96	30.55	33.62	50.87	91.40
58	18.76	23.60	25.32	29.75	32.69	49.22	87.92
59	18.34	23.02	24.66	28.97	31.77	47.55	84.41
60	17.97	22.52	24.10	28.29	30.98	46.09	81.27
61	17.75	22.21	23.74	27.86	30.47	45.04	78.94
62	17.73	22.19	23.69	27.82	30.37	44.61	77.81
63	18.39	23.07	24.64	28.96	31.61	46.15	80.48
64	19.33	24.29	25.97	30.54	33.34	48.45	84.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.31	11.16	12.43	15.12	19.29	32.91	57.51
26	8.61	11.58	12.89	15.70	19.97	33.82	59.07
27	8.92	12.02	13.38	16.31	20.66	34.72	60.59
28	9.24	12.47	13.90	16.95	21.35	35.60	62.07
29	9.58	12.94	14.43	17.60	22.06	36.47	63.51
30	9.93	13.42	14.97	18.27	22.77	37.32	64.92
31	10.29	13.92	15.52	18.95	23.49	38.16	66.32
32	10.66	14.42	16.09	19.64	24.21	38.99	67.70
33	11.03	14.91	16.65	20.32	24.94	39.80	69.07
34	11.40	15.41	17.21	21.00	25.66	40.61	70.44
35	11.78	15.92	17.78	21.67	26.37	41.42	71.83
36	12.16	16.42	18.34	22.35	27.08	42.22	73.24
37	12.54	16.92	18.91	23.02	27.77	43.03	74.68
38	12.93	17.42	19.48	23.67	28.44	43.86	76.21
39	13.31	17.92	20.04	24.32	29.09	44.69	77.79
40	13.70	18.42	20.60	24.97	29.72	45.53	79.40
41	14.09	18.91	21.16	25.60	30.34	46.37	81.06
42	14.48	19.41	21.72	26.23	30.93	47.21	82.76
43	14.99	20.00	22.29	26.87	31.52	48.09	84.59
44	15.51	20.58	22.86	27.50	32.09	48.97	86.44
45	16.03	21.16	23.42	28.11	32.63	49.82	88.28
46	16.55	21.74	23.97	28.71	33.13	50.65	90.09
47	17.07	22.30	24.50	29.28	33.60	51.43	91.84
48	17.55	22.85	25.04	29.86	34.03	52.22	93.64
49	18.02	23.36	25.55	30.41	34.41	52.95	95.30
50	18.46	23.85	26.03	30.92	34.75	53.57	96.75
51	18.87	24.29	26.45	31.36	35.03	54.09	97.95
52	19.24	24.67	26.81	31.74	35.26	54.47	98.82
53	19.56	24.99	27.09	32.02	35.47	54.66	99.13
54	19.82	25.24	27.30	32.22	35.61	54.67	99.04
55	20.01	25.40	27.41	32.31	35.65	54.50	98.54
56	20.14	25.47	27.42	32.30	35.58	54.13	97.60
57	20.18	25.45	27.33	32.16	35.39	53.55	96.21
58	19.75	24.84	26.65	31.32	34.41	51.81	92.55
59	19.30	24.23	25.96	30.49	33.44	50.05	88.85
60	18.92	23.71	25.37	29.78	32.61	48.52	85.55
61	18.68	23.38	24.99	29.33	32.07	47.41	83.09
62	18.66	23.36	24.94	29.28	31.97	46.96	81.90
63	19.36	24.28	25.94	30.48	33.27	48.58	84.72
64	20.35	25.57	27.34	32.15	35.09	51.00	89.10

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.72	4.87	5.39	6.50	9.24	18.05	32.17
26	3.86	5.06	5.61	6.76	9.60	18.55	33.03
27	4.01	5.28	5.83	7.06	9.96	19.08	33.90
28	4.17	5.50	6.09	7.37	10.34	19.61	34.77
29	4.35	5.75	6.37	7.71	10.74	20.15	35.66
30	4.53	6.00	6.66	8.08	11.14	20.70	36.58
31	4.73	6.28	6.96	8.46	11.56	21.27	37.52
32	4.94	6.56	7.29	8.84	12.00	21.86	38.48
33	5.16	6.86	7.62	9.25	12.45	22.46	39.47
34	5.39	7.17	7.96	9.67	12.91	23.08	40.50
35	5.62	7.49	8.32	10.10	13.38	23.71	41.56
36	5.87	7.82	8.69	10.55	13.86	24.37	42.67
37	6.14	8.16	9.08	11.00	14.36	25.04	43.83
38	6.39	8.50	9.47	11.46	14.87	25.75	45.06
39	6.67	8.86	9.87	11.93	15.38	26.47	46.33
40	6.95	9.22	10.29	12.42	15.90	27.21	47.65
41	7.24	9.60	10.71	12.90	16.44	27.97	49.03
42	7.53	9.98	11.14	13.40	16.98	28.74	50.45
43	7.90	10.43	11.60	13.92	17.57	29.56	51.97
44	8.29	10.89	12.06	14.45	18.15	30.39	53.53
45	8.68	11.34	12.52	14.97	18.73	31.22	55.11
46	9.08	11.81	12.99	15.49	19.30	32.03	56.69
47	9.49	12.27	13.45	16.01	19.86	32.84	58.24
48	9.89	12.74	13.93	16.55	20.39	33.67	59.89
49	10.27	13.19	14.39	17.06	20.88	34.47	61.46
50	10.65	13.62	14.84	17.55	21.32	35.19	62.89
51	11.01	14.03	15.25	17.99	21.69	35.82	64.17
52	11.34	14.39	15.61	18.39	21.98	36.36	65.24
53	11.64	14.71	15.91	18.72	22.15	36.71	65.95
54	11.88	14.96	16.15	18.97	22.23	36.93	66.38
55	12.02	15.15	16.31	19.15	22.21	37.00	66.52
56	12.11	15.27	16.41	19.25	22.11	36.92	66.35
57	12.15	15.32	16.43	19.26	21.91	36.68	65.84
58	11.90	15.00	16.06	18.83	21.21	35.63	63.67
59	11.64	14.67	15.68	18.37	20.53	34.55	61.47
60	11.41	14.38	15.36	17.99	19.93	33.62	59.53
61	11.28	14.21	15.16	17.76	19.52	32.98	58.16
62	11.27	14.22	15.16	17.76	19.39	32.79	57.68
63	11.69	14.80	15.79	18.52	20.18	34.05	60.02
64	12.27	15.60	16.65	19.55	21.30	35.84	63.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.92	5.13	5.67	6.84	9.73	19.00	33.86
26	4.06	5.33	5.90	7.12	10.10	19.53	34.77
27	4.22	5.56	6.14	7.43	10.48	20.08	35.68
28	4.39	5.79	6.41	7.76	10.88	20.64	36.60
29	4.58	6.05	6.70	8.12	11.30	21.21	37.54
30	4.77	6.32	7.01	8.50	11.73	21.79	38.51
31	4.98	6.61	7.33	8.90	12.17	22.39	39.49
32	5.20	6.91	7.67	9.31	12.63	23.01	40.51
33	5.43	7.22	8.02	9.74	13.10	23.64	41.55
34	5.67	7.55	8.38	10.18	13.59	24.29	42.63
35	5.92	7.88	8.76	10.63	14.08	24.96	43.75
36	6.18	8.23	9.15	11.10	14.59	25.65	44.92
37	6.46	8.59	9.56	11.58	15.12	26.36	46.14
38	6.73	8.95	9.97	12.06	15.65	27.10	47.43
39	7.02	9.33	10.39	12.56	16.19	27.86	48.77
40	7.32	9.71	10.83	13.07	16.74	28.64	50.16
41	7.62	10.11	11.27	13.58	17.30	29.44	51.61
42	7.93	10.51	11.73	14.11	17.87	30.25	53.10
43	8.32	10.98	12.21	14.65	18.49	31.12	54.71
44	8.73	11.46	12.69	15.21	19.11	31.99	56.35
45	9.14	11.94	13.18	15.76	19.72	32.86	58.01
46	9.56	12.43	13.67	16.31	20.32	33.72	59.67
47	9.99	12.92	14.16	16.85	20.90	34.57	61.31
48	10.41	13.41	14.66	17.42	21.46	35.44	63.04
49	10.81	13.88	15.15	17.96	21.98	36.28	64.69
50	11.21	14.34	15.62	18.47	22.44	37.04	66.20
51	11.59	14.77	16.05	18.94	22.83	37.71	67.55
52	11.94	15.15	16.43	19.36	23.14	38.27	68.67
53	12.25	15.48	16.75	19.70	23.32	38.64	69.42
54	12.51	15.75	17.00	19.97	23.40	38.87	69.87
55	12.65	15.95	17.17	20.16	23.38	38.95	70.02
56	12.75	16.07	17.27	20.26	23.27	38.86	69.84
57	12.79	16.13	17.29	20.27	23.06	38.61	69.30
58	12.53	15.79	16.90	19.82	22.33	37.50	67.02
59	12.25	15.44	16.51	19.34	21.61	36.37	64.70
60	12.01	15.14	16.17	18.94	20.98	35.39	62.66
61	11.87	14.96	15.96	18.69	20.55	34.72	61.22
62	11.86	14.97	15.96	18.69	20.41	34.52	60.72
63	12.31	15.58	16.62	19.49	21.24	35.84	63.18
64	12.92	16.42	17.53	20.58	22.42	37.73	66.79

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.22	4.17	4.60	5.53	8.23	16.79	29.86
26	3.33	4.34	4.79	5.76	8.55	17.28	30.70
27	3.46	4.51	4.99	6.01	8.88	17.78	31.55
28	3.60	4.71	5.21	6.28	9.22	18.30	32.40
29	3.75	4.92	5.43	6.56	9.59	18.82	33.27
30	3.90	5.14	5.68	6.87	9.96	19.35	34.15
31	4.08	5.37	5.95	7.19	10.35	19.90	35.05
32	4.26	5.61	6.22	7.52	10.74	20.46	35.98
33	4.44	5.86	6.50	7.87	11.14	21.03	36.92
34	4.64	6.13	6.79	8.23	11.56	21.61	37.90
35	4.84	6.39	7.10	8.59	12.00	22.22	38.90
36	5.04	6.67	7.41	8.97	12.44	22.83	39.95
37	5.26	6.96	7.73	9.35	12.89	23.47	41.03
38	5.48	7.25	8.07	9.74	13.35	24.12	42.18
39	5.71	7.55	8.40	10.14	13.81	24.80	43.37
40	5.95	7.86	8.75	10.54	14.29	25.49	44.60
41	6.18	8.17	9.10	10.95	14.77	26.19	45.88
42	6.43	8.49	9.46	11.36	15.27	26.90	47.19
43	6.75	8.86	9.84	11.80	15.80	27.66	48.59
44	7.07	9.24	10.22	12.24	16.32	28.42	50.03
45	7.39	9.62	10.61	12.66	16.84	29.17	51.46
46	7.72	10.00	10.99	13.09	17.35	29.92	52.89
47	8.06	10.38	11.37	13.52	17.83	30.64	54.30
48	8.39	10.76	11.76	13.96	18.30	31.39	55.77
49	8.70	11.13	12.14	14.36	18.72	32.08	57.16
50	9.01	11.49	12.49	14.75	19.10	32.72	58.43
51	9.30	11.81	12.82	15.11	19.42	33.27	59.54
52	9.57	12.10	13.11	15.43	19.67	33.73	60.46
53	9.79	12.34	13.34	15.67	19.79	34.00	61.02
54	9.99	12.54	13.52	15.87	19.84	34.14	61.34
55	10.12	12.67	13.64	15.99	19.81	34.16	61.39
56	10.21	12.76	13.70	16.06	19.68	34.03	61.16
57	10.26	12.80	13.70	16.06	19.48	33.76	60.64
58	10.06	12.52	13.40	15.68	18.89	32.75	58.62
59	9.85	12.25	13.08	15.30	18.28	31.72	56.59
60	9.68	12.02	12.82	14.99	17.74	30.84	54.82
61	9.59	11.88	12.66	14.81	17.35	30.21	53.59
62	9.60	11.89	12.66	14.81	17.18	30.01	53.19
63	9.98	12.38	13.19	15.45	17.73	31.11	55.35
64	10.49	13.04	13.91	16.31	18.54	32.73	58.54

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.39	4.39	4.84	5.82	8.66	17.67	31.43
26	3.51	4.57	5.04	6.06	9.00	18.19	32.32
27	3.64	4.75	5.25	6.33	9.35	18.72	33.21
28	3.79	4.96	5.48	6.61	9.71	19.26	34.11
29	3.95	5.18	5.72	6.91	10.09	19.81	35.02
30	4.11	5.41	5.98	7.23	10.48	20.37	35.95
31	4.29	5.65	6.26	7.57	10.89	20.95	36.89
32	4.48	5.91	6.55	7.92	11.30	21.54	37.87
33	4.67	6.17	6.84	8.28	11.73	22.14	38.86
34	4.88	6.45	7.15	8.66	12.17	22.75	39.89
35	5.09	6.73	7.47	9.04	12.63	23.39	40.95
36	5.31	7.02	7.80	9.44	13.09	24.03	42.05
37	5.54	7.33	8.14	9.84	13.57	24.70	43.19
38	5.77	7.63	8.49	10.25	14.05	25.39	44.40
39	6.01	7.95	8.84	10.67	14.54	26.10	45.65
40	6.26	8.27	9.21	11.09	15.04	26.83	46.95
41	6.51	8.60	9.58	11.53	15.55	27.57	48.29
42	6.77	8.94	9.96	11.96	16.07	28.32	49.67
43	7.10	9.33	10.36	12.42	16.63	29.12	51.15
44	7.44	9.73	10.76	12.88	17.18	29.92	52.66
45	7.78	10.13	11.17	13.33	17.73	30.71	54.17
46	8.13	10.53	11.57	13.78	18.26	31.49	55.67
47	8.48	10.93	11.97	14.23	18.77	32.25	57.16
48	8.83	11.33	12.38	14.69	19.26	33.04	58.70
49	9.16	11.72	12.78	15.12	19.71	33.77	60.17
50	9.48	12.09	13.15	15.53	20.10	34.44	61.50
51	9.79	12.43	13.49	15.91	20.44	35.02	62.67
52	10.07	12.74	13.80	16.24	20.70	35.50	63.64
53	10.31	12.99	14.04	16.49	20.83	35.79	64.23
54	10.52	13.20	14.23	16.70	20.88	35.94	64.57
55	10.65	13.34	14.36	16.83	20.85	35.96	64.62
56	10.75	13.43	14.42	16.90	20.72	35.82	64.38
57	10.80	13.47	14.42	16.90	20.51	35.54	63.83
58	10.59	13.18	14.10	16.51	19.88	34.47	61.71
59	10.37	12.89	13.77	16.11	19.24	33.39	59.57
60	10.19	12.65	13.49	15.78	18.67	32.46	57.70
61	10.09	12.50	13.33	15.59	18.26	31.80	56.41
62	10.11	12.52	13.33	15.59	18.08	31.59	55.99
63	10.50	13.03	13.88	16.26	18.66	32.75	58.26
64	11.04	13.73	14.64	17.17	19.52	34.45	61.62

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.97	3.85	4.23	5.07	7.52	15.27	27.07
26	3.09	4.00	4.40	5.29	7.82	15.73	27.87
27	3.20	4.16	4.59	5.52	8.13	16.22	28.69
28	3.33	4.34	4.79	5.78	8.46	16.70	29.50
29	3.47	4.53	5.01	6.04	8.79	17.20	30.31
30	3.62	4.74	5.23	6.32	9.13	17.70	31.15
31	3.77	4.95	5.47	6.61	9.49	18.20	32.00
32	3.93	5.18	5.73	6.93	9.85	18.72	32.85
33	4.10	5.41	5.99	7.24	10.23	19.26	33.73
34	4.28	5.64	6.25	7.56	10.61	19.79	34.63
35	4.47	5.89	6.53	7.89	11.01	20.34	35.55
36	4.66	6.14	6.81	8.24	11.41	20.90	36.51
37	4.85	6.40	7.11	8.58	11.82	21.47	37.49
38	5.05	6.67	7.40	8.93	12.24	22.07	38.51
39	5.26	6.94	7.71	9.29	12.65	22.68	39.59
40	5.47	7.21	8.02	9.65	13.08	23.28	40.68
41	5.69	7.50	8.34	10.02	13.51	23.91	41.81
42	5.91	7.78	8.66	10.39	13.95	24.55	42.97
43	6.18	8.11	9.00	10.77	14.41	25.20	44.20
44	6.47	8.45	9.33	11.15	14.88	25.86	45.45
45	6.76	8.78	9.67	11.53	15.33	26.51	46.69
46	7.05	9.11	10.00	11.91	15.77	27.15	47.93
47	7.34	9.44	10.34	12.27	16.18	27.77	49.12
48	7.63	9.78	10.67	12.64	16.57	28.39	50.36
49	7.90	10.09	10.99	13.00	16.92	28.96	51.51
50	8.16	10.38	11.29	13.33	17.23	29.48	52.56
51	8.41	10.66	11.56	13.62	17.48	29.92	53.47
52	8.64	10.91	11.81	13.88	17.68	30.28	54.20
53	8.84	11.11	12.00	14.08	17.77	30.47	54.62
54	9.00	11.27	12.14	14.23	17.78	30.56	54.82
55	9.10	11.38	12.24	14.34	17.73	30.54	54.82
56	9.18	11.45	12.28	14.38	17.61	30.42	54.59
57	9.22	11.48	12.28	14.38	17.44	30.18	54.13
58	9.06	11.27	12.04	14.09	16.94	29.35	52.46
59	8.91	11.05	11.79	13.78	16.44	28.52	50.80
60	8.78	10.87	11.59	13.55	16.02	27.81	49.37
61	8.72	10.78	11.49	13.42	15.72	27.35	48.45
62	8.76	10.83	11.52	13.47	15.62	27.26	48.25
63	9.10	11.27	12.00	14.04	16.12	28.26	50.23
64	9.57	11.88	12.65	14.83	16.86	29.74	53.11

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.13	4.05	4.45	5.34	7.92	16.07	28.49
26	3.25	4.21	4.63	5.57	8.23	16.56	29.34
27	3.37	4.38	4.83	5.81	8.56	17.07	30.20
28	3.51	4.57	5.04	6.08	8.90	17.58	31.05
29	3.65	4.77	5.27	6.36	9.25	18.10	31.91
30	3.81	4.99	5.51	6.65	9.61	18.63	32.79
31	3.97	5.21	5.76	6.96	9.99	19.16	33.68
32	4.14	5.45	6.03	7.29	10.37	19.71	34.58
33	4.32	5.69	6.30	7.62	10.77	20.27	35.51
34	4.51	5.94	6.58	7.96	11.17	20.83	36.45
35	4.70	6.20	6.87	8.31	11.59	21.41	37.42
36	4.90	6.46	7.17	8.67	12.01	22.00	38.43
37	5.11	6.74	7.48	9.03	12.44	22.60	39.46
38	5.32	7.02	7.79	9.40	12.88	23.23	40.54
39	5.54	7.30	8.12	9.78	13.32	23.87	41.67
40	5.76	7.59	8.44	10.16	13.77	24.51	42.82
41	5.99	7.89	8.78	10.55	14.22	25.17	44.01
42	6.22	8.19	9.12	10.94	14.68	25.84	45.23
43	6.51	8.54	9.47	11.34	15.17	26.53	46.53
44	6.81	8.89	9.82	11.74	15.66	27.22	47.84
45	7.12	9.24	10.18	12.14	16.14	27.91	49.15
46	7.42	9.59	10.53	12.54	16.60	28.58	50.45
47	7.73	9.94	10.88	12.92	17.03	29.23	51.71
48	8.03	10.29	11.23	13.31	17.44	29.88	53.01
49	8.32	10.62	11.57	13.68	17.81	30.48	54.22
50	8.59	10.93	11.88	14.03	18.14	31.03	55.33
51	8.85	11.22	12.17	14.34	18.40	31.49	56.28
52	9.09	11.48	12.43	14.61	18.61	31.87	57.05
53	9.30	11.69	12.63	14.82	18.70	32.07	57.49
54	9.47	11.86	12.78	14.98	18.72	32.17	57.71
55	9.58	11.98	12.88	15.09	18.66	32.15	57.71
56	9.66	12.05	12.93	15.14	18.54	32.02	57.46
57	9.71	12.08	12.93	15.14	18.36	31.77	56.98
58	9.54	11.86	12.67	14.83	17.83	30.89	55.22
59	9.38	11.63	12.41	14.51	17.31	30.02	53.47
60	9.24	11.44	12.20	14.26	16.86	29.27	51.97
61	9.18	11.35	12.09	14.13	16.55	28.79	51.00
62	9.22	11.40	12.13	14.18	16.44	28.69	50.79
63	9.58	11.86	12.63	14.78	16.97	29.75	52.87
64	10.07	12.50	13.32	15.61	17.75	31.30	55.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.67	3.43	3.76	4.50	6.65	13.39	23.62
26	2.77	3.56	3.91	4.69	6.92	13.81	24.35
27	2.88	3.71	4.09	4.90	7.19	14.24	25.08
28	2.98	3.87	4.26	5.12	7.48	14.67	25.80
29	3.11	4.04	4.45	5.36	7.76	15.11	26.53
30	3.24	4.22	4.65	5.61	8.07	15.54	27.26
31	3.37	4.40	4.85	5.86	8.37	15.99	28.00
32	3.52	4.59	5.07	6.13	8.69	16.44	28.74
33	3.66	4.79	5.29	6.39	9.01	16.89	29.49
34	3.81	5.00	5.52	6.67	9.34	17.35	30.25
35	3.96	5.21	5.76	6.95	9.67	17.81	31.03
36	4.12	5.42	6.00	7.25	10.01	18.28	31.82
37	4.29	5.63	6.25	7.53	10.36	18.75	32.62
38	4.46	5.86	6.50	7.84	10.70	19.24	33.47
39	4.64	6.08	6.75	8.13	11.05	19.73	34.33
40	4.81	6.32	7.01	8.43	11.40	20.23	35.22
41	4.99	6.55	7.28	8.73	11.75	20.73	36.12
42	5.17	6.78	7.53	9.03	12.10	21.22	37.03
43	5.40	7.05	7.81	9.34	12.47	21.74	38.00
44	5.62	7.32	8.08	9.64	12.83	22.24	38.96
45	5.86	7.58	8.34	9.95	13.19	22.73	39.92
46	6.10	7.86	8.61	10.24	13.53	23.22	40.85
47	6.34	8.11	8.86	10.53	13.84	23.67	41.75
48	6.55	8.36	9.12	10.80	14.12	24.11	42.64
49	6.76	8.61	9.36	11.06	14.37	24.51	43.45
50	6.96	8.83	9.59	11.31	14.58	24.86	44.20
51	7.16	9.04	9.79	11.53	14.76	25.18	44.85
52	7.34	9.23	9.98	11.73	14.90	25.43	45.39
53	7.51	9.41	10.16	11.90	14.98	25.60	45.76
54	7.67	9.57	10.30	12.05	15.01	25.72	46.00
55	7.77	9.68	10.39	12.16	15.00	25.76	46.09
56	7.86	9.77	10.47	12.25	14.95	25.73	46.03
57	7.92	9.82	10.51	12.28	14.85	25.62	45.81
58	7.83	9.69	10.35	12.09	14.51	25.04	44.63
59	7.73	9.56	10.19	11.90	14.17	24.48	43.48
60	7.67	9.46	10.08	11.77	13.89	24.02	42.52
61	7.66	9.43	10.04	11.72	13.71	23.76	41.97
62	7.72	9.51	10.12	11.81	13.68	23.79	42.00
63	8.02	9.90	10.54	12.31	14.13	24.67	43.74
64	8.42	10.41	11.09	12.98	14.75	25.92	46.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.81	3.61	3.96	4.74	7.00	14.09	24.86
26	2.92	3.75	4.12	4.94	7.28	14.54	25.63
27	3.03	3.91	4.30	5.16	7.57	14.99	26.40
28	3.14	4.07	4.48	5.39	7.87	15.44	27.16
29	3.27	4.25	4.68	5.64	8.17	15.90	27.93
30	3.41	4.44	4.89	5.90	8.49	16.36	28.69
31	3.55	4.63	5.11	6.17	8.81	16.83	29.47
32	3.70	4.83	5.34	6.45	9.15	17.30	30.25
33	3.85	5.04	5.57	6.73	9.48	17.78	31.04
34	4.01	5.26	5.81	7.02	9.83	18.26	31.84
35	4.17	5.48	6.06	7.32	10.18	18.75	32.66
36	4.34	5.70	6.32	7.63	10.54	19.24	33.49
37	4.52	5.93	6.58	7.93	10.90	19.74	34.34
38	4.69	6.17	6.84	8.25	11.26	20.25	35.23
39	4.88	6.40	7.11	8.56	11.63	20.77	36.14
40	5.06	6.65	7.38	8.87	12.00	21.29	37.07
41	5.25	6.89	7.66	9.19	12.37	21.82	38.02
42	5.44	7.14	7.93	9.51	12.74	22.34	38.98
43	5.68	7.42	8.22	9.83	13.13	22.88	40.00
44	5.92	7.70	8.50	10.15	13.51	23.41	41.01
45	6.17	7.98	8.78	10.47	13.88	23.93	42.02
46	6.42	8.27	9.06	10.78	14.24	24.44	43.00
47	6.67	8.54	9.33	11.08	14.57	24.92	43.95
48	6.89	8.80	9.60	11.37	14.86	25.38	44.88
49	7.12	9.06	9.85	11.64	15.13	25.80	45.74
50	7.33	9.29	10.09	11.90	15.35	26.17	46.53
51	7.54	9.52	10.31	12.14	15.54	26.50	47.21
52	7.73	9.72	10.51	12.35	15.68	26.77	47.78
53	7.91	9.91	10.69	12.53	15.77	26.95	48.17
54	8.07	10.07	10.84	12.68	15.80	27.07	48.42
55	8.18	10.19	10.94	12.80	15.79	27.12	48.52
56	8.27	10.28	11.02	12.89	15.74	27.08	48.45
57	8.34	10.34	11.06	12.93	15.63	26.97	48.22
58	8.24	10.20	10.89	12.73	15.27	26.36	46.98
59	8.14	10.06	10.73	12.53	14.92	25.77	45.77
60	8.07	9.96	10.61	12.39	14.62	25.28	44.76
61	8.06	9.93	10.57	12.34	14.43	25.01	44.18
62	8.13	10.01	10.65	12.43	14.40	25.04	44.21
63	8.44	10.42	11.09	12.96	14.87	25.97	46.04
64	8.86	10.96	11.67	13.66	15.53	27.28	48.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.14	10.93	12.17	14.81	18.86	32.11	56.10
26	8.45	11.36	12.65	15.41	19.54	33.05	57.71
27	8.76	11.81	13.16	16.04	20.25	33.98	59.30
28	9.10	12.27	13.68	16.69	20.97	34.90	60.86
29	9.45	12.77	14.23	17.37	21.71	35.82	62.40
30	9.81	13.27	14.80	18.06	22.45	36.74	63.92
31	10.19	13.78	15.38	18.77	23.21	37.65	65.44
32	10.58	14.32	15.98	19.49	23.97	38.56	66.97
33	10.97	14.84	16.57	20.22	24.75	39.46	68.50
34	11.37	15.38	17.18	20.95	25.53	40.37	70.04
35	11.78	15.92	17.78	21.68	26.31	41.29	71.63
36	12.20	16.47	18.40	22.41	27.08	42.22	73.25
37	12.62	17.02	19.04	23.15	27.86	43.17	74.96
38	13.05	17.58	19.67	23.89	28.62	44.15	76.75
39	13.48	18.15	20.30	24.63	29.37	45.14	78.63
40	13.93	18.72	20.95	25.38	30.13	46.17	80.58
41	14.38	19.31	21.61	26.13	30.88	47.22	82.61
42	14.84	19.90	22.28	26.89	31.63	48.30	84.72
43	15.44	20.60	22.97	27.68	32.38	49.43	87.01
44	16.06	21.31	23.67	28.47	33.12	50.58	89.36
45	16.68	22.03	24.39	29.26	33.86	51.75	91.76
46	17.32	22.76	25.10	30.06	34.59	52.92	94.18
47	17.97	23.49	25.82	30.86	35.31	54.08	96.62
48	18.62	24.24	26.58	31.71	36.03	55.32	99.24
49	19.26	24.99	27.34	32.54	36.75	56.52	101.77
50	19.88	25.71	28.06	33.35	37.43	57.67	104.17
51	20.49	26.40	28.77	34.11	38.08	58.72	106.34
52	21.07	27.06	29.41	34.83	38.67	59.65	108.23
53	21.65	27.70	30.05	35.53	39.35	60.53	109.80
54	22.17	28.28	30.60	36.14	39.94	61.23	110.93
55	22.62	28.76	31.05	36.62	40.40	61.69	111.57
56	22.96	29.11	31.35	36.95	40.71	61.87	111.62
57	23.20	29.32	31.50	37.09	40.81	61.73	111.00
58	23.24	29.31	31.46	37.01	40.69	61.23	109.66
59	23.11	29.11	31.22	36.70	40.30	60.31	107.49
60	22.82	28.68	30.72	36.11	39.60	58.93	104.45
61	22.31	28.02	29.97	35.22	38.54	57.04	100.44
62	21.58	27.08	28.94	33.99	37.12	54.60	95.40
63	20.61	25.84	27.59	32.40	35.27	51.57	89.23
64	19.39	24.28	25.92	30.44	32.97	47.88	81.88
65	17.92	22.39	23.88	28.04	30.18	43.51	73.25
66	16.18	20.16	21.47	25.20	26.86	38.41	63.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.57	11.51	12.81	15.59	19.85	33.80	59.05
26	8.89	11.96	13.32	16.22	20.57	34.79	60.75
27	9.22	12.43	13.85	16.88	21.32	35.77	62.42
28	9.58	12.92	14.40	17.57	22.07	36.74	64.06
29	9.95	13.44	14.98	18.28	22.85	37.71	65.68
30	10.33	13.97	15.58	19.01	23.63	38.67	67.28
31	10.73	14.51	16.19	19.76	24.43	39.63	68.88
32	11.14	15.07	16.82	20.52	25.23	40.59	70.49
33	11.55	15.62	17.44	21.28	26.05	41.54	72.10
34	11.97	16.19	18.08	22.05	26.87	42.49	73.73
35	12.40	16.76	18.72	22.82	27.69	43.46	75.40
36	12.84	17.34	19.37	23.59	28.51	44.44	77.11
37	13.28	17.92	20.04	24.37	29.33	45.44	78.90
38	13.74	18.51	20.70	25.15	30.13	46.47	80.79
39	14.19	19.11	21.37	25.93	30.92	47.52	82.77
40	14.66	19.71	22.05	26.72	31.72	48.60	84.82
41	15.14	20.33	22.75	27.51	32.50	49.70	86.96
42	15.62	20.95	23.45	28.31	33.29	50.84	89.18
43	16.25	21.68	24.18	29.14	34.08	52.03	91.59
44	16.90	22.43	24.92	29.97	34.86	53.24	94.06
45	17.56	23.19	25.67	30.80	35.64	54.47	96.59
46	18.23	23.96	26.42	31.64	36.41	55.70	99.14
47	18.92	24.73	27.18	32.48	37.17	56.93	101.70
48	19.60	25.52	27.98	33.38	37.93	58.23	104.46
49	20.27	26.30	28.78	34.25	38.68	59.49	107.13
50	20.93	27.06	29.54	35.10	39.40	60.70	109.65
51	21.57	27.79	30.28	35.91	40.08	61.81	111.94
52	22.18	28.48	30.96	36.66	40.71	62.79	113.93
53	22.79	29.16	31.63	37.40	41.42	63.72	115.58
54	23.34	29.77	32.21	38.04	42.04	64.45	116.77
55	23.81	30.27	32.68	38.55	42.53	64.94	117.44
56	24.17	30.64	33.00	38.89	42.85	65.13	117.49
57	24.42	30.86	33.16	39.04	42.96	64.98	116.84
58	24.46	30.85	33.12	38.96	42.83	64.45	115.43
59	24.33	30.64	32.86	38.63	42.42	63.48	113.15
60	24.02	30.19	32.34	38.01	41.68	62.03	109.95
61	23.48	29.49	31.55	37.07	40.57	60.04	105.73
62	22.72	28.51	30.46	35.78	39.07	57.47	100.42
63	21.69	27.20	29.04	34.11	37.13	54.28	93.93
64	20.41	25.56	27.28	32.04	34.71	50.40	86.19
65	18.86	23.57	25.14	29.52	31.77	45.80	77.11
66	17.03	21.22	22.60	26.53	28.27	40.43	66.62

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.86	5.06	5.60	6.75	9.57	18.61	33.16
26	4.01	5.27	5.82	7.04	9.94	19.17	34.11
27	4.17	5.50	6.08	7.36	10.34	19.74	35.07
28	4.35	5.75	6.37	7.70	10.75	20.34	36.05
29	4.54	6.01	6.66	8.08	11.19	20.95	37.07
30	4.75	6.30	6.98	8.46	11.64	21.57	38.10
31	4.97	6.60	7.32	8.88	12.10	22.22	39.18
32	5.21	6.92	7.69	9.32	12.60	22.90	40.29
33	5.45	7.25	8.06	9.78	13.10	23.59	41.45
34	5.70	7.59	8.44	10.24	13.62	24.30	42.66
35	5.98	7.95	8.84	10.73	14.16	25.05	43.91
36	6.25	8.33	9.27	11.23	14.72	25.82	45.23
37	6.55	8.72	9.71	11.75	15.30	26.63	46.63
38	6.85	9.12	10.16	12.29	15.88	27.47	48.10
39	7.17	9.54	10.63	12.84	16.49	28.36	49.66
40	7.51	9.97	11.12	13.41	17.12	29.27	51.29
41	7.85	10.41	11.62	14.00	17.77	30.22	53.00
42	8.20	10.88	12.14	14.60	18.44	31.20	54.79
43	8.65	11.42	12.70	15.24	19.16	32.24	56.72
44	9.11	11.97	13.27	15.89	19.90	33.32	58.73
45	9.60	12.54	13.85	16.56	20.65	34.42	60.80
46	10.09	13.13	14.45	17.24	21.41	35.53	62.91
47	10.60	13.73	15.06	17.93	22.15	36.65	65.07
48	11.12	14.35	15.70	18.66	22.92	37.87	67.39
49	11.65	14.97	16.36	19.39	23.66	39.05	69.70
50	12.17	15.59	16.99	20.10	24.35	40.20	71.92
51	12.68	16.19	17.60	20.79	24.99	41.29	74.01
52	13.17	16.75	18.17	21.42	25.56	42.27	75.91
53	13.65	17.30	18.73	22.05	26.04	43.17	77.62
54	14.09	17.79	19.23	22.59	26.42	43.91	79.01
55	14.40	18.19	19.62	23.04	26.70	44.47	80.04
56	14.65	18.52	19.90	23.38	26.83	44.81	80.63
57	14.81	18.72	20.08	23.58	26.81	44.91	80.70
58	14.85	18.78	20.13	23.63	26.62	44.72	80.22
59	14.77	18.71	20.03	23.50	26.25	44.20	79.10
60	14.58	18.47	19.75	23.18	25.68	43.35	77.28
61	14.26	18.07	19.30	22.64	24.90	42.11	74.71
62	13.80	17.48	18.65	21.87	23.88	40.45	71.31
63	13.16	16.67	17.77	20.84	22.61	38.35	67.00
64	12.35	15.64	16.67	19.53	21.08	35.77	61.75
65	11.37	14.38	15.31	17.94	19.27	32.67	55.47
66	10.19	12.87	13.68	16.02	17.16	29.02	48.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.06	5.33	5.89	7.10	10.07	19.59	34.91
26	4.22	5.55	6.13	7.41	10.46	20.18	35.90
27	4.39	5.79	6.40	7.75	10.88	20.78	36.92
28	4.58	6.05	6.70	8.11	11.32	21.41	37.95
29	4.78	6.33	7.01	8.50	11.78	22.05	39.02
30	5.00	6.63	7.35	8.91	12.25	22.71	40.11
31	5.23	6.95	7.71	9.35	12.74	23.39	41.24
32	5.48	7.28	8.09	9.81	13.26	24.10	42.41
33	5.74	7.63	8.48	10.29	13.79	24.83	43.63
34	6.00	7.99	8.88	10.78	14.34	25.58	44.90
35	6.29	8.37	9.31	11.29	14.91	26.37	46.22
36	6.58	8.77	9.76	11.82	15.49	27.18	47.61
37	6.89	9.18	10.22	12.37	16.10	28.03	49.08
38	7.21	9.60	10.69	12.94	16.72	28.92	50.63
39	7.55	10.04	11.19	13.52	17.36	29.85	52.27
40	7.90	10.49	11.70	14.12	18.02	30.81	53.99
41	8.26	10.96	12.23	14.74	18.70	31.81	55.79
42	8.63	11.45	12.78	15.37	19.41	32.84	57.67
43	9.10	12.02	13.37	16.04	20.17	33.94	59.71
44	9.59	12.60	13.97	16.73	20.95	35.07	61.82
45	10.10	13.20	14.58	17.43	21.74	36.23	64.00
46	10.62	13.82	15.21	18.15	22.54	37.40	66.22
47	11.16	14.45	15.85	18.87	23.32	38.58	68.49
48	11.71	15.11	16.53	19.64	24.13	39.86	70.94
49	12.26	15.76	17.22	20.41	24.90	41.11	73.37
50	12.81	16.41	17.88	21.16	25.63	42.32	75.71
51	13.35	17.04	18.53	21.88	26.30	43.46	77.91
52	13.86	17.63	19.13	22.55	26.90	44.49	79.91
53	14.37	18.21	19.72	23.21	27.41	45.44	81.71
54	14.83	18.73	20.24	23.78	27.81	46.22	83.17
55	15.16	19.15	20.65	24.25	28.10	46.81	84.25
56	15.42	19.49	20.95	24.61	28.24	47.17	84.87
57	15.59	19.70	21.14	24.82	28.22	47.27	84.95
58	15.63	19.77	21.19	24.87	28.02	47.07	84.44
59	15.55	19.69	21.08	24.74	27.63	46.53	83.26
60	15.35	19.44	20.79	24.40	27.03	45.63	81.35
61	15.01	19.02	20.32	23.83	26.21	44.33	78.64
62	14.53	18.40	19.63	23.02	25.14	42.58	75.06
63	13.85	17.55	18.71	21.94	23.80	40.37	70.53
64	13.00	16.46	17.55	20.56	22.19	37.65	65.00
65	11.97	15.14	16.12	18.88	20.28	34.39	58.39
66	10.73	13.55	14.40	16.86	18.06	30.55	50.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.33	4.33	4.78	5.75	8.53	17.34	30.84
26	3.46	4.51	4.98	5.99	8.87	17.88	31.76
27	3.60	4.71	5.21	6.27	9.24	18.44	32.71
28	3.75	4.92	5.44	6.56	9.61	19.01	33.66
29	3.92	5.15	5.70	6.89	10.01	19.60	34.64
30	4.09	5.40	5.98	7.22	10.42	20.21	35.64
31	4.28	5.65	6.26	7.57	10.86	20.83	36.68
32	4.48	5.92	6.56	7.94	11.30	21.47	37.75
33	4.69	6.20	6.88	8.33	11.76	22.14	38.86
34	4.91	6.50	7.21	8.73	12.24	22.82	40.00
35	5.14	6.80	7.55	9.14	12.73	23.53	41.20
36	5.38	7.13	7.91	9.58	13.23	24.26	42.46
37	5.62	7.45	8.28	10.01	13.77	25.02	43.77
38	5.88	7.79	8.66	10.47	14.31	25.82	45.16
39	6.16	8.14	9.06	10.93	14.86	26.65	46.62
40	6.43	8.51	9.48	11.42	15.44	27.50	48.15
41	6.72	8.88	9.90	11.91	16.03	28.39	49.75
42	7.02	9.28	10.35	12.42	16.63	29.31	51.42
43	7.39	9.73	10.81	12.96	17.29	30.28	53.22
44	7.78	10.19	11.29	13.50	17.96	31.27	55.08
45	8.19	10.67	11.77	14.06	18.64	32.29	56.99
46	8.61	11.16	12.27	14.62	19.31	33.32	58.94
47	9.03	11.66	12.78	15.19	19.98	34.35	60.91
48	9.46	12.18	13.31	15.80	20.65	35.45	63.05
49	9.90	12.68	13.84	16.40	21.31	36.54	65.15
50	10.33	13.20	14.36	16.98	21.92	37.57	67.16
51	10.74	13.68	14.86	17.54	22.48	38.54	69.04
52	11.14	14.14	15.33	18.05	22.96	39.41	70.73
53	11.53	14.57	15.77	18.54	23.37	40.18	72.20
54	11.88	14.96	16.16	18.97	23.69	40.80	73.38
55	12.16	15.29	16.46	19.32	23.90	41.26	74.23
56	12.38	15.52	16.68	19.58	24.00	41.51	74.69
57	12.53	15.69	16.82	19.73	23.96	41.53	74.71
58	12.59	15.73	16.85	19.77	23.78	41.32	74.23
59	12.55	15.68	16.77	19.67	23.44	40.81	73.22
60	12.42	15.49	16.56	19.41	22.93	40.00	71.60
61	12.19	15.18	16.21	19.00	22.24	38.86	69.34
62	11.85	14.73	15.70	18.40	21.36	37.36	66.38
63	11.36	14.12	15.04	17.61	20.26	35.48	62.66
64	10.75	13.33	14.19	16.62	18.95	33.18	58.15
65	9.99	12.37	13.16	15.39	17.40	30.44	52.77
66	9.09	11.21	11.91	13.94	15.61	27.24	46.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.51	4.56	5.03	6.05	8.98	18.25	32.46
26	3.64	4.75	5.24	6.31	9.34	18.82	33.43
27	3.79	4.96	5.48	6.60	9.73	19.41	34.43
28	3.95	5.18	5.73	6.91	10.12	20.01	35.43
29	4.13	5.42	6.00	7.25	10.54	20.63	36.46
30	4.31	5.68	6.29	7.60	10.97	21.27	37.52
31	4.51	5.95	6.59	7.97	11.43	21.93	38.61
32	4.72	6.23	6.91	8.36	11.89	22.60	39.74
33	4.94	6.53	7.24	8.77	12.38	23.30	40.90
34	5.17	6.84	7.59	9.19	12.88	24.02	42.11
35	5.41	7.16	7.95	9.62	13.40	24.77	43.37
36	5.66	7.50	8.33	10.08	13.93	25.54	44.69
37	5.92	7.84	8.72	10.54	14.49	26.34	46.07
38	6.19	8.20	9.12	11.02	15.06	27.18	47.54
39	6.48	8.57	9.54	11.51	15.64	28.05	49.07
40	6.77	8.96	9.98	12.02	16.25	28.95	50.68
41	7.07	9.35	10.42	12.54	16.87	29.88	52.37
42	7.39	9.77	10.89	13.07	17.51	30.85	54.13
43	7.78	10.24	11.38	13.64	18.20	31.87	56.02
44	8.19	10.73	11.88	14.21	18.91	32.92	57.98
45	8.62	11.23	12.39	14.80	19.62	33.99	59.99
46	9.06	11.75	12.92	15.39	20.33	35.07	62.04
47	9.51	12.27	13.45	15.99	21.03	36.16	64.12
48	9.96	12.82	14.01	16.63	21.74	37.32	66.37
49	10.42	13.35	14.57	17.26	22.43	38.46	68.58
50	10.87	13.89	15.12	17.87	23.07	39.55	70.69
51	11.31	14.40	15.64	18.46	23.66	40.57	72.67
52	11.73	14.88	16.14	19.00	24.17	41.48	74.45
53	12.14	15.34	16.60	19.52	24.60	42.29	76.00
54	12.51	15.75	17.01	19.97	24.94	42.95	77.24
55	12.80	16.09	17.33	20.34	25.16	43.43	78.14
56	13.03	16.34	17.56	20.61	25.26	43.69	78.62
57	13.19	16.52	17.71	20.77	25.22	43.72	78.64
58	13.25	16.56	17.74	20.81	25.03	43.49	78.14
59	13.21	16.50	17.65	20.70	24.67	42.96	77.07
60	13.07	16.31	17.43	20.43	24.14	42.11	75.37
61	12.83	15.98	17.06	20.00	23.41	40.91	72.99
62	12.47	15.51	16.53	19.37	22.48	39.33	69.87
63	11.96	14.86	15.83	18.54	21.33	37.35	65.96
64	11.32	14.03	14.94	17.49	19.95	34.93	61.21
65	10.52	13.02	13.85	16.20	18.32	32.04	55.55
66	9.57	11.80	12.54	14.67	16.43	28.67	48.94

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.09	4.00	4.40	5.28	7.81	15.80	28.02
26	3.21	4.16	4.59	5.52	8.14	16.32	28.90
27	3.34	4.35	4.80	5.78	8.48	16.85	29.80
28	3.48	4.55	5.02	6.05	8.84	17.39	30.71
29	3.64	4.76	5.25	6.35	9.21	17.95	31.64
30	3.80	4.99	5.51	6.65	9.59	18.52	32.59
31	3.97	5.23	5.78	6.98	9.98	19.10	33.56
32	4.15	5.47	6.06	7.32	10.39	19.70	34.56
33	4.34	5.73	6.35	7.68	10.82	20.31	35.59
34	4.54	5.99	6.65	8.05	11.26	20.95	36.65
35	4.76	6.28	6.96	8.43	11.71	21.59	37.75
36	4.97	6.56	7.30	8.82	12.18	22.27	38.90
37	5.20	6.87	7.63	9.22	12.65	22.96	40.10
38	5.43	7.18	7.98	9.63	13.15	23.69	41.36
39	5.68	7.50	8.34	10.05	13.65	24.43	42.69
40	5.93	7.83	8.71	10.49	14.16	25.21	44.07
41	6.18	8.17	9.10	10.93	14.71	26.00	45.51
42	6.46	8.52	9.49	11.39	15.25	26.82	47.00
43	6.79	8.92	9.91	11.88	15.84	27.68	48.60
44	7.14	9.34	10.34	12.36	16.44	28.57	50.25
45	7.51	9.77	10.76	12.85	17.03	29.46	51.94
46	7.88	10.20	11.21	13.35	17.62	30.36	53.64
47	8.26	10.64	11.66	13.85	18.21	31.26	55.36
48	8.64	11.10	12.12	14.37	18.79	32.21	57.20
49	9.02	11.54	12.58	14.90	19.35	33.13	59.00
50	9.39	11.97	13.02	15.39	19.86	34.01	60.71
51	9.75	12.39	13.45	15.87	20.33	34.81	62.28
52	10.10	12.79	13.85	16.30	20.74	35.53	63.69
53	10.42	13.15	14.21	16.70	21.04	36.13	64.84
54	10.72	13.46	14.53	17.04	21.28	36.59	65.74
55	10.93	13.72	14.77	17.33	21.42	36.93	66.37
56	11.12	13.93	14.95	17.54	21.48	37.11	66.69
57	11.26	14.07	15.08	17.67	21.43	37.12	66.68
58	11.31	14.12	15.11	17.72	21.29	36.95	66.31
59	11.31	14.10	15.08	17.66	21.03	36.58	65.55
60	11.23	13.98	14.94	17.51	20.65	36.01	64.36
61	11.09	13.79	14.72	17.23	20.16	35.20	62.73
62	10.87	13.50	14.38	16.84	19.54	34.15	60.61
63	10.55	13.08	13.94	16.31	18.78	32.85	57.98
64	10.14	12.56	13.37	15.65	17.89	31.27	54.80
65	9.64	11.92	12.67	14.83	16.84	29.41	51.06
66	9.04	11.15	11.85	13.86	15.65	27.25	46.71

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.25	4.21	4.63	5.56	8.22	16.63	29.49
26	3.38	4.38	4.83	5.81	8.57	17.18	30.42
27	3.52	4.58	5.05	6.08	8.93	17.74	31.37
28	3.66	4.79	5.28	6.37	9.30	18.31	32.33
29	3.83	5.01	5.53	6.68	9.69	18.89	33.31
30	4.00	5.25	5.80	7.00	10.09	19.49	34.31
31	4.18	5.50	6.08	7.35	10.51	20.11	35.33
32	4.37	5.76	6.38	7.71	10.94	20.74	36.38
33	4.57	6.03	6.68	8.08	11.39	21.38	37.46
34	4.78	6.31	7.00	8.47	11.85	22.05	38.58
35	5.01	6.61	7.33	8.87	12.33	22.73	39.74
36	5.23	6.91	7.68	9.28	12.82	23.44	40.95
37	5.47	7.23	8.03	9.70	13.32	24.17	42.21
38	5.72	7.56	8.40	10.14	13.84	24.94	43.54
39	5.98	7.89	8.78	10.58	14.37	25.72	44.94
40	6.24	8.24	9.17	11.04	14.91	26.54	46.39
41	6.51	8.60	9.58	11.51	15.48	27.37	47.90
42	6.80	8.97	9.99	11.99	16.05	28.23	49.47
43	7.15	9.39	10.43	12.50	16.67	29.14	51.16
44	7.52	9.83	10.88	13.01	17.30	30.07	52.89
45	7.90	10.28	11.33	13.53	17.93	31.01	54.67
46	8.29	10.74	11.80	14.05	18.55	31.96	56.46
47	8.69	11.20	12.27	14.58	19.17	32.90	58.27
48	9.09	11.68	12.76	15.13	19.78	33.90	60.21
49	9.49	12.15	13.24	15.68	20.37	34.87	62.10
50	9.88	12.60	13.71	16.20	20.91	35.80	63.90
51	10.26	13.04	14.16	16.70	21.40	36.64	65.56
52	10.63	13.46	14.58	17.16	21.83	37.40	67.04
53	10.97	13.84	14.96	17.58	22.15	38.03	68.25
54	11.28	14.17	15.29	17.94	22.40	38.52	69.20
55	11.51	14.44	15.55	18.24	22.55	38.87	69.86
56	11.71	14.66	15.74	18.46	22.61	39.06	70.20
57	11.85	14.81	15.87	18.60	22.56	39.07	70.19
58	11.91	14.86	15.91	18.65	22.41	38.89	69.80
59	11.90	14.84	15.87	18.59	22.14	38.51	69.00
60	11.82	14.72	15.73	18.43	21.74	37.90	67.75
61	11.67	14.52	15.49	18.14	21.22	37.05	66.03
62	11.44	14.21	15.14	17.73	20.57	35.95	63.80
63	11.10	13.77	14.67	17.17	19.77	34.58	61.03
64	10.67	13.22	14.07	16.47	18.83	32.92	57.68
65	10.15	12.55	13.34	15.61	17.73	30.96	53.75
66	9.52	11.74	12.47	14.59	16.47	28.68	49.17

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.77	3.57	3.92	4.70	6.92	13.89	24.50
26	2.89	3.72	4.09	4.91	7.21	14.35	25.31
27	3.00	3.89	4.28	5.14	7.51	14.83	26.13
28	3.13	4.06	4.47	5.38	7.83	15.31	26.94
29	3.26	4.25	4.68	5.63	8.15	15.81	27.77
30	3.40	4.44	4.90	5.91	8.48	16.31	28.60
31	3.55	4.65	5.13	6.19	8.84	16.82	29.45
32	3.71	4.86	5.38	6.49	9.19	17.35	30.32
33	3.88	5.08	5.62	6.80	9.56	17.87	31.21
34	4.05	5.32	5.89	7.12	9.94	18.41	32.12
35	4.23	5.56	6.16	7.44	10.33	18.97	33.05
36	4.42	5.80	6.44	7.77	10.72	19.54	34.02
37	4.61	6.06	6.73	8.12	11.12	20.12	35.02
38	4.81	6.33	7.02	8.46	11.53	20.72	36.07
39	5.01	6.59	7.32	8.83	11.96	21.35	37.16
40	5.22	6.87	7.64	9.19	12.39	21.97	38.29
41	5.43	7.15	7.96	9.56	12.83	22.62	39.46
42	5.66	7.44	8.28	9.94	13.27	23.28	40.67
43	5.94	7.78	8.63	10.33	13.76	23.98	41.96
44	6.23	8.12	8.97	10.73	14.24	24.68	43.27
45	6.53	8.46	9.33	11.12	14.72	25.37	44.60
46	6.83	8.82	9.68	11.51	15.19	26.08	45.94
47	7.13	9.17	10.03	11.91	15.65	26.77	47.27
48	7.43	9.52	10.39	12.32	16.08	27.47	48.66
49	7.73	9.87	10.75	12.72	16.50	28.16	50.00
50	8.02	10.20	11.10	13.10	16.88	28.79	51.26
51	8.30	10.53	11.42	13.46	17.21	29.38	52.42
52	8.58	10.83	11.72	13.78	17.50	29.90	53.44
53	8.82	11.10	11.98	14.07	17.70	30.28	54.19
54	9.03	11.32	12.21	14.31	17.83	30.56	54.76
55	9.22	11.52	12.39	14.52	17.92	30.77	55.16
56	9.37	11.69	12.54	14.69	17.95	30.89	55.38
57	9.49	11.82	12.64	14.81	17.93	30.93	55.42
58	9.57	11.89	12.72	14.90	17.85	30.88	55.27
59	9.61	11.94	12.76	14.93	17.74	30.75	54.95
60	9.63	11.96	12.76	14.93	17.58	30.53	54.43
61	9.61	11.93	12.72	14.88	17.38	30.22	53.71
62	9.58	11.87	12.64	14.78	17.14	29.83	52.81
63	9.49	11.74	12.50	14.63	16.85	29.35	51.70
64	9.37	11.59	12.33	14.42	16.54	28.78	50.40
65	9.22	11.39	12.11	14.16	16.19	28.12	48.88
66	9.03	11.14	11.85	13.85	15.80	27.37	47.16

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.92	3.76	4.13	4.95	7.28	14.62	25.79
26	3.04	3.92	4.31	5.17	7.59	15.11	26.64
27	3.16	4.09	4.50	5.41	7.91	15.61	27.50
28	3.29	4.27	4.71	5.66	8.24	16.12	28.36
29	3.43	4.47	4.93	5.93	8.58	16.64	29.23
30	3.58	4.67	5.16	6.22	8.93	17.17	30.11
31	3.74	4.89	5.40	6.52	9.30	17.71	31.00
32	3.91	5.12	5.66	6.83	9.67	18.26	31.92
33	4.08	5.35	5.92	7.16	10.06	18.81	32.85
34	4.26	5.60	6.20	7.49	10.46	19.38	33.81
35	4.45	5.85	6.48	7.83	10.87	19.97	34.79
36	4.65	6.11	6.78	8.18	11.28	20.57	35.81
37	4.85	6.38	7.08	8.55	11.71	21.18	36.86
38	5.06	6.66	7.39	8.91	12.14	21.81	37.97
39	5.27	6.94	7.71	9.29	12.59	22.47	39.12
40	5.49	7.23	8.04	9.67	13.04	23.13	40.31
41	5.72	7.53	8.38	10.06	13.50	23.81	41.54
42	5.96	7.83	8.72	10.46	13.97	24.51	42.81
43	6.25	8.19	9.08	10.87	14.48	25.24	44.17
44	6.56	8.55	9.44	11.29	14.99	25.98	45.55
45	6.87	8.91	9.82	11.71	15.49	26.71	46.95
46	7.19	9.28	10.19	12.12	15.99	27.45	48.36
47	7.51	9.65	10.56	12.54	16.47	28.18	49.76
48	7.82	10.02	10.94	12.97	16.93	28.92	51.22
49	8.14	10.39	11.32	13.39	17.37	29.64	52.63
50	8.44	10.74	11.68	13.79	17.77	30.31	53.96
51	8.74	11.08	12.02	14.17	18.12	30.93	55.18
52	9.03	11.40	12.34	14.51	18.42	31.47	56.25
53	9.28	11.68	12.61	14.81	18.63	31.87	57.04
54	9.51	11.92	12.85	15.06	18.77	32.17	57.64
55	9.70	12.13	13.04	15.28	18.86	32.39	58.06
56	9.86	12.30	13.20	15.46	18.89	32.52	58.29
57	9.99	12.44	13.31	15.59	18.87	32.56	58.34
58	10.07	12.52	13.39	15.68	18.79	32.51	58.18
59	10.12	12.57	13.43	15.72	18.67	32.37	57.84
60	10.14	12.59	13.43	15.72	18.51	32.14	57.29
61	10.12	12.56	13.39	15.66	18.29	31.81	56.54
62	10.08	12.49	13.30	15.56	18.04	31.40	55.59
63	9.99	12.36	13.16	15.40	17.74	30.89	54.42
64	9.86	12.20	12.98	15.18	17.41	30.29	53.05
65	9.70	11.99	12.75	14.91	17.04	29.60	51.45
66	9.51	11.73	12.47	14.58	16.63	28.81	49.64

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.46	11.38	12.67	15.42	19.55		
26	8.81	11.85	13.21	16.07	20.31		
27	9.16	12.34	13.76	16.76	21.09		
28	9.53	12.86	14.35	17.48	21.90		
29	9.93	13.40	14.95	18.24	22.71		
30	10.34	13.97	15.59	19.01	23.55		
31	10.75	14.55	16.25	19.82	24.40		
32	11.20	15.15	16.92	20.63	25.25		
33	11.65	15.76	17.59	21.46	26.12		
34	12.11	16.38	18.30	22.31	26.98		
35	12.59	17.01	19.01	23.16	27.86		
36	13.08	17.66	19.74	24.04	28.75		
37	13.59	18.33	20.49	24.93	29.63		
38	14.11	19.01	21.26	25.82	30.53		
39	14.64	19.70	22.05	26.73	31.44		
40	15.19	20.42	22.86	27.67	32.34		
41	15.76	21.16	23.69	28.64	33.26		
42	16.35	21.93	24.56	29.63	34.19		
43	17.10	22.82	25.45	30.66	35.13		
44	17.88	23.74	26.38	31.72	36.08		
45	18.70	24.70	27.35	32.82	37.04		
46	19.55	25.70	28.36	33.95	38.01		
47	20.44	26.73	29.39	35.13	39.00		
48	21.35	27.83	30.52	36.40	40.04		
49	22.28	28.94	31.67	37.71	41.08		
50	23.23	30.07	32.84	39.04	42.10		
51	24.19	31.21	34.01	40.36	43.10		
52	25.15	32.35	35.17	41.68	44.05		
53	26.18	33.57	36.42	43.10	45.04		
54	27.19	34.75	37.62	44.46	45.94		
55	28.13	35.84	38.71	45.70	46.70		
56	28.98	36.81	39.67	46.80	47.31		
57	29.71	37.63	40.46	47.68	47.71		
58	30.08	38.02	40.83	48.08	47.65		
59	30.29	38.22	41.00	48.24	47.39		
60	30.36	38.24	40.98	48.19	46.90		
61	30.30	38.09	40.76	47.93	46.24		
62	30.04	37.76	40.38	47.48	45.40		
63	29.23	36.78	39.34	46.28	43.88		
64	28.40	35.78	38.29	45.07	42.36		
65	27.63	34.87	37.34	43.99	40.97		
66	27.04	34.19	36.63	43.21	39.88		
67	26.71	33.85	36.30	42.88	39.22		
68	26.75	33.99	36.48	43.16	39.13		
69	27.27	34.72	37.31	44.20	39.77		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.91	11.98	13.34	16.23	20.58		
26	9.27	12.47	13.90	16.92	21.38		
27	9.64	12.99	14.48	17.64	22.20		
28	10.03	13.54	15.10	18.40	23.05		
29	10.45	14.11	15.74	19.20	23.91		
30	10.88	14.71	16.41	20.01	24.79		
31	11.32	15.32	17.10	20.86	25.68		
32	11.79	15.95	17.81	21.72	26.58		
33	12.26	16.59	18.52	22.59	27.49		
34	12.75	17.24	19.26	23.48	28.40		
35	13.25	17.91	20.01	24.38	29.33		
36	13.77	18.59	20.78	25.30	30.26		
37	14.30	19.29	21.57	26.24	31.19		
38	14.85	20.01	22.38	27.18	32.14		
39	15.41	20.74	23.21	28.14	33.09		
40	15.99	21.49	24.06	29.13	34.04		
41	16.59	22.27	24.94	30.15	35.01		
42	17.21	23.08	25.85	31.19	35.99		
43	18.00	24.02	26.79	32.27	36.98		
44	18.82	24.99	27.77	33.39	37.98		
45	19.68	26.00	28.79	34.55	38.99		
46	20.58	27.05	29.85	35.74	40.01		
47	21.52	28.14	30.94	36.98	41.05		
48	22.47	29.29	32.13	38.32	42.15		
49	23.45	30.46	33.34	39.69	43.24		
50	24.45	31.65	34.57	41.09	44.32		
51	25.46	32.85	35.80	42.48	45.37		
52	26.47	34.05	37.02	43.87	46.37		
53	27.56	35.34	38.34	45.37	47.41		
54	28.62	36.58	39.60	46.80	48.36		
55	29.61	37.73	40.75	48.11	49.16		
56	30.51	38.75	41.76	49.26	49.80		
57	31.27	39.61	42.59	50.19	50.22		
58	31.66	40.02	42.98	50.61	50.16		
59	31.88	40.23	43.16	50.78	49.88		
60	31.96	40.25	43.14	50.73	49.37		
61	31.89	40.09	42.91	50.45	48.67		
62	31.62	39.75	42.50	49.98	47.79		
63	30.77	38.72	41.41	48.72	46.19		
64	29.89	37.66	40.30	47.44	44.59		
65	29.08	36.71	39.30	46.31	43.13		
66	28.46	35.99	38.56	45.48	41.98		
67	28.12	35.63	38.21	45.14	41.28		
68	28.16	35.78	38.40	45.43	41.19		
69	28.71	36.55	39.27	46.53	41.86		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.05	5.31	5.87	7.09	9.99		
26	4.21	5.55	6.14	7.41	10.41		
27	4.40	5.80	6.42	7.77	10.86		
28	4.60	6.08	6.74	8.15	11.32		
29	4.82	6.37	7.08	8.57	11.81		
30	5.04	6.70	7.43	9.02	12.31		
31	5.30	7.04	7.82	9.48	12.85		
32	5.57	7.40	8.23	9.98	13.40		
33	5.84	7.78	8.65	10.50	13.99		
34	6.14	8.18	9.10	11.04	14.59		
35	6.45	8.60	9.57	11.60	15.23		
36	6.78	9.03	10.06	12.19	15.88		
37	7.13	9.50	10.58	12.81	16.57		
38	7.50	9.98	11.12	13.44	17.29		
39	7.88	10.48	11.69	14.11	18.03		
40	8.27	11.00	12.27	14.81	18.81		
41	8.69	11.55	12.90	15.53	19.61		
42	9.14	12.13	13.56	16.29	20.43		
43	9.68	12.80	14.24	17.09	21.30		
44	10.26	13.50	14.96	17.93	22.18		
45	10.87	14.23	15.72	18.80	23.09		
46	11.51	15.00	16.51	19.70	24.02		
47	12.19	15.80	17.34	20.64	24.96		
48	12.89	16.65	18.24	21.67	25.95		
49	13.61	17.54	19.16	22.72	26.95		
50	14.36	18.43	20.10	23.79	27.92		
51	15.11	19.33	21.04	24.86	28.87		
52	15.87	20.24	21.97	25.92	29.76		
53	16.67	21.19	22.96	27.04	30.65		
54	17.44	22.10	23.89	28.10	31.44		
55	18.09	22.92	24.73	29.08	32.12		
56	18.67	23.66	25.46	29.93	32.65		
57	19.16	24.27	26.07	30.64	33.01		
58	19.39	24.59	26.37	30.99	33.00		
59	19.51	24.76	26.53	31.16	32.80		
60	19.54	24.80	26.54	31.18	32.44		
61	19.47	24.72	26.43	31.04	31.93		
62	19.29	24.53	26.20	30.77	31.29		
63	18.77	23.90	25.54	30.00	30.18		
64	18.22	23.25	24.85	29.22	29.06		
65	17.71	22.66	24.23	28.52	28.03		
66	17.30	22.20	23.77	28.00	27.18		
67	17.07	21.97	23.54	27.77	26.63		
68	17.07	22.04	23.64	27.92	26.48		
69	17.38	22.51	24.16	28.59	26.83		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.26	5.59	6.18	7.46	10.52		
26	4.43	5.84	6.46	7.80	10.96		
27	4.63	6.11	6.76	8.18	11.43		
28	4.84	6.40	7.09	8.58	11.92		
29	5.07	6.71	7.45	9.02	12.43		
30	5.31	7.05	7.82	9.49	12.96		
31	5.58	7.41	8.23	9.98	13.53		
32	5.86	7.79	8.66	10.50	14.11		
33	6.15	8.19	9.11	11.05	14.73		
34	6.46	8.61	9.58	11.62	15.36		
35	6.79	9.05	10.07	12.21	16.03		
36	7.14	9.51	10.59	12.83	16.72		
37	7.51	10.00	11.14	13.48	17.44		
38	7.89	10.50	11.71	14.15	18.20		
39	8.29	11.03	12.30	14.85	18.98		
40	8.71	11.58	12.92	15.59	19.80		
41	9.15	12.16	13.58	16.35	20.64		
42	9.62	12.77	14.27	17.15	21.51		
43	10.19	13.47	14.99	17.99	22.42		
44	10.80	14.21	15.75	18.87	23.35		
45	11.44	14.98	16.55	19.79	24.31		
46	12.12	15.79	17.38	20.74	25.28		
47	12.83	16.63	18.25	21.73	26.27		
48	13.57	17.53	19.20	22.81	27.32		
49	14.33	18.46	20.17	23.92	28.37		
50	15.12	19.40	21.16	25.04	29.39		
51	15.91	20.35	22.15	26.17	30.39		
52	16.71	21.30	23.13	27.28	31.33		
53	17.55	22.30	24.17	28.46	32.26		
54	18.36	23.26	25.15	29.58	33.09		
55	19.04	24.13	26.03	30.61	33.81		
56	19.65	24.90	26.80	31.51	34.37		
57	20.17	25.55	27.44	32.25	34.75		
58	20.41	25.88	27.76	32.62	34.74		
59	20.54	26.06	27.93	32.80	34.53		
60	20.57	26.11	27.94	32.82	34.15		
61	20.49	26.02	27.82	32.67	33.61		
62	20.31	25.82	27.58	32.39	32.94		
63	19.76	25.16	26.88	31.58	31.77		
64	19.18	24.47	26.16	30.76	30.59		
65	18.64	23.85	25.51	30.02	29.50		
66	18.21	23.37	25.02	29.47	28.61		
67	17.97	23.13	24.78	29.23	28.03		
68	17.97	23.20	24.88	29.39	27.87		
69	18.29	23.69	25.43	30.09	28.24		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.50	4.56	5.03	6.05	8.94		
26	3.64	4.76	5.25	6.33	9.32		
27	3.80	4.98	5.50	6.63	9.73		
28	3.97	5.22	5.77	6.96	10.16		
29	4.16	5.47	6.06	7.32	10.59		
30	4.36	5.75	6.37	7.70	11.07		
31	4.58	6.04	6.70	8.10	11.55		
32	4.80	6.36	7.05	8.53	12.07		
33	5.04	6.68	7.41	8.97	12.60		
34	5.29	7.01	7.79	9.43	13.16		
35	5.56	7.37	8.19	9.91	13.73		
36	5.84	7.74	8.62	10.42	14.34		
37	6.14	8.14	9.05	10.94	14.96		
38	6.45	8.54	9.51	11.49	15.63		
39	6.77	8.97	9.99	12.06	16.31		
40	7.11	9.41	10.50	12.64	17.02		
41	7.47	9.89	11.02	13.26	17.76		
42	7.84	10.37	11.58	13.90	18.52		
43	8.30	10.94	12.16	14.57	19.30		
44	8.80	11.53	12.78	15.29	20.11		
45	9.31	12.15	13.41	16.02	20.95		
46	9.85	12.80	14.08	16.78	21.78		
47	10.41	13.47	14.77	17.58	22.64		
48	11.00	14.19	15.52	18.43	23.54		
49	11.62	14.92	16.30	19.31	24.44		
50	12.24	15.68	17.08	20.20	25.33		
51	12.86	16.42	17.86	21.08	26.17		
52	13.50	17.17	18.63	21.95	26.97		
53	14.16	17.95	19.44	22.88	27.75		
54	14.79	18.70	20.20	23.74	28.44		
55	15.35	19.36	20.88	24.53	29.03		
56	15.86	19.96	21.47	25.22	29.49		
57	16.28	20.45	21.95	25.78	29.78		
58	16.47	20.67	22.16	26.03	29.73		
59	16.59	20.79	22.26	26.13	29.52		
60	16.61	20.79	22.24	26.10	29.15		
61	16.55	20.69	22.12	25.95	28.66		
62	16.42	20.51	21.90	25.70	28.06		
63	16.00	20.00	21.36	25.08	27.09		
64	15.57	19.48	20.81	24.44	26.12		
65	15.18	19.01	20.32	23.89	25.23		
66	14.88	18.66	19.96	23.49	24.52		
67	14.73	18.50	19.81	23.34	24.08		
68	14.77	18.59	19.92	23.51	24.00		
69	15.07	19.00	20.39	24.10	24.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.68	4.80	5.29	6.37	9.41		
26	3.83	5.01	5.53	6.66	9.81		
27	4.00	5.24	5.79	6.98	10.24		
28	4.18	5.49	6.07	7.33	10.69		
29	4.38	5.76	6.38	7.71	11.15		
30	4.59	6.05	6.70	8.11	11.65		
31	4.82	6.36	7.05	8.53	12.16		
32	5.05	6.69	7.42	8.98	12.70		
33	5.31	7.03	7.80	9.44	13.26		
34	5.57	7.38	8.20	9.93	13.85		
35	5.85	7.76	8.62	10.43	14.45		
36	6.15	8.15	9.07	10.97	15.09		
37	6.46	8.57	9.53	11.52	15.75		
38	6.79	8.99	10.01	12.09	16.45		
39	7.13	9.44	10.52	12.69	17.17		
40	7.48	9.91	11.05	13.31	17.92		
41	7.86	10.41	11.60	13.96	18.69		
42	8.25	10.92	12.19	14.63	19.49		
43	8.74	11.52	12.80	15.34	20.32		
44	9.26	12.14	13.45	16.09	21.17		
45	9.80	12.79	14.12	16.86	22.05		
46	10.37	13.47	14.82	17.66	22.93		
47	10.96	14.18	15.55	18.50	23.83		
48	11.58	14.94	16.34	19.40	24.78		
49	12.23	15.71	17.16	20.33	25.73		
50	12.88	16.50	17.98	21.26	26.66		
51	13.54	17.28	18.80	22.19	27.55		
52	14.21	18.07	19.61	23.11	28.39		
53	14.90	18.89	20.46	24.08	29.21		
54	15.57	19.68	21.26	24.99	29.94		
55	16.16	20.38	21.98	25.82	30.56		
56	16.69	21.01	22.60	26.55	31.04		
57	17.14	21.53	23.11	27.14	31.35		
58	17.34	21.76	23.33	27.40	31.29		
59	17.46	21.88	23.43	27.50	31.07		
60	17.48	21.88	23.41	27.47	30.68		
61	17.42	21.78	23.28	27.32	30.17		
62	17.28	21.59	23.05	27.05	29.54		
63	16.84	21.05	22.48	26.40	28.52		
64	16.39	20.50	21.90	25.73	27.49		
65	15.98	20.01	21.39	25.15	26.56		
66	15.66	19.64	21.01	24.73	25.81		
67	15.50	19.47	20.85	24.57	25.35		
68	15.55	19.57	20.97	24.75	25.26		
69	15.86	20.00	21.46	25.37	25.64		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.25	4.21	4.65	5.58	8.21		
26	3.38	4.40	4.85	5.84	8.57		
27	3.53	4.61	5.08	6.13	8.95		
28	3.70	4.83	5.34	6.43	9.35		
29	3.87	5.07	5.61	6.76	9.77		
30	4.05	5.32	5.89	7.12	10.20		
31	4.25	5.60	6.19	7.49	10.66		
32	4.46	5.88	6.52	7.89	11.13		
33	4.68	6.18	6.86	8.29	11.63		
34	4.91	6.49	7.21	8.71	12.14		
35	5.16	6.82	7.58	9.16	12.68		
36	5.42	7.16	7.96	9.62	13.23		
37	5.69	7.52	8.37	10.11	13.81		
38	5.97	7.89	8.79	10.60	14.42		
39	6.26	8.28	9.22	11.12	15.05		
40	6.57	8.69	9.69	11.67	15.69		
41	6.90	9.12	10.17	12.22	16.36		
42	7.24	9.57	10.67	12.81	17.05		
43	7.67	10.08	11.20	13.42	17.77		
44	8.10	10.61	11.75	14.06	18.50		
45	8.57	11.17	12.33	14.72	19.25		
46	9.05	11.75	12.93	15.40	20.00		
47	9.57	12.36	13.55	16.10	20.76		
48	10.09	13.00	14.21	16.87	21.56		
49	10.63	13.64	14.90	17.64	22.34		
50	11.18	14.31	15.58	18.43	23.10		
51	11.73	14.96	16.26	19.20	23.84		
52	12.28	15.61	16.93	19.95	24.51		
53	12.85	16.27	17.62	20.73	25.16		
54	13.40	16.92	18.27	21.47	25.73		
55	13.88	17.48	18.84	22.13	26.18		
56	14.30	17.97	19.32	22.69	26.52		
57	14.64	18.37	19.70	23.13	26.72		
58	14.76	18.51	19.83	23.27	26.58		
59	14.81	18.53	19.85	23.28	26.30		
60	14.79	18.49	19.77	23.19	25.90		
61	14.72	18.37	19.63	23.02	25.41		
62	14.59	18.19	19.42	22.77	24.85		
63	14.28	17.81	19.02	22.32	24.09		
64	13.97	17.44	18.63	21.87	23.35		
65	13.70	17.13	18.30	21.51	22.71		
66	13.52	16.92	18.10	21.29	22.22		
67	13.46	16.88	18.07	21.29	21.96		
68	13.56	17.05	18.26	21.55	22.00		
69	13.87	17.48	18.74	22.14	22.40		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.42	4.43	4.89	5.87	8.64		
26	3.56	4.63	5.11	6.15	9.02		
27	3.72	4.85	5.35	6.45	9.42		
28	3.89	5.08	5.62	6.77	9.84		
29	4.07	5.34	5.90	7.12	10.28		
30	4.26	5.60	6.20	7.49	10.74		
31	4.47	5.89	6.52	7.88	11.22		
32	4.69	6.19	6.86	8.30	11.72		
33	4.93	6.51	7.22	8.73	12.24		
34	5.17	6.83	7.59	9.17	12.78		
35	5.43	7.18	7.98	9.64	13.35		
36	5.70	7.54	8.38	10.13	13.93		
37	5.99	7.92	8.81	10.64	14.54		
38	6.28	8.31	9.25	11.16	15.18		
39	6.59	8.72	9.71	11.71	15.84		
40	6.92	9.15	10.20	12.28	16.52		
41	7.26	9.60	10.70	12.86	17.22		
42	7.62	10.07	11.23	13.48	17.95		
43	8.07	10.61	11.79	14.13	18.70		
44	8.53	11.17	12.37	14.80	19.47		
45	9.02	11.76	12.98	15.49	20.26		
46	9.53	12.37	13.61	16.21	21.05		
47	10.07	13.01	14.26	16.95	21.85		
48	10.62	13.68	14.96	17.76	22.69		
49	11.19	14.36	15.68	18.57	23.52		
50	11.77	15.06	16.40	19.40	24.32		
51	12.35	15.75	17.12	20.21	25.09		
52	12.93	16.43	17.82	21.00	25.80		
53	13.53	17.13	18.55	21.82	26.48		
54	14.11	17.81	19.23	22.60	27.08		
55	14.61	18.40	19.83	23.29	27.56		
56	15.05	18.92	20.34	23.88	27.92		
57	15.41	19.34	20.74	24.35	28.13		
58	15.54	19.48	20.87	24.49	27.98		
59	15.59	19.51	20.89	24.51	27.68		
60	15.57	19.46	20.81	24.41	27.26		
61	15.49	19.34	20.66	24.23	26.75		
62	15.36	19.15	20.44	23.97	26.16		
63	15.03	18.75	20.02	23.49	25.36		
64	14.70	18.36	19.61	23.02	24.58		
65	14.42	18.03	19.26	22.64	23.90		
66	14.23	17.81	19.05	22.41	23.39		
67	14.17	17.77	19.02	22.41	23.12		
68	14.27	17.95	19.22	22.68	23.16		
69	14.60	18.40	19.73	23.31	23.58		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.93	3.77	4.15	4.97	7.29		
26	3.05	3.94	4.34	5.21	7.61		
27	3.17	4.12	4.54	5.46	7.95		
28	3.32	4.32	4.76	5.74	8.31		
29	3.47	4.53	5.00	6.03	8.68		
30	3.64	4.76	5.25	6.34	9.06		
31	3.81	5.00	5.52	6.67	9.46		
32	3.99	5.24	5.80	7.01	9.88		
33	4.18	5.50	6.10	7.36	10.31		
34	4.39	5.78	6.40	7.73	10.75		
35	4.60	6.06	6.73	8.12	11.22		
36	4.82	6.36	7.06	8.52	11.70		
37	5.05	6.67	7.40	8.94	12.20		
38	5.29	6.98	7.76	9.36	12.72		
39	5.55	7.32	8.13	9.80	13.25		
40	5.80	7.66	8.52	10.26	13.79		
41	6.08	8.02	8.93	10.74	14.35		
42	6.37	8.40	9.35	11.22	14.93		
43	6.73	8.83	9.79	11.73	15.53		
44	7.10	9.27	10.25	12.26	16.13		
45	7.48	9.73	10.74	12.81	16.74		
46	7.89	10.21	11.22	13.37	17.36		
47	8.30	10.71	11.72	13.94	17.96		
48	8.73	11.22	12.26	14.54	18.58		
49	9.16	11.73	12.80	15.16	19.20		
50	9.60	12.26	13.34	15.77	19.78		
51	10.03	12.77	13.87	16.37	20.32		
52	10.46	13.26	14.38	16.94	20.81		
53	10.89	13.77	14.89	17.52	21.25		
54	11.31	14.23	15.36	18.04	21.62		
55	11.67	14.65	15.78	18.52	21.91		
56	11.97	15.00	16.12	18.91	22.10		
57	12.22	15.29	16.38	19.22	22.17		
58	12.28	15.35	16.44	19.27	21.98		
59	12.30	15.35	16.42	19.24	21.71		
60	12.27	15.30	16.34	19.15	21.36		
61	12.22	15.21	16.24	19.02	20.96		
62	12.14	15.10	16.09	18.86	20.55		
63	11.97	14.91	15.89	18.63	20.07		
64	11.83	14.73	15.72	18.45	19.66		
65	11.72	14.62	15.61	18.34	19.31		
66	11.69	14.59	15.60	18.34	19.10		
67	11.73	14.69	15.71	18.50	19.07		
68	11.90	14.93	15.99	18.85	19.24		
69	12.22	15.35	16.45	19.43	19.66		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.08	3.97	4.37	5.23	7.67		
26	3.21	4.15	4.57	5.48	8.01		
27	3.34	4.34	4.78	5.75	8.37		
28	3.49	4.55	5.01	6.04	8.75		
29	3.65	4.77	5.26	6.35	9.14		
30	3.83	5.01	5.53	6.67	9.54		
31	4.01	5.26	5.81	7.02	9.96		
32	4.20	5.52	6.11	7.38	10.40		
33	4.40	5.79	6.42	7.75	10.85		
34	4.62	6.08	6.74	8.14	11.32		
35	4.84	6.38	7.08	8.55	11.81		
36	5.07	6.69	7.43	8.97	12.32		
37	5.32	7.02	7.79	9.41	12.84		
38	5.57	7.35	8.17	9.85	13.39		
39	5.84	7.70	8.56	10.32	13.95		
40	6.11	8.06	8.97	10.80	14.52		
41	6.40	8.44	9.40	11.30	15.11		
42	6.70	8.84	9.84	11.81	15.72		
43	7.08	9.29	10.31	12.35	16.35		
44	7.47	9.76	10.79	12.91	16.98		
45	7.87	10.24	11.30	13.48	17.62		
46	8.30	10.75	11.81	14.07	18.27		
47	8.74	11.27	12.34	14.67	18.90		
48	9.19	11.81	12.90	15.31	19.56		
49	9.64	12.35	13.47	15.96	20.21		
50	10.10	12.90	14.04	16.60	20.82		
51	10.56	13.44	14.60	17.23	21.39		
52	11.01	13.96	15.14	17.83	21.91		
53	11.46	14.49	15.67	18.44	22.37		
54	11.90	14.98	16.17	18.99	22.76		
55	12.28	15.42	16.61	19.49	23.06		
56	12.60	15.79	16.97	19.90	23.26		
57	12.86	16.09	17.24	20.23	23.34		
58	12.93	16.16	17.30	20.28	23.14		
59	12.95	16.16	17.28	20.25	22.85		
60	12.92	16.10	17.20	20.16	22.48		
61	12.86	16.01	17.09	20.02	22.06		
62	12.78	15.89	16.94	19.85	21.63		
63	12.60	15.69	16.73	19.61	21.13		
64	12.45	15.51	16.55	19.42	20.69		
65	12.34	15.39	16.43	19.30	20.33		
66	12.30	15.36	16.42	19.30	20.11		
67	12.35	15.46	16.54	19.47	20.07		
68	12.53	15.72	16.83	19.84	20.25		
69	12.86	16.16	17.32	20.45	20.69		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.99	12.11	13.50	16.45			
26	9.35	12.62	14.06	17.15			
27	9.72	13.15	14.66	17.89			
28	10.12	13.70	15.29	18.67			
29	10.54	14.28	15.93	19.48			
30	10.96	14.89	16.61	20.31			
31	11.42	15.50	17.30	21.17			
32	11.88	16.13	18.01	22.03			
33	12.34	16.76	18.72	22.90			
34	12.82	17.40	19.45	23.77			
35	13.30	18.05	20.18	24.65			
36	13.78	18.70	20.91	25.53			
37	14.28	19.34	21.64	26.39			
38	14.77	19.99	22.36	27.25			
39	15.26	20.63	23.09	28.09			
40	15.75	21.27	23.81	28.92			
41	16.24	21.90	24.51	29.73			
42	16.71	22.51	25.20	30.51			
43	17.32	23.21	25.90	31.28			
44	17.93	23.90	26.56	32.02			
45	18.53	24.57	27.21	32.73			
46	19.11	25.21	27.82	33.39			
47	19.68	25.82	28.39	34.00			
48	20.19	26.39	28.95	34.59			
49	20.66	26.90	29.44	35.12			
50	21.10	27.36	29.88	35.57			
51	21.48	27.74	30.23	35.91			
52	21.79	28.04	30.49	36.16			
53	22.02	28.23	30.63	36.26			
54	22.16	28.32	30.65	36.23			
55	22.22	28.29	30.54	36.06			
56	22.17	28.13	30.30	35.73			
57	22.01	27.84	29.91	35.24			
58	21.48	27.10	29.09	34.23			
59	20.88	26.28	28.17	33.12			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.46	12.75	14.21	17.32			
26	9.84	13.28	14.80	18.05			
27	10.23	13.84	15.43	18.83			
28	10.65	14.42	16.09	19.65			
29	11.09	15.03	16.77	20.50			
30	11.54	15.67	17.48	21.38			
31	12.02	16.32	18.21	22.28			
32	12.50	16.98	18.96	23.19			
33	12.99	17.64	19.71	24.10			
34	13.49	18.32	20.47	25.02			
35	14.00	19.00	21.24	25.95			
36	14.51	19.68	22.01	26.87			
37	15.03	20.36	22.78	27.78			
38	15.55	21.04	23.54	28.68			
39	16.06	21.72	24.30	29.57			
40	16.58	22.39	25.06	30.44			
41	17.09	23.05	25.80	31.29			
42	17.59	23.69	26.53	32.12			
43	18.23	24.43	27.26	32.93			
44	18.87	25.16	27.96	33.71			
45	19.50	25.86	28.64	34.45			
46	20.12	26.54	29.28	35.15			
47	20.72	27.18	29.88	35.79			
48	21.25	27.78	30.47	36.41			
49	21.75	28.32	30.99	36.97			
50	22.21	28.80	31.45	37.44			
51	22.61	29.20	31.82	37.80			
52	22.94	29.52	32.09	38.06			
53	23.18	29.72	32.24	38.17			
54	23.33	29.81	32.26	38.14			
55	23.39	29.78	32.15	37.96			
56	23.34	29.61	31.89	37.61			
57	23.17	29.30	31.48	37.09			
58	22.61	28.53	30.62	36.03			
59	21.98	27.66	29.65	34.86			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.24	5.59	6.18	7.48			
26	4.41	5.82	6.45	7.82			
27	4.60	6.09	6.75	8.19			
28	4.80	6.38	7.08	8.60			
29	5.03	6.69	7.43	9.03			
30	5.26	7.02	7.80	9.49			
31	5.52	7.37	8.19	9.98			
32	5.79	7.74	8.61	10.48			
33	6.07	8.13	9.04	11.01			
34	6.37	8.53	9.49	11.56			
35	6.68	8.95	9.97	12.12			
36	6.99	9.38	10.45	12.71			
37	7.33	9.82	10.94	13.31			
38	7.68	10.28	11.46	13.92			
39	8.03	10.74	11.99	14.54			
40	8.39	11.22	12.52	15.16			
41	8.76	11.70	13.07	15.80			
42	9.14	12.19	13.62	16.44			
43	9.60	12.75	14.19	17.09			
44	10.07	13.31	14.76	17.75			
45	10.55	13.87	15.33	18.38			
46	11.03	14.43	15.88	19.01			
47	11.50	14.98	16.44	19.62			
48	11.97	15.51	16.99	20.24			
49	12.41	16.03	17.50	20.81			
50	12.83	16.49	17.98	21.33			
51	13.21	16.92	18.40	21.77			
52	13.55	17.28	18.75	22.14			
53	13.82	17.56	19.01	22.41			
54	14.03	17.76	19.18	22.56			
55	14.14	17.85	19.24	22.61			
56	14.16	17.85	19.19	22.53			
57	14.07	17.74	19.03	22.33			
58	13.74	17.32	18.56	21.77			
59	13.34	16.83	18.01	21.13			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.46	5.88	6.51	7.87			
26	4.64	6.13	6.79	8.23			
27	4.84	6.41	7.11	8.62			
28	5.05	6.72	7.45	9.05			
29	5.29	7.04	7.82	9.50			
30	5.54	7.39	8.21	9.99			
31	5.81	7.76	8.62	10.50			
32	6.09	8.15	9.06	11.03			
33	6.39	8.56	9.52	11.59			
34	6.70	8.98	9.99	12.17			
35	7.03	9.42	10.49	12.76			
36	7.36	9.87	11.00	13.38			
37	7.72	10.34	11.52	14.01			
38	8.08	10.82	12.06	14.65			
39	8.45	11.31	12.62	15.30			
40	8.83	11.81	13.18	15.96			
41	9.22	12.32	13.76	16.63			
42	9.62	12.83	14.34	17.30			
43	10.10	13.42	14.94	17.99			
44	10.60	14.01	15.54	18.68			
45	11.11	14.60	16.14	19.35			
46	11.61	15.19	16.72	20.01			
47	12.11	15.77	17.30	20.65			
48	12.60	16.33	17.88	21.30			
49	13.06	16.87	18.42	21.90			
50	13.50	17.36	18.93	22.45			
51	13.90	17.81	19.37	22.92			
52	14.26	18.19	19.74	23.31			
53	14.55	18.48	20.01	23.59			
54	14.77	18.69	20.19	23.75			
55	14.88	18.79	20.25	23.80			
56	14.90	18.79	20.20	23.72			
57	14.81	18.67	20.03	23.51			
58	14.46	18.23	19.54	22.92			
59	14.04	17.72	18.96	22.24			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.66	4.79	5.29	6.37			
26	3.81	5.00	5.52	6.67			
27	3.97	5.23	5.78	6.99			
28	4.14	5.47	6.06	7.34			
29	4.34	5.74	6.36	7.71			
30	4.54	6.02	6.68	8.10			
31	4.76	6.33	7.01	8.52			
32	4.99	6.64	7.37	8.96			
33	5.23	6.97	7.74	9.41			
34	5.48	7.32	8.12	9.88			
35	5.75	7.67	8.53	10.36			
36	6.02	8.04	8.94	10.86			
37	6.31	8.42	9.37	11.36			
38	6.60	8.80	9.80	11.88			
39	6.90	9.20	10.25	12.41			
40	7.20	9.60	10.71	12.95			
41	7.51	10.01	11.16	13.48			
42	7.84	10.42	11.63	14.02			
43	8.23	10.90	12.11	14.57			
44	8.63	11.36	12.60	15.12			
45	9.03	11.84	13.07	15.66			
46	9.43	12.30	13.53	16.18			
47	9.83	12.76	13.98	16.68			
48	10.21	13.20	14.44	17.19			
49	10.57	13.61	14.86	17.65			
50	10.92	14.00	15.25	18.07			
51	11.23	14.34	15.58	18.43			
52	11.50	14.63	15.87	18.72			
53	11.71	14.84	16.06	18.91			
54	11.88	14.97	16.17	19.01			
55	11.95	15.04	16.20	19.02			
56	11.98	15.02	16.13	18.92			
57	11.91	14.91	15.97	18.73			
58	11.65	14.54	15.57	18.25			
59	11.32	14.12	15.10	17.69			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.85	5.04	5.57	6.71			
26	4.01	5.26	5.81	7.02			
27	4.18	5.50	6.08	7.36			
28	4.36	5.76	6.38	7.73			
29	4.57	6.04	6.69	8.12			
30	4.78	6.34	7.03	8.53			
31	5.01	6.66	7.38	8.97			
32	5.25	6.99	7.76	9.43			
33	5.51	7.34	8.15	9.90			
34	5.77	7.70	8.55	10.40			
35	6.05	8.07	8.98	10.90			
36	6.34	8.46	9.41	11.43			
37	6.64	8.86	9.86	11.96			
38	6.95	9.26	10.32	12.51			
39	7.26	9.68	10.79	13.06			
40	7.58	10.11	11.27	13.63			
41	7.91	10.54	11.75	14.19			
42	8.25	10.97	12.24	14.76			
43	8.66	11.47	12.75	15.34			
44	9.08	11.96	13.26	15.92			
45	9.50	12.46	13.76	16.48			
46	9.93	12.95	14.24	17.03			
47	10.35	13.43	14.72	17.56			
48	10.75	13.89	15.20	18.09			
49	11.13	14.33	15.64	18.58			
50	11.49	14.74	16.05	19.02			
51	11.82	15.09	16.40	19.40			
52	12.10	15.40	16.70	19.70			
53	12.33	15.62	16.90	19.90			
54	12.50	15.76	17.02	20.01			
55	12.58	15.83	17.05	20.02			
56	12.61	15.81	16.98	19.92			
57	12.54	15.69	16.81	19.72			
58	12.26	15.31	16.39	19.21			
59	11.92	14.86	15.89	18.62			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.40	4.43	4.88	5.89			
26	3.53	4.63	5.11	6.16			
27	3.69	4.85	5.35	6.46			
28	3.86	5.07	5.61	6.78			
29	4.04	5.32	5.89	7.13			
30	4.23	5.59	6.18	7.51			
31	4.43	5.87	6.50	7.89			
32	4.65	6.16	6.83	8.29			
33	4.86	6.47	7.17	8.71			
34	5.10	6.78	7.53	9.15			
35	5.35	7.12	7.90	9.60			
36	5.60	7.45	8.28	10.05			
37	5.85	7.80	8.67	10.52			
38	6.13	8.15	9.07	11.00			
39	6.40	8.52	9.49	11.49			
40	6.68	8.89	9.90	11.97			
41	6.96	9.26	10.33	12.46			
42	7.26	9.63	10.74	12.95			
43	7.61	10.06	11.18	13.45			
44	7.97	10.49	11.61	13.94			
45	8.33	10.91	12.04	14.42			
46	8.69	11.32	12.45	14.88			
47	9.04	11.72	12.84	15.32			
48	9.38	12.11	13.24	15.76			
49	9.70	12.47	13.60	16.15			
50	9.99	12.81	13.94	16.51			
51	10.26	13.09	14.22	16.81			
52	10.49	13.33	14.45	17.04			
53	10.67	13.50	14.60	17.19			
54	10.79	13.60	14.68	17.25			
55	10.86	13.63	14.68	17.23			
56	10.87	13.60	14.61	17.13			
57	10.80	13.49	14.45	16.94			
58	10.56	13.18	14.10	16.51			
59	10.29	12.81	13.68	16.02			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.58	4.66	5.14	6.20			
26	3.72	4.87	5.38	6.48			
27	3.88	5.10	5.63	6.80			
28	4.06	5.34	5.90	7.14			
29	4.25	5.60	6.20	7.51			
30	4.45	5.88	6.51	7.90			
31	4.66	6.18	6.84	8.30			
32	4.89	6.48	7.19	8.73			
33	5.12	6.81	7.55	9.17			
34	5.37	7.14	7.93	9.63			
35	5.63	7.49	8.32	10.10			
36	5.89	7.84	8.72	10.58			
37	6.16	8.21	9.13	11.07			
38	6.45	8.58	9.55	11.58			
39	6.74	8.97	9.99	12.09			
40	7.03	9.36	10.42	12.60			
41	7.33	9.75	10.87	13.12			
42	7.64	10.14	11.31	13.63			
43	8.01	10.59	11.77	14.16			
44	8.39	11.04	12.22	14.67			
45	8.77	11.48	12.67	15.18			
46	9.15	11.92	13.11	15.66			
47	9.52	12.34	13.52	16.13			
48	9.87	12.75	13.94	16.59			
49	10.21	13.13	14.32	17.00			
50	10.52	13.48	14.67	17.38			
51	10.80	13.78	14.97	17.69			
52	11.04	14.03	15.21	17.94			
53	11.23	14.21	15.37	18.09			
54	11.36	14.32	15.45	18.16			
55	11.43	14.35	15.45	18.14			
56	11.44	14.32	15.38	18.03			
57	11.37	14.20	15.21	17.83			
58	11.12	13.87	14.84	17.38			
59	10.83	13.48	14.40	16.86			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.07	3.98	4.38	5.27			
26	3.19	4.15	4.58	5.52			
27	3.33	4.35	4.80	5.79			
28	3.48	4.56	5.03	6.08			
29	3.64	4.78	5.28	6.38			
30	3.81	5.02	5.55	6.72			
31	3.99	5.26	5.82	7.06			
32	4.18	5.52	6.12	7.42			
33	4.37	5.79	6.42	7.79			
34	4.58	6.07	6.73	8.17			
35	4.79	6.36	7.06	8.56			
36	5.01	6.65	7.39	8.96			
37	5.23	6.95	7.73	9.37			
38	5.47	7.27	8.08	9.79			
39	5.71	7.58	8.43	10.20			
40	5.95	7.89	8.79	10.62			
41	6.19	8.21	9.15	11.04			
42	6.43	8.53	9.50	11.45			
43	6.74	8.89	9.87	11.87			
44	7.04	9.24	10.23	12.27			
45	7.34	9.60	10.57	12.66			
46	7.64	9.94	10.92	13.03			
47	7.93	10.26	11.23	13.40			
48	8.20	10.56	11.54	13.73			
49	8.45	10.85	11.82	14.03			
50	8.68	11.10	12.07	14.30			
51	8.89	11.32	12.28	14.52			
52	9.07	11.50	12.46	14.69			
53	9.22	11.64	12.58	14.80			
54	9.33	11.73	12.64	14.85			
55	9.39	11.76	12.65	14.84			
56	9.41	11.74	12.61	14.77			
57	9.38	11.67	12.49	14.62			
58	9.20	11.42	12.21	14.29			
59	8.98	11.14	11.89	13.91			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.23	4.19	4.61	5.55			
26	3.36	4.37	4.82	5.81			
27	3.51	4.58	5.05	6.09			
28	3.66	4.80	5.29	6.40			
29	3.83	5.03	5.56	6.72			
30	4.01	5.28	5.84	7.07			
31	4.20	5.54	6.13	7.43			
32	4.40	5.81	6.44	7.81			
33	4.60	6.09	6.76	8.20			
34	4.82	6.39	7.08	8.60			
35	5.04	6.69	7.43	9.01			
36	5.27	7.00	7.78	9.43			
37	5.51	7.32	8.14	9.86			
38	5.76	7.65	8.50	10.30			
39	6.01	7.98	8.87	10.74			
40	6.26	8.31	9.25	11.18			
41	6.52	8.64	9.63	11.62			
42	6.77	8.98	10.00	12.05			
43	7.09	9.36	10.39	12.49			
44	7.41	9.73	10.77	12.92			
45	7.73	10.10	11.13	13.33			
46	8.04	10.46	11.49	13.72			
47	8.35	10.80	11.82	14.10			
48	8.63	11.12	12.15	14.45			
49	8.89	11.42	12.44	14.77			
50	9.14	11.68	12.71	15.05			
51	9.36	11.92	12.93	15.28			
52	9.55	12.11	13.12	15.46			
53	9.71	12.25	13.24	15.58			
54	9.82	12.35	13.31	15.63			
55	9.88	12.38	13.32	15.62			
56	9.90	12.36	13.27	15.55			
57	9.87	12.28	13.15	15.39			
58	9.68	12.02	12.85	15.04			
59	9.45	11.73	12.52	14.64			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.18	0.20	0.25	0.35	0.70	1.28
26	0.14	0.19	0.22	0.27	0.37	0.73	1.33
27	0.15	0.20	0.23	0.28	0.39	0.76	1.39
28	0.15	0.22	0.24	0.29	0.42	0.80	1.43
29	0.17	0.23	0.26	0.31	0.44	0.83	1.49
30	0.18	0.25	0.28	0.33	0.46	0.86	1.56
31	0.19	0.26	0.29	0.35	0.48	0.90	1.62
32	0.20	0.28	0.30	0.38	0.51	0.94	1.69
33	0.21	0.29	0.33	0.40	0.54	0.99	1.76
34	0.23	0.31	0.35	0.43	0.57	1.03	1.83
35	0.25	0.33	0.37	0.46	0.60	1.07	1.92
36	0.26	0.35	0.40	0.48	0.64	1.12	2.00
37	0.28	0.37	0.42	0.51	0.67	1.18	2.10
38	0.29	0.40	0.45	0.54	0.70	1.24	2.19
39	0.31	0.42	0.48	0.58	0.74	1.29	2.30
40	0.33	0.45	0.50	0.61	0.78	1.36	2.41
41	0.35	0.48	0.53	0.65	0.83	1.43	2.53
42	0.37	0.50	0.57	0.68	0.86	1.49	2.65
43	0.40	0.54	0.61	0.72	0.92	1.57	2.79
44	0.43	0.58	0.64	0.77	0.97	1.64	2.94
45	0.47	0.61	0.67	0.82	1.03	1.72	3.09
46	0.49	0.65	0.72	0.86	1.07	1.81	3.24
47	0.52	0.69	0.76	0.91	1.13	1.89	3.39
48	0.56	0.73	0.81	0.96	1.19	1.99	3.58
49	0.60	0.78	0.86	1.02	1.24	2.08	3.75
50	0.63	0.82	0.89	1.06	1.30	2.17	3.92
51	0.67	0.86	0.94	1.11	1.35	2.25	4.07
52	0.69	0.89	0.97	1.15	1.39	2.32	4.20
53	0.72	0.92	1.01	1.19	1.43	2.38	4.30
54	0.74	0.95	1.04	1.22	1.44	2.40	4.37
55	0.75	0.96	1.05	1.24	1.44	2.41	4.39
56	0.75	0.97	1.05	1.24	1.43	2.39	4.35
57	0.74	0.95	1.03	1.21	1.39	2.34	4.25
58	0.71	0.92	0.99	1.17	1.33	2.24	4.07
59	0.67	0.86	0.93	1.09	1.24	2.09	3.79
60	0.62	0.79	0.85	1.00	1.12	1.90	3.42
61	0.54	0.69	0.74	0.87	0.97	1.64	2.95
62	0.44	0.56	0.61	0.71	0.78	1.33	2.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.14	0.19	0.21	0.26	0.37	0.74	1.35
26	0.15	0.20	0.23	0.28	0.39	0.77	1.40
27	0.16	0.21	0.24	0.29	0.41	0.80	1.46
28	0.16	0.23	0.25	0.31	0.44	0.84	1.51
29	0.18	0.24	0.27	0.33	0.46	0.87	1.57
30	0.19	0.26	0.29	0.35	0.48	0.91	1.64
31	0.20	0.27	0.31	0.37	0.51	0.95	1.71
32	0.21	0.29	0.32	0.40	0.54	0.99	1.78
33	0.22	0.31	0.35	0.42	0.57	1.04	1.85
34	0.24	0.33	0.37	0.45	0.60	1.08	1.93
35	0.26	0.35	0.39	0.48	0.63	1.13	2.02
36	0.27	0.37	0.42	0.51	0.67	1.18	2.11
37	0.29	0.39	0.44	0.54	0.70	1.24	2.21
38	0.31	0.42	0.47	0.57	0.74	1.30	2.31
39	0.33	0.44	0.50	0.61	0.78	1.36	2.42
40	0.35	0.47	0.53	0.64	0.82	1.43	2.54
41	0.37	0.50	0.56	0.68	0.87	1.50	2.66
42	0.39	0.53	0.60	0.72	0.91	1.57	2.79
43	0.42	0.57	0.64	0.76	0.97	1.65	2.94
44	0.45	0.61	0.67	0.81	1.02	1.73	3.09
45	0.49	0.64	0.71	0.86	1.08	1.81	3.25
46	0.52	0.68	0.76	0.91	1.13	1.90	3.41
47	0.55	0.73	0.80	0.96	1.19	1.99	3.57
48	0.59	0.77	0.85	1.01	1.25	2.09	3.77
49	0.63	0.82	0.90	1.07	1.31	2.19	3.95
50	0.66	0.86	0.94	1.12	1.37	2.28	4.13
51	0.70	0.90	0.99	1.17	1.42	2.37	4.28
52	0.73	0.94	1.02	1.21	1.46	2.44	4.42
53	0.76	0.97	1.06	1.25	1.50	2.50	4.53
54	0.78	1.00	1.09	1.28	1.52	2.53	4.60
55	0.79	1.01	1.10	1.30	1.52	2.54	4.62
56	0.79	1.02	1.10	1.30	1.50	2.52	4.58
57	0.78	1.00	1.08	1.27	1.46	2.46	4.47
58	0.75	0.97	1.04	1.23	1.40	2.36	4.28
59	0.71	0.91	0.98	1.15	1.31	2.20	3.99
60	0.65	0.83	0.89	1.05	1.18	2.00	3.60
61	0.57	0.73	0.78	0.92	1.02	1.73	3.11
62	0.46	0.59	0.64	0.75	0.82	1.40	2.49

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.60	2.25	2.53	3.14	4.74	9.63	17.52
26	1.63	2.28	2.56	3.19	4.79	9.66	17.54
27	1.65	2.32	2.60	3.25	4.85	9.67	17.52
28	1.67	2.36	2.65	3.30	4.90	9.66	17.46
29	1.70	2.41	2.69	3.37	4.95	9.63	17.38
30	1.74	2.45	2.75	3.42	4.99	9.59	17.26
31	1.77	2.49	2.79	3.49	5.01	9.54	17.11
32	1.79	2.53	2.84	3.54	5.04	9.47	16.94
33	1.82	2.56	2.88	3.59	5.06	9.39	16.75
34	1.85	2.60	2.91	3.64	5.07	9.29	16.54
35	1.87	2.63	2.94	3.67	5.06	9.18	16.31
36	1.89	2.65	2.97	3.70	5.05	9.06	16.06
37	1.91	2.66	2.99	3.72	5.03	8.93	15.79
38	1.91	2.67	3.00	3.72	5.00	8.78	15.53
39	1.91	2.67	3.00	3.72	4.96	8.63	15.24
40	1.91	2.66	3.00	3.70	4.90	8.46	14.95
41	1.91	2.65	2.98	3.67	4.84	8.28	14.64
42	1.91	2.64	2.96	3.64	4.76	8.08	14.31
43	1.91	2.62	2.93	3.59	4.68	7.89	13.97
44	1.90	2.59	2.90	3.53	4.58	7.67	13.61
45	1.89	2.56	2.84	3.46	4.47	7.44	13.22
46	1.87	2.52	2.78	3.38	4.33	7.18	12.79
47	1.83	2.45	2.71	3.27	4.18	6.90	12.32
48	1.79	2.38	2.61	3.15	4.00	6.59	11.78
49	1.72	2.28	2.51	3.02	3.79	6.24	11.20
50	1.66	2.18	2.39	2.86	3.58	5.88	10.57
51	1.57	2.06	2.26	2.69	3.34	5.49	9.91
52	1.49	1.93	2.11	2.52	3.09	5.09	9.19
53	1.38	1.78	1.93	2.30	2.80	4.63	8.38
54	1.26	1.62	1.76	2.08	2.52	4.15	7.53
55	1.14	1.45	1.57	1.86	2.22	3.68	6.68
56	1.01	1.29	1.40	1.65	1.93	3.22	5.85
57	0.89	1.13	1.22	1.43	1.67	2.78	5.06
58	0.77	0.98	1.05	1.25	1.42	2.40	4.35
59	0.66	0.84	0.91	1.07	1.21	2.04	3.70
60	0.56	0.73	0.78	0.92	1.03	1.74	3.14
61	0.49	0.63	0.68	0.80	0.88	1.49	2.66
62	0.43	0.55	0.59	0.69	0.76	1.30	2.30
63	0.41	0.52	0.56	0.66	0.71	1.22	2.16
64	0.40	0.51	0.55	0.65	0.70	1.19	2.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.73	2.43	2.73	3.39	5.12	10.41	18.94
26	1.76	2.47	2.77	3.45	5.18	10.44	18.96
27	1.78	2.51	2.81	3.51	5.24	10.45	18.94
28	1.81	2.55	2.86	3.57	5.30	10.44	18.88
29	1.84	2.60	2.91	3.64	5.35	10.41	18.79
30	1.88	2.65	2.97	3.70	5.39	10.37	18.66
31	1.91	2.69	3.02	3.77	5.42	10.31	18.50
32	1.94	2.74	3.07	3.83	5.45	10.24	18.31
33	1.97	2.77	3.11	3.88	5.47	10.15	18.11
34	2.00	2.81	3.15	3.93	5.48	10.04	17.88
35	2.02	2.84	3.18	3.97	5.47	9.92	17.63
36	2.04	2.86	3.21	4.00	5.46	9.79	17.36
37	2.06	2.88	3.23	4.02	5.44	9.65	17.07
38	2.07	2.89	3.24	4.02	5.40	9.49	16.79
39	2.07	2.89	3.24	4.02	5.36	9.33	16.48
40	2.07	2.88	3.24	4.00	5.30	9.15	16.16
41	2.07	2.87	3.22	3.97	5.23	8.95	15.83
42	2.06	2.85	3.20	3.93	5.15	8.74	15.47
43	2.06	2.83	3.17	3.88	5.06	8.53	15.10
44	2.05	2.80	3.13	3.82	4.95	8.29	14.71
45	2.04	2.77	3.07	3.74	4.83	8.04	14.29
46	2.02	2.72	3.01	3.65	4.68	7.76	13.83
47	1.98	2.65	2.93	3.54	4.52	7.46	13.32
48	1.93	2.57	2.82	3.41	4.32	7.12	12.74
49	1.86	2.47	2.71	3.26	4.10	6.75	12.11
50	1.79	2.36	2.58	3.09	3.87	6.36	11.43
51	1.70	2.23	2.44	2.91	3.61	5.94	10.71
52	1.61	2.09	2.28	2.72	3.34	5.50	9.94
53	1.49	1.92	2.09	2.49	3.03	5.00	9.06
54	1.36	1.75	1.90	2.25	2.72	4.49	8.14
55	1.23	1.57	1.70	2.01	2.40	3.98	7.22
56	1.09	1.39	1.51	1.78	2.09	3.48	6.32
57	0.96	1.22	1.32	1.55	1.80	3.01	5.47
58	0.83	1.06	1.14	1.35	1.54	2.59	4.70
59	0.71	0.91	0.98	1.16	1.31	2.21	4.00
60	0.61	0.79	0.84	0.99	1.11	1.88	3.39
61	0.53	0.68	0.73	0.86	0.95	1.61	2.88
62	0.46	0.59	0.64	0.75	0.82	1.40	2.49
63	0.44	0.56	0.60	0.71	0.77	1.32	2.34
64	0.43	0.55	0.59	0.70	0.76	1.29	2.31

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.76	2.47	2.77	3.44	5.16	10.46	19.00
26	1.79	2.51	2.81	3.50	5.24	10.52	19.07
27	1.81	2.55	2.87	3.57	5.32	10.55	19.10
28	1.85	2.61	2.92	3.64	5.39	10.57	19.10
29	1.90	2.66	2.99	3.73	5.46	10.58	19.06
30	1.93	2.72	3.05	3.81	5.52	10.57	19.00
31	1.97	2.78	3.12	3.89	5.58	10.55	18.90
32	2.01	2.83	3.18	3.97	5.62	10.51	18.78
33	2.05	2.89	3.24	4.03	5.66	10.46	18.64
34	2.08	2.93	3.29	4.10	5.69	10.40	18.48
35	2.12	2.98	3.34	4.15	5.72	10.32	18.31
36	2.16	3.02	3.39	4.21	5.73	10.23	18.11
37	2.17	3.04	3.42	4.25	5.73	10.13	17.91
38	2.20	3.07	3.45	4.27	5.73	10.02	17.70
39	2.22	3.09	3.47	4.29	5.71	9.91	17.49
40	2.24	3.10	3.49	4.30	5.68	9.78	17.26
41	2.25	3.11	3.49	4.30	5.64	9.63	17.01
42	2.25	3.11	3.49	4.28	5.59	9.47	16.75
43	2.27	3.12	3.49	4.26	5.53	9.31	16.48
44	2.28	3.11	3.47	4.24	5.47	9.14	16.20
45	2.28	3.10	3.44	4.18	5.37	8.94	15.88
46	2.28	3.07	3.39	4.13	5.27	8.72	15.52
47	2.27	3.03	3.34	4.04	5.14	8.47	15.11
48	2.23	2.97	3.27	3.94	4.98	8.19	14.64
49	2.18	2.90	3.17	3.82	4.79	7.86	14.11
50	2.13	2.80	3.06	3.67	4.58	7.51	13.51
51	2.05	2.69	2.94	3.52	4.34	7.13	12.86
52	1.97	2.56	2.79	3.33	4.09	6.72	12.13
53	1.86	2.41	2.62	3.11	3.77	6.22	11.25
54	1.73	2.23	2.42	2.88	3.45	5.70	10.32
55	1.60	2.05	2.22	2.63	3.12	5.16	9.36
56	1.46	1.86	2.01	2.38	2.78	4.63	8.40
57	1.31	1.67	1.80	2.13	2.46	4.11	7.46
58	1.17	1.49	1.60	1.89	2.15	3.61	6.54
59	1.02	1.30	1.41	1.66	1.86	3.14	5.69
60	0.89	1.15	1.23	1.44	1.60	2.72	4.90
61	0.78	1.00	1.07	1.26	1.38	2.36	4.23
62	0.68	0.88	0.93	1.10	1.20	2.06	3.66
63	0.60	0.78	0.83	0.98	1.08	1.84	3.24
64	0.56	0.71	0.76	0.90	1.02	1.72	2.97
65	0.54	0.68	0.73	0.86	1.02	1.69	2.89
66	0.54	0.69	0.74	0.88	1.09	1.78	3.01

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.90	2.67	2.99	3.72	5.58	11.31	20.54
26	1.93	2.71	3.04	3.78	5.67	11.37	20.62
27	1.96	2.76	3.10	3.86	5.75	11.41	20.65
28	2.00	2.82	3.16	3.94	5.83	11.43	20.65
29	2.05	2.88	3.23	4.03	5.90	11.44	20.61
30	2.09	2.94	3.30	4.12	5.97	11.43	20.54
31	2.13	3.00	3.37	4.20	6.03	11.41	20.43
32	2.17	3.06	3.44	4.29	6.08	11.36	20.30
33	2.22	3.12	3.50	4.36	6.12	11.31	20.15
34	2.25	3.17	3.56	4.43	6.15	11.24	19.98
35	2.29	3.22	3.61	4.49	6.18	11.16	19.79
36	2.33	3.26	3.66	4.55	6.19	11.06	19.58
37	2.35	3.29	3.70	4.59	6.19	10.95	19.36
38	2.38	3.32	3.73	4.62	6.19	10.83	19.14
39	2.40	3.34	3.75	4.64	6.17	10.71	18.91
40	2.42	3.35	3.77	4.65	6.14	10.57	18.66
41	2.43	3.36	3.77	4.65	6.10	10.41	18.39
42	2.43	3.36	3.77	4.63	6.04	10.24	18.11
43	2.45	3.37	3.77	4.61	5.98	10.07	17.82
44	2.46	3.36	3.75	4.58	5.91	9.88	17.51
45	2.47	3.35	3.72	4.52	5.81	9.67	17.17
46	2.47	3.32	3.67	4.46	5.70	9.43	16.78
47	2.45	3.28	3.61	4.37	5.56	9.16	16.34
48	2.41	3.21	3.53	4.26	5.38	8.85	15.83
49	2.36	3.13	3.43	4.13	5.18	8.50	15.25
50	2.30	3.03	3.31	3.97	4.95	8.12	14.60
51	2.22	2.91	3.18	3.80	4.69	7.71	13.90
52	2.13	2.77	3.02	3.60	4.42	7.26	13.11
53	2.01	2.60	2.83	3.36	4.08	6.72	12.16
54	1.87	2.41	2.62	3.11	3.73	6.16	11.16
55	1.73	2.22	2.40	2.84	3.37	5.58	10.12
56	1.58	2.01	2.17	2.57	3.01	5.00	9.08
57	1.42	1.81	1.95	2.30	2.66	4.44	8.06
58	1.26	1.61	1.73	2.04	2.32	3.90	7.07
59	1.10	1.41	1.52	1.79	2.01	3.39	6.15
60	0.96	1.24	1.33	1.56	1.73	2.94	5.30
61	0.84	1.08	1.16	1.36	1.49	2.55	4.57
62	0.74	0.95	1.01	1.19	1.30	2.23	3.96
63	0.65	0.84	0.90	1.06	1.17	1.99	3.50
64	0.60	0.77	0.82	0.97	1.10	1.86	3.21
65	0.58	0.74	0.79	0.93	1.10	1.83	3.12
66	0.58	0.75	0.80	0.95	1.18	1.92	3.25

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.95	2.74	3.07	3.82	5.73		
26	1.99	2.80	3.14	3.90	5.83		
27	2.04	2.86	3.21	4.00	5.93		
28	2.08	2.93	3.28	4.10	6.03		
29	2.13	3.00	3.37	4.20	6.12		
30	2.18	3.08	3.45	4.30	6.22		
31	2.24	3.15	3.53	4.40	6.30		
32	2.29	3.23	3.62	4.51	6.37		
33	2.34	3.29	3.69	4.61	6.44		
34	2.40	3.37	3.77	4.70	6.50		
35	2.44	3.42	3.84	4.78	6.55		
36	2.49	3.49	3.91	4.86	6.60		
37	2.53	3.54	3.97	4.93	6.62		
38	2.57	3.59	4.02	4.99	6.65		
39	2.61	3.63	4.07	5.03	6.67		
40	2.64	3.66	4.12	5.07	6.68		
41	2.66	3.69	4.14	5.10	6.67		
42	2.68	3.71	4.17	5.12	6.65		
43	2.73	3.75	4.19	5.12	6.61		
44	2.77	3.76	4.20	5.12	6.57		
45	2.79	3.78	4.20	5.11	6.50		
46	2.81	3.78	4.18	5.07	6.41		
47	2.82	3.76	4.15	5.02	6.29		
48	2.80	3.73	4.11	4.95	6.14		
49	2.78	3.67	4.03	4.85	5.96		
50	2.74	3.61	3.94	4.73	5.74		
51	2.68	3.51	3.84	4.59	5.50		
52	2.61	3.39	3.70	4.41	5.24		
53	2.50	3.24	3.52	4.19	4.90		
54	2.38	3.06	3.32	3.94	4.55		
55	2.24	2.87	3.11	3.68	4.18		
56	2.09	2.67	2.89	3.40	3.81		
57	1.94	2.47	2.66	3.14	3.45		
58	1.79	2.28	2.45	2.90	3.14		
59	1.64	2.10	2.26	2.65	2.83		
60	1.50	1.91	2.06	2.42	2.54		
61	1.36	1.74	1.87	2.20	2.28		
62	1.23	1.57	1.69	1.99	2.03		
63	1.09	1.41	1.51	1.78	1.79		
64	0.96	1.25	1.33	1.57	1.56		
65	0.85	1.10	1.18	1.40	1.37		
66	0.76	0.98	1.05	1.25	1.20		
67	0.68	0.88	0.94	1.12	1.07		
68	0.62	0.80	0.87	1.03	0.98		
69	0.58	0.77	0.82	0.98	0.93		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.11	2.96	3.32	4.13	6.19		
26	2.15	3.03	3.39	4.22	6.30		
27	2.20	3.09	3.47	4.32	6.41		
28	2.25	3.17	3.55	4.43	6.52		
29	2.30	3.24	3.64	4.54	6.62		
30	2.36	3.33	3.73	4.65	6.72		
31	2.42	3.41	3.82	4.76	6.81		
32	2.48	3.49	3.91	4.88	6.89		
33	2.53	3.56	3.99	4.98	6.96		
34	2.59	3.64	4.08	5.08	7.03		
35	2.64	3.70	4.15	5.17	7.08		
36	2.69	3.77	4.23	5.25	7.13		
37	2.74	3.83	4.29	5.33	7.16		
38	2.78	3.88	4.35	5.39	7.19		
39	2.82	3.92	4.40	5.44	7.21		
40	2.85	3.96	4.45	5.48	7.22		
41	2.88	3.99	4.48	5.51	7.21		
42	2.90	4.01	4.51	5.53	7.19		
43	2.95	4.05	4.53	5.54	7.15		
44	2.99	4.07	4.54	5.54	7.10		
45	3.02	4.09	4.54	5.52	7.03		
46	3.04	4.09	4.52	5.48	6.93		
47	3.05	4.07	4.49	5.43	6.80		
48	3.03	4.03	4.44	5.35	6.64		
49	3.00	3.97	4.36	5.24	6.44		
50	2.96	3.90	4.26	5.11	6.21		
51	2.90	3.79	4.15	4.96	5.95		
52	2.82	3.67	4.00	4.77	5.67		
53	2.70	3.50	3.81	4.53	5.30		
54	2.57	3.31	3.59	4.26	4.92		
55	2.42	3.10	3.36	3.98	4.52		
56	2.26	2.89	3.12	3.68	4.12		
57	2.10	2.67	2.88	3.39	3.73		
58	1.93	2.47	2.65	3.13	3.39		
59	1.77	2.27	2.44	2.87	3.06		
60	1.62	2.07	2.23	2.62	2.75		
61	1.47	1.88	2.02	2.38	2.46		
62	1.33	1.70	1.83	2.15	2.19		
63	1.18	1.52	1.63	1.92	1.93		
64	1.04	1.35	1.44	1.70	1.69		
65	0.92	1.19	1.28	1.51	1.48		
66	0.82	1.06	1.14	1.35	1.30		
67	0.73	0.95	1.02	1.21	1.16		
68	0.67	0.87	0.94	1.11	1.06		
69	0.63	0.83	0.89	1.06	1.00		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.91	4.10	4.59	5.71			
26	2.99	4.20	4.71	5.86			
27	3.06	4.31	4.84	6.03			
28	3.15	4.44	4.98	6.21			
29	3.24	4.57	5.12	6.39			
30	3.33	4.70	5.27	6.59			
31	3.42	4.84	5.42	6.78			
32	3.52	4.98	5.58	6.97			
33	3.63	5.12	5.74	7.16			
34	3.72	5.24	5.88	7.34			
35	3.81	5.37	6.02	7.51			
36	3.90	5.49	6.16	7.68			
37	4.00	5.60	6.28	7.82			
38	4.07	5.70	6.39	7.95			
39	4.14	5.78	6.49	8.05			
40	4.20	5.86	6.57	8.13			
41	4.25	5.90	6.63	8.18			
42	4.28	5.94	6.67	8.20			
43	4.33	5.97	6.68	8.20			
44	4.37	5.98	6.66	8.15			
45	4.38	5.95	6.61	8.06			
46	4.38	5.90	6.53	7.94			
47	4.34	5.82	6.42	7.78			
48	4.26	5.69	6.25	7.56			
49	4.16	5.52	6.06	7.31			
50	4.03	5.33	5.84	7.00			
51	3.89	5.11	5.58	6.67			
52	3.71	4.85	5.28	6.30			
53	3.49	4.52	4.92	5.86			
54	3.25	4.19	4.55	5.40			
55	2.99	3.84	4.15	4.92			
56	2.72	3.48	3.76	4.44			
57	2.45	3.13	3.37	3.97			
58	2.17	2.78	2.98	3.52			
59	1.91	2.43	2.62	3.09			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.15	4.43	4.96	6.17			
26	3.23	4.54	5.09	6.34			
27	3.31	4.66	5.23	6.52			
28	3.40	4.80	5.38	6.71			
29	3.50	4.94	5.53	6.91			
30	3.60	5.08	5.70	7.12			
31	3.70	5.23	5.86	7.33			
32	3.81	5.38	6.03	7.53			
33	3.92	5.53	6.20	7.74			
34	4.02	5.67	6.36	7.94			
35	4.12	5.81	6.51	8.12			
36	4.22	5.93	6.66	8.30			
37	4.32	6.05	6.79	8.45			
38	4.40	6.16	6.91	8.59			
39	4.48	6.25	7.02	8.70			
40	4.54	6.33	7.10	8.79			
41	4.59	6.38	7.17	8.84			
42	4.63	6.42	7.21	8.87			
43	4.68	6.45	7.22	8.86			
44	4.72	6.46	7.20	8.81			
45	4.73	6.43	7.15	8.71			
46	4.73	6.38	7.06	8.58			
47	4.69	6.29	6.94	8.41			
48	4.61	6.15	6.76	8.17			
49	4.50	5.97	6.55	7.90			
50	4.36	5.76	6.31	7.57			
51	4.20	5.52	6.03	7.21			
52	4.01	5.24	5.71	6.81			
53	3.77	4.89	5.32	6.34			
54	3.51	4.53	4.92	5.84			
55	3.23	4.15	4.49	5.32			
56	2.94	3.76	4.06	4.80			
57	2.65	3.38	3.64	4.29			
58	2.35	3.00	3.22	3.80			
59	2.06	2.63	2.83	3.34			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.08	0.11	0.11	0.14	0.20	0.40	0.74
26	0.08	0.11	0.12	0.15	0.21	0.42	0.77
27	0.09	0.11	0.13	0.16	0.23	0.44	0.79
28	0.09	0.12	0.14	0.17	0.24	0.46	0.82
29	0.10	0.13	0.14	0.18	0.25	0.48	0.86
30	0.11	0.14	0.15	0.19	0.27	0.50	0.90
31	0.11	0.15	0.17	0.20	0.28	0.52	0.94
32	0.11	0.16	0.18	0.22	0.30	0.55	0.98
33	0.12	0.17	0.19	0.23	0.31	0.56	1.02
34	0.13	0.18	0.20	0.25	0.33	0.59	1.05
35	0.14	0.19	0.21	0.26	0.34	0.62	1.10
36	0.15	0.20	0.23	0.28	0.36	0.65	1.16
37	0.16	0.22	0.24	0.30	0.38	0.68	1.21
38	0.17	0.23	0.26	0.32	0.40	0.71	1.26
39	0.18	0.25	0.28	0.34	0.43	0.75	1.32
40	0.19	0.26	0.29	0.35	0.45	0.79	1.39
41	0.20	0.28	0.31	0.37	0.48	0.82	1.46
42	0.21	0.30	0.33	0.39	0.50	0.86	1.53
43	0.23	0.32	0.34	0.42	0.53	0.90	1.61
44	0.25	0.34	0.37	0.44	0.56	0.95	1.69
45	0.27	0.35	0.39	0.47	0.59	1.00	1.78
46	0.29	0.37	0.41	0.50	0.62	1.04	1.87
47	0.31	0.40	0.44	0.53	0.65	1.09	1.96
48	0.33	0.42	0.47	0.56	0.69	1.15	2.07
49	0.34	0.45	0.49	0.58	0.72	1.20	2.17
50	0.36	0.48	0.52	0.61	0.76	1.25	2.26
51	0.38	0.50	0.55	0.64	0.78	1.30	2.36
52	0.40	0.52	0.56	0.67	0.80	1.34	2.43
53	0.42	0.54	0.58	0.69	0.82	1.38	2.50
54	0.43	0.56	0.60	0.71	0.83	1.40	2.54
55	0.44	0.56	0.60	0.72	0.84	1.41	2.56
56	0.44	0.56	0.60	0.72	0.83	1.40	2.54
57	0.43	0.56	0.60	0.71	0.81	1.36	2.48
58	0.42	0.54	0.57	0.68	0.78	1.31	2.37
59	0.39	0.51	0.55	0.64	0.73	1.23	2.22
60	0.36	0.47	0.50	0.59	0.66	1.12	2.01
61	0.32	0.41	0.44	0.52	0.57	0.98	1.75
62	0.26	0.34	0.36	0.42	0.46	0.79	1.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.08	0.11	0.12	0.15	0.21	0.42	0.77
26	0.08	0.12	0.13	0.16	0.22	0.44	0.80
27	0.09	0.12	0.14	0.17	0.24	0.46	0.83
28	0.09	0.13	0.15	0.18	0.25	0.48	0.86
29	0.10	0.14	0.15	0.19	0.26	0.50	0.90
30	0.11	0.15	0.16	0.20	0.28	0.52	0.94
31	0.11	0.16	0.18	0.21	0.29	0.54	0.98
32	0.12	0.17	0.19	0.23	0.31	0.57	1.02
33	0.13	0.18	0.20	0.24	0.32	0.59	1.06
34	0.14	0.19	0.21	0.26	0.34	0.62	1.10
35	0.15	0.20	0.22	0.27	0.36	0.65	1.15
36	0.16	0.21	0.24	0.29	0.38	0.68	1.21
37	0.17	0.23	0.25	0.31	0.40	0.71	1.26
38	0.18	0.24	0.27	0.33	0.42	0.74	1.32
39	0.19	0.26	0.29	0.35	0.45	0.78	1.38
40	0.20	0.27	0.30	0.37	0.47	0.82	1.45
41	0.21	0.29	0.32	0.39	0.50	0.86	1.52
42	0.22	0.31	0.34	0.41	0.52	0.90	1.60
43	0.24	0.33	0.36	0.44	0.55	0.94	1.68
44	0.26	0.35	0.39	0.46	0.59	0.99	1.77
45	0.28	0.37	0.41	0.49	0.62	1.04	1.86
46	0.30	0.39	0.43	0.52	0.65	1.09	1.95
47	0.32	0.42	0.46	0.55	0.68	1.14	2.05
48	0.34	0.44	0.49	0.58	0.72	1.20	2.16
49	0.36	0.47	0.51	0.61	0.75	1.25	2.27
50	0.38	0.50	0.54	0.64	0.79	1.31	2.36
51	0.40	0.52	0.57	0.67	0.81	1.36	2.46
52	0.42	0.54	0.59	0.70	0.84	1.40	2.54
53	0.44	0.56	0.61	0.72	0.86	1.44	2.61
54	0.45	0.58	0.63	0.74	0.87	1.46	2.65
55	0.46	0.59	0.63	0.75	0.88	1.47	2.67
56	0.46	0.59	0.63	0.75	0.87	1.46	2.65
57	0.45	0.58	0.63	0.74	0.85	1.42	2.59
58	0.44	0.56	0.60	0.71	0.81	1.37	2.48
59	0.41	0.53	0.57	0.67	0.76	1.28	2.32
60	0.38	0.49	0.52	0.62	0.69	1.17	2.10
61	0.33	0.43	0.46	0.54	0.60	1.02	1.83
62	0.27	0.35	0.38	0.44	0.48	0.83	1.47

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.65	0.91	1.02	1.27	1.89	3.83	6.95
26	0.67	0.94	1.04	1.30	1.94	3.88	7.03
27	0.68	0.96	1.08	1.34	1.99	3.93	7.12
28	0.70	0.98	1.11	1.38	2.03	3.98	7.18
29	0.72	1.02	1.14	1.43	2.07	4.01	7.23
30	0.75	1.05	1.17	1.46	2.12	4.04	7.27
31	0.77	1.08	1.21	1.51	2.16	4.07	7.30
32	0.79	1.11	1.25	1.55	2.19	4.10	7.31
33	0.81	1.13	1.28	1.58	2.22	4.11	7.32
34	0.83	1.16	1.30	1.62	2.25	4.12	7.32
35	0.85	1.19	1.33	1.66	2.28	4.12	7.30
36	0.86	1.21	1.36	1.69	2.30	4.11	7.28
37	0.88	1.24	1.39	1.72	2.32	4.10	7.26
38	0.90	1.25	1.41	1.73	2.33	4.08	7.22
39	0.91	1.27	1.43	1.75	2.33	4.06	7.17
40	0.92	1.28	1.43	1.76	2.33	4.02	7.13
41	0.93	1.28	1.44	1.77	2.33	3.98	7.05
42	0.94	1.29	1.44	1.78	2.33	3.94	6.98
43	0.95	1.29	1.45	1.77	2.31	3.89	6.89
44	0.96	1.29	1.44	1.76	2.29	3.83	6.79
45	0.96	1.29	1.43	1.75	2.25	3.75	6.67
46	0.96	1.28	1.43	1.73	2.21	3.67	6.53
47	0.95	1.27	1.40	1.69	2.16	3.56	6.36
48	0.94	1.24	1.37	1.65	2.08	3.44	6.15
49	0.91	1.21	1.32	1.59	2.01	3.30	5.92
50	0.89	1.16	1.28	1.53	1.91	3.14	5.65
51	0.85	1.12	1.22	1.45	1.80	2.97	5.35
52	0.82	1.06	1.15	1.38	1.69	2.78	5.03
53	0.76	0.98	1.07	1.28	1.55	2.55	4.63
54	0.70	0.91	0.98	1.16	1.41	2.32	4.21
55	0.65	0.83	0.89	1.05	1.26	2.08	3.78
56	0.58	0.74	0.80	0.94	1.11	1.84	3.35
57	0.52	0.66	0.70	0.83	0.97	1.61	2.93
58	0.45	0.57	0.62	0.73	0.83	1.40	2.54
59	0.39	0.50	0.53	0.63	0.71	1.21	2.18
60	0.34	0.43	0.46	0.54	0.61	1.03	1.87
61	0.29	0.38	0.40	0.48	0.53	0.89	1.59
62	0.25	0.33	0.36	0.41	0.45	0.78	1.38
63	0.24	0.31	0.34	0.39	0.43	0.74	1.31
64	0.24	0.31	0.34	0.39	0.42	0.72	1.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.69	0.97	1.09	1.35	2.02	4.08	7.41
26	0.71	1.00	1.11	1.39	2.07	4.14	7.50
27	0.73	1.02	1.15	1.43	2.12	4.19	7.59
28	0.75	1.05	1.18	1.47	2.17	4.24	7.66
29	0.77	1.09	1.22	1.52	2.21	4.28	7.71
30	0.80	1.12	1.25	1.56	2.26	4.31	7.75
31	0.82	1.15	1.29	1.61	2.30	4.34	7.79
32	0.84	1.18	1.33	1.65	2.34	4.37	7.80
33	0.86	1.21	1.36	1.69	2.37	4.38	7.81
34	0.89	1.24	1.39	1.73	2.40	4.39	7.81
35	0.91	1.27	1.42	1.77	2.43	4.39	7.79
36	0.92	1.29	1.45	1.80	2.45	4.38	7.77
37	0.94	1.32	1.48	1.83	2.47	4.37	7.74
38	0.96	1.33	1.50	1.85	2.48	4.35	7.70
39	0.97	1.35	1.52	1.87	2.49	4.33	7.65
40	0.98	1.36	1.53	1.88	2.49	4.29	7.60
41	0.99	1.37	1.54	1.89	2.49	4.25	7.52
42	1.00	1.38	1.54	1.90	2.48	4.20	7.44
43	1.01	1.38	1.55	1.89	2.46	4.15	7.35
44	1.02	1.38	1.54	1.88	2.44	4.08	7.24
45	1.02	1.38	1.53	1.87	2.40	4.00	7.11
46	1.02	1.37	1.52	1.84	2.36	3.91	6.96
47	1.01	1.35	1.49	1.80	2.30	3.80	6.78
48	1.00	1.32	1.46	1.76	2.22	3.67	6.56
49	0.97	1.29	1.41	1.70	2.14	3.52	6.31
50	0.95	1.24	1.36	1.63	2.04	3.35	6.03
51	0.91	1.19	1.30	1.55	1.92	3.17	5.71
52	0.87	1.13	1.23	1.47	1.80	2.97	5.36
53	0.81	1.05	1.14	1.36	1.65	2.72	4.94
54	0.75	0.97	1.05	1.24	1.50	2.47	4.49
55	0.69	0.88	0.95	1.12	1.34	2.22	4.03
56	0.62	0.79	0.85	1.00	1.18	1.96	3.57
57	0.55	0.70	0.75	0.89	1.03	1.72	3.12
58	0.48	0.61	0.66	0.78	0.89	1.49	2.71
59	0.42	0.53	0.57	0.67	0.76	1.29	2.33
60	0.36	0.46	0.49	0.58	0.65	1.10	1.99
61	0.31	0.40	0.43	0.51	0.56	0.95	1.70
62	0.27	0.35	0.38	0.44	0.48	0.83	1.47
63	0.26	0.33	0.36	0.42	0.46	0.79	1.40
64	0.26	0.33	0.36	0.42	0.45	0.77	1.38

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.70	0.98	1.10	1.36	2.03	4.08	7.40
26	0.72	1.01	1.13	1.41	2.09	4.15	7.52
27	0.74	1.04	1.16	1.45	2.15	4.22	7.63
28	0.77	1.08	1.21	1.50	2.19	4.28	7.73
29	0.79	1.12	1.25	1.56	2.25	4.34	7.81
30	0.82	1.15	1.28	1.60	2.31	4.39	7.88
31	0.84	1.19	1.33	1.66	2.35	4.43	7.94
32	0.87	1.22	1.37	1.71	2.40	4.47	7.99
33	0.90	1.26	1.42	1.76	2.46	4.51	8.03
34	0.93	1.29	1.45	1.81	2.49	4.54	8.06
35	0.95	1.33	1.49	1.85	2.53	4.56	8.09
36	0.98	1.36	1.53	1.89	2.57	4.58	8.10
37	1.00	1.40	1.57	1.93	2.61	4.58	8.11
38	1.02	1.42	1.59	1.97	2.63	4.59	8.12
39	1.04	1.44	1.62	2.01	2.65	4.59	8.12
40	1.06	1.46	1.65	2.03	2.67	4.59	8.11
41	1.08	1.48	1.67	2.05	2.68	4.58	8.09
42	1.09	1.50	1.69	2.07	2.69	4.56	8.06
43	1.12	1.52	1.71	2.08	2.69	4.54	8.03
44	1.13	1.54	1.72	2.09	2.69	4.50	7.99
45	1.14	1.55	1.72	2.09	2.68	4.45	7.92
46	1.15	1.56	1.72	2.08	2.65	4.40	7.84
47	1.16	1.55	1.71	2.06	2.62	4.32	7.72
48	1.15	1.54	1.69	2.03	2.57	4.23	7.57
49	1.14	1.52	1.66	2.00	2.50	4.11	7.37
50	1.13	1.48	1.62	1.95	2.42	3.98	7.14
51	1.11	1.44	1.58	1.88	2.33	3.82	6.88
52	1.07	1.39	1.52	1.81	2.21	3.64	6.57
53	1.02	1.32	1.43	1.71	2.06	3.40	6.16
54	0.97	1.24	1.34	1.59	1.91	3.16	5.72
55	0.90	1.15	1.25	1.47	1.75	2.90	5.26
56	0.83	1.06	1.14	1.35	1.58	2.63	4.77
57	0.76	0.97	1.04	1.23	1.42	2.36	4.28
58	0.68	0.86	0.93	1.10	1.26	2.10	3.82
59	0.60	0.77	0.83	0.98	1.10	1.85	3.36
60	0.53	0.68	0.73	0.86	0.96	1.62	2.93
61	0.47	0.60	0.64	0.76	0.83	1.42	2.53
62	0.40	0.53	0.56	0.66	0.72	1.23	2.18
63	0.36	0.46	0.49	0.58	0.64	1.09	1.90
64	0.32	0.41	0.44	0.52	0.58	0.98	1.70
65	0.30	0.38	0.40	0.47	0.55	0.92	1.57
66	0.28	0.36	0.38	0.45	0.56	0.92	1.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.75	1.04	1.17	1.45	2.17	4.35	7.89
26	0.77	1.08	1.21	1.50	2.23	4.43	8.02
27	0.79	1.11	1.24	1.55	2.29	4.50	8.14
28	0.82	1.15	1.29	1.60	2.34	4.57	8.24
29	0.84	1.19	1.33	1.66	2.40	4.63	8.33
30	0.87	1.23	1.37	1.71	2.46	4.68	8.40
31	0.90	1.27	1.42	1.77	2.51	4.73	8.47
32	0.93	1.30	1.46	1.82	2.56	4.77	8.52
33	0.96	1.34	1.51	1.88	2.62	4.81	8.56
34	0.99	1.38	1.55	1.93	2.66	4.84	8.60
35	1.01	1.42	1.59	1.97	2.70	4.86	8.63
36	1.04	1.45	1.63	2.02	2.74	4.88	8.64
37	1.07	1.49	1.67	2.06	2.78	4.89	8.65
38	1.09	1.51	1.70	2.10	2.80	4.90	8.66
39	1.11	1.54	1.73	2.14	2.83	4.90	8.66
40	1.13	1.56	1.76	2.16	2.85	4.90	8.65
41	1.15	1.58	1.78	2.19	2.86	4.89	8.63
42	1.16	1.60	1.80	2.21	2.87	4.86	8.60
43	1.19	1.62	1.82	2.22	2.87	4.84	8.57
44	1.21	1.64	1.83	2.23	2.87	4.80	8.52
45	1.22	1.65	1.83	2.23	2.86	4.75	8.45
46	1.23	1.66	1.83	2.22	2.83	4.69	8.36
47	1.24	1.65	1.82	2.20	2.79	4.61	8.23
48	1.23	1.64	1.80	2.17	2.74	4.51	8.07
49	1.22	1.62	1.77	2.13	2.67	4.38	7.86
50	1.20	1.58	1.73	2.08	2.58	4.24	7.62
51	1.18	1.54	1.68	2.01	2.48	4.07	7.34
52	1.14	1.48	1.62	1.93	2.36	3.88	7.01
53	1.09	1.41	1.53	1.82	2.20	3.63	6.57
54	1.03	1.32	1.43	1.70	2.04	3.37	6.10
55	0.96	1.23	1.33	1.57	1.87	3.09	5.61
56	0.89	1.13	1.22	1.44	1.69	2.81	5.09
57	0.81	1.03	1.11	1.31	1.51	2.52	4.57
58	0.72	0.92	0.99	1.17	1.34	2.24	4.07
59	0.64	0.82	0.88	1.04	1.17	1.97	3.58
60	0.57	0.73	0.78	0.92	1.02	1.73	3.12
61	0.50	0.64	0.68	0.81	0.88	1.51	2.70
62	0.43	0.56	0.60	0.70	0.77	1.31	2.33
63	0.38	0.49	0.52	0.62	0.68	1.16	2.03
64	0.34	0.44	0.47	0.55	0.62	1.05	1.81
65	0.32	0.40	0.43	0.50	0.59	0.98	1.67
66	0.30	0.38	0.40	0.48	0.60	0.98	1.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.77	1.07	1.20	1.49	2.21		
26	0.79	1.11	1.24	1.54	2.28		
27	0.82	1.14	1.28	1.60	2.34		
28	0.84	1.19	1.33	1.66	2.42		
29	0.88	1.24	1.38	1.72	2.48		
30	0.91	1.28	1.43	1.78	2.55		
31	0.95	1.32	1.49	1.85	2.62		
32	0.98	1.37	1.54	1.91	2.68		
33	1.01	1.42	1.59	1.98	2.75		
34	1.05	1.46	1.64	2.04	2.80		
35	1.08	1.51	1.70	2.10	2.86		
36	1.12	1.56	1.74	2.17	2.92		
37	1.14	1.59	1.79	2.22	2.97		
38	1.18	1.64	1.84	2.27	3.02		
39	1.21	1.68	1.88	2.32	3.07		
40	1.24	1.72	1.92	2.36	3.10		
41	1.27	1.74	1.96	2.41	3.13		
42	1.28	1.77	2.00	2.44	3.16		
43	1.32	1.81	2.03	2.48	3.19		
44	1.36	1.85	2.06	2.50	3.20		
45	1.39	1.88	2.08	2.53	3.21		
46	1.42	1.89	2.10	2.54	3.20		
47	1.43	1.91	2.11	2.54	3.18		
48	1.44	1.92	2.11	2.54	3.14		
49	1.44	1.91	2.10	2.52	3.08		
50	1.44	1.89	2.08	2.48	3.02		
51	1.43	1.88	2.04	2.45	2.93		
52	1.41	1.84	2.00	2.38	2.82		
53	1.37	1.77	1.92	2.29	2.67		
54	1.31	1.70	1.84	2.18	2.51		
55	1.26	1.61	1.74	2.06	2.34		
56	1.19	1.52	1.64	1.93	2.17		
57	1.12	1.43	1.53	1.80	1.98		
58	1.04	1.32	1.43	1.68	1.82		
59	0.96	1.23	1.32	1.56	1.66		
60	0.88	1.13	1.21	1.43	1.50		
61	0.81	1.03	1.11	1.30	1.35		
62	0.73	0.94	1.00	1.19	1.21		
63	0.66	0.84	0.90	1.06	1.07		
64	0.58	0.75	0.81	0.95	0.94		
65	0.52	0.67	0.71	0.84	0.83		
66	0.45	0.59	0.63	0.75	0.72		
67	0.40	0.53	0.57	0.68	0.65		
68	0.37	0.49	0.53	0.62	0.59		
69	0.35	0.46	0.50	0.59	0.55		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.82	1.14	1.28	1.59	2.36		
26	0.84	1.18	1.32	1.64	2.43		
27	0.87	1.22	1.37	1.71	2.50		
28	0.90	1.27	1.42	1.77	2.58		
29	0.94	1.32	1.47	1.83	2.65		
30	0.97	1.36	1.53	1.90	2.72		
31	1.01	1.41	1.59	1.97	2.79		
32	1.04	1.46	1.64	2.04	2.86		
33	1.08	1.51	1.70	2.11	2.93		
34	1.12	1.56	1.75	2.18	2.99		
35	1.15	1.61	1.81	2.24	3.05		
36	1.19	1.66	1.86	2.31	3.11		
37	1.22	1.70	1.91	2.37	3.17		
38	1.26	1.75	1.96	2.42	3.22		
39	1.29	1.79	2.01	2.47	3.27		
40	1.32	1.83	2.05	2.52	3.31		
41	1.35	1.86	2.09	2.57	3.34		
42	1.37	1.89	2.13	2.60	3.37		
43	1.41	1.93	2.16	2.64	3.40		
44	1.45	1.97	2.20	2.67	3.41		
45	1.48	2.00	2.22	2.70	3.42		
46	1.51	2.02	2.24	2.71	3.41		
47	1.53	2.04	2.25	2.71	3.39		
48	1.54	2.05	2.25	2.71	3.35		
49	1.54	2.04	2.24	2.69	3.29		
50	1.54	2.02	2.22	2.65	3.22		
51	1.53	2.00	2.18	2.61	3.12		
52	1.50	1.96	2.13	2.54	3.01		
53	1.46	1.89	2.05	2.44	2.85		
54	1.40	1.81	1.96	2.33	2.68		
55	1.34	1.72	1.86	2.20	2.50		
56	1.27	1.62	1.75	2.06	2.31		
57	1.19	1.52	1.63	1.92	2.11		
58	1.11	1.41	1.52	1.79	1.94		
59	1.02	1.31	1.41	1.66	1.77		
60	0.94	1.20	1.29	1.53	1.60		
61	0.86	1.10	1.18	1.39	1.44		
62	0.78	1.00	1.07	1.27	1.29		
63	0.70	0.90	0.96	1.13	1.14		
64	0.62	0.80	0.86	1.01	1.00		
65	0.55	0.71	0.76	0.90	0.88		
66	0.48	0.63	0.67	0.80	0.77		
67	0.43	0.56	0.61	0.72	0.69		
68	0.39	0.52	0.56	0.66	0.63		
69	0.37	0.49	0.53	0.63	0.59		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.38	1.93	2.17	2.68			
26	1.43	2.01	2.24	2.78			
27	1.49	2.08	2.33	2.91			
28	1.55	2.18	2.44	3.03			
29	1.61	2.26	2.53	3.16			
30	1.68	2.35	2.64	3.29			
31	1.74	2.46	2.76	3.43			
32	1.82	2.55	2.87	3.57			
33	1.89	2.66	2.98	3.71			
34	1.97	2.77	3.09	3.85			
35	2.04	2.87	3.22	3.99			
36	2.12	2.96	3.33	4.13			
37	2.19	3.07	3.44	4.27			
38	2.27	3.16	3.55	4.40			
39	2.34	3.25	3.66	4.52			
40	2.41	3.35	3.76	4.63			
41	2.48	3.42	3.84	4.73			
42	2.53	3.50	3.93	4.82			
43	2.60	3.57	3.99	4.88			
44	2.66	3.63	4.05	4.94			
45	2.72	3.68	4.08	4.97			
46	2.76	3.70	4.10	4.97			
47	2.78	3.71	4.10	4.96			
48	2.78	3.69	4.06	4.90			
49	2.76	3.66	4.00	4.82			
50	2.73	3.59	3.93	4.71			
51	2.67	3.50	3.82	4.57			
52	2.60	3.38	3.68	4.40			
53	2.48	3.23	3.51	4.17			
54	2.36	3.05	3.30	3.92			
55	2.21	2.85	3.08	3.65			
56	2.06	2.63	2.85	3.37			
57	1.90	2.42	2.61	3.08			
58	1.72	2.19	2.36	2.78			
59	1.55	1.97	2.12	2.50			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.47	2.06	2.31	2.86			
26	1.53	2.14	2.39	2.97			
27	1.59	2.22	2.49	3.10			
28	1.65	2.32	2.60	3.23			
29	1.72	2.41	2.70	3.37			
30	1.79	2.51	2.82	3.51			
31	1.86	2.62	2.94	3.66			
32	1.94	2.72	3.06	3.81			
33	2.02	2.84	3.18	3.96			
34	2.10	2.95	3.30	4.11			
35	2.18	3.06	3.43	4.26			
36	2.26	3.16	3.55	4.41			
37	2.34	3.27	3.67	4.55			
38	2.42	3.37	3.79	4.69			
39	2.50	3.47	3.90	4.82			
40	2.57	3.57	4.01	4.94			
41	2.64	3.65	4.10	5.05			
42	2.70	3.73	4.19	5.14			
43	2.77	3.81	4.26	5.21			
44	2.84	3.87	4.32	5.27			
45	2.90	3.92	4.35	5.30			
46	2.94	3.95	4.37	5.30			
47	2.96	3.96	4.37	5.29			
48	2.96	3.94	4.33	5.23			
49	2.94	3.90	4.27	5.14			
50	2.91	3.83	4.19	5.02			
51	2.85	3.73	4.07	4.87			
52	2.77	3.61	3.93	4.69			
53	2.65	3.44	3.74	4.45			
54	2.52	3.25	3.52	4.18			
55	2.36	3.04	3.28	3.89			
56	2.20	2.81	3.04	3.59			
57	2.03	2.58	2.78	3.28			
58	1.83	2.34	2.52	2.97			
59	1.65	2.10	2.26	2.67			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.12	0.14	0.17	0.25	0.48	0.88
26	0.10	0.13	0.15	0.18	0.26	0.50	0.92
27	0.10	0.14	0.16	0.19	0.28	0.52	0.95
28	0.10	0.15	0.16	0.20	0.29	0.55	0.99
29	0.11	0.16	0.18	0.22	0.30	0.57	1.04
30	0.12	0.17	0.19	0.23	0.31	0.60	1.07
31	0.13	0.18	0.20	0.25	0.33	0.63	1.12
32	0.14	0.19	0.21	0.26	0.35	0.66	1.17
33	0.15	0.20	0.23	0.28	0.37	0.68	1.22
34	0.16	0.22	0.24	0.29	0.39	0.71	1.26
35	0.17	0.23	0.26	0.31	0.42	0.74	1.32
36	0.18	0.25	0.28	0.33	0.44	0.78	1.39
37	0.19	0.26	0.29	0.35	0.46	0.82	1.44
38	0.20	0.28	0.30	0.37	0.48	0.86	1.51
39	0.22	0.29	0.32	0.40	0.51	0.89	1.59
40	0.23	0.31	0.35	0.42	0.54	0.93	1.66
41	0.25	0.33	0.37	0.45	0.57	0.98	1.75
42	0.26	0.35	0.39	0.48	0.60	1.03	1.83
43	0.28	0.37	0.42	0.50	0.64	1.08	1.93
44	0.29	0.40	0.45	0.53	0.67	1.13	2.02
45	0.31	0.42	0.47	0.56	0.70	1.19	2.13
46	0.34	0.45	0.49	0.60	0.74	1.24	2.23
47	0.36	0.48	0.52	0.63	0.78	1.30	2.35
48	0.39	0.50	0.56	0.67	0.83	1.37	2.47
49	0.41	0.54	0.59	0.70	0.86	1.43	2.59
50	0.44	0.57	0.62	0.73	0.90	1.50	2.71
51	0.46	0.60	0.65	0.77	0.93	1.56	2.81
52	0.48	0.62	0.67	0.80	0.96	1.60	2.90
53	0.50	0.64	0.69	0.83	0.98	1.64	2.97
54	0.51	0.66	0.71	0.85	1.00	1.66	3.02
55	0.52	0.67	0.72	0.86	1.00	1.67	3.04
56	0.52	0.67	0.72	0.86	0.99	1.65	3.01
57	0.51	0.66	0.71	0.84	0.96	1.62	2.94
58	0.49	0.64	0.68	0.81	0.92	1.55	2.81
59	0.47	0.60	0.65	0.76	0.86	1.45	2.63
60	0.43	0.55	0.59	0.69	0.78	1.32	2.38
61	0.37	0.48	0.51	0.61	0.67	1.14	2.05
62	0.30	0.39	0.42	0.49	0.54	0.93	1.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.13	0.15	0.18	0.26	0.51	0.93
26	0.10	0.14	0.16	0.19	0.27	0.53	0.97
27	0.11	0.15	0.17	0.20	0.29	0.55	1.00
28	0.11	0.16	0.17	0.21	0.30	0.58	1.04
29	0.12	0.17	0.19	0.23	0.32	0.60	1.09
30	0.13	0.18	0.20	0.24	0.33	0.63	1.13
31	0.14	0.19	0.21	0.26	0.35	0.66	1.18
32	0.15	0.20	0.22	0.27	0.37	0.69	1.23
33	0.16	0.21	0.24	0.29	0.39	0.72	1.28
34	0.17	0.23	0.25	0.31	0.41	0.75	1.33
35	0.18	0.24	0.27	0.33	0.44	0.78	1.39
36	0.19	0.26	0.29	0.35	0.46	0.82	1.46
37	0.20	0.27	0.31	0.37	0.48	0.86	1.52
38	0.21	0.29	0.32	0.39	0.51	0.90	1.59
39	0.23	0.31	0.34	0.42	0.54	0.94	1.67
40	0.24	0.33	0.37	0.44	0.57	0.98	1.75
41	0.26	0.35	0.39	0.47	0.60	1.03	1.84
42	0.27	0.37	0.41	0.50	0.63	1.08	1.93
43	0.29	0.39	0.44	0.53	0.67	1.14	2.03
44	0.31	0.42	0.47	0.56	0.71	1.19	2.13
45	0.33	0.44	0.49	0.59	0.74	1.25	2.24
46	0.36	0.47	0.52	0.63	0.78	1.31	2.35
47	0.38	0.50	0.55	0.66	0.82	1.37	2.47
48	0.41	0.53	0.59	0.70	0.87	1.44	2.60
49	0.43	0.57	0.62	0.74	0.91	1.51	2.73
50	0.46	0.60	0.65	0.77	0.95	1.58	2.85
51	0.48	0.63	0.68	0.81	0.98	1.64	2.96
52	0.50	0.65	0.71	0.84	1.01	1.68	3.05
53	0.53	0.67	0.73	0.87	1.03	1.73	3.13
54	0.54	0.69	0.75	0.89	1.05	1.75	3.18
55	0.55	0.70	0.76	0.90	1.05	1.76	3.20
56	0.55	0.70	0.76	0.90	1.04	1.74	3.17
57	0.54	0.69	0.75	0.88	1.01	1.70	3.09
58	0.52	0.67	0.72	0.85	0.97	1.63	2.96
59	0.49	0.63	0.68	0.80	0.91	1.53	2.77
60	0.45	0.58	0.62	0.73	0.82	1.39	2.50
61	0.39	0.51	0.54	0.64	0.71	1.20	2.16
62	0.32	0.41	0.44	0.52	0.57	0.98	1.74

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.98	1.38	1.54	1.91	2.89	5.86	10.66
26	1.00	1.41	1.57	1.96	2.93	5.90	10.71
27	1.02	1.43	1.60	2.00	2.98	5.93	10.75
28	1.04	1.46	1.64	2.04	3.02	5.95	10.76
29	1.06	1.50	1.67	2.09	3.07	5.97	10.75
30	1.08	1.53	1.71	2.14	3.11	5.97	10.73
31	1.11	1.56	1.75	2.18	3.14	5.96	10.68
32	1.13	1.59	1.79	2.23	3.16	5.94	10.62
33	1.16	1.62	1.82	2.27	3.19	5.91	10.55
34	1.17	1.65	1.85	2.30	3.21	5.87	10.45
35	1.19	1.67	1.88	2.33	3.22	5.83	10.35
36	1.21	1.69	1.90	2.36	3.22	5.77	10.24
37	1.22	1.71	1.91	2.38	3.22	5.71	10.11
38	1.23	1.72	1.93	2.40	3.22	5.64	9.98
39	1.24	1.73	1.94	2.41	3.20	5.57	9.84
40	1.25	1.73	1.94	2.40	3.18	5.49	9.68
41	1.25	1.73	1.94	2.40	3.15	5.38	9.53
42	1.25	1.72	1.93	2.38	3.11	5.28	9.34
43	1.25	1.72	1.92	2.36	3.06	5.17	9.16
44	1.25	1.71	1.91	2.33	3.02	5.05	8.95
45	1.25	1.69	1.88	2.28	2.95	4.91	8.73
46	1.24	1.67	1.84	2.24	2.87	4.76	8.48
47	1.22	1.64	1.80	2.18	2.78	4.59	8.20
48	1.19	1.59	1.75	2.11	2.67	4.39	7.87
49	1.16	1.54	1.68	2.02	2.54	4.18	7.51
50	1.11	1.47	1.61	1.92	2.41	3.96	7.11
51	1.06	1.40	1.53	1.82	2.26	3.71	6.69
52	1.01	1.31	1.42	1.70	2.09	3.45	6.23
53	0.93	1.21	1.31	1.56	1.91	3.15	5.70
54	0.86	1.10	1.20	1.42	1.71	2.83	5.13
55	0.78	1.00	1.08	1.28	1.52	2.52	4.58
56	0.69	0.89	0.96	1.13	1.33	2.21	4.02
57	0.61	0.78	0.84	0.99	1.15	1.91	3.49
58	0.53	0.68	0.73	0.86	0.99	1.66	3.01
59	0.46	0.58	0.63	0.74	0.84	1.42	2.56
60	0.40	0.51	0.55	0.64	0.71	1.21	2.18
61	0.34	0.43	0.47	0.56	0.61	1.04	1.86
62	0.30	0.38	0.41	0.48	0.53	0.91	1.61
63	0.28	0.36	0.39	0.46	0.50	0.85	1.52
64	0.28	0.36	0.39	0.45	0.49	0.84	1.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.06	1.49	1.67	2.07	3.12	6.33	11.52
26	1.08	1.52	1.70	2.12	3.17	6.38	11.58
27	1.10	1.55	1.73	2.16	3.22	6.41	11.62
28	1.12	1.58	1.77	2.21	3.27	6.43	11.63
29	1.15	1.62	1.81	2.26	3.32	6.45	11.62
30	1.17	1.65	1.85	2.31	3.36	6.45	11.60
31	1.20	1.69	1.89	2.36	3.39	6.44	11.55
32	1.22	1.72	1.93	2.41	3.42	6.42	11.48
33	1.25	1.75	1.97	2.45	3.45	6.39	11.40
34	1.27	1.78	2.00	2.49	3.47	6.35	11.30
35	1.29	1.81	2.03	2.52	3.48	6.30	11.19
36	1.31	1.83	2.05	2.55	3.48	6.24	11.07
37	1.32	1.85	2.07	2.57	3.48	6.17	10.93
38	1.33	1.86	2.09	2.59	3.48	6.10	10.79
39	1.34	1.87	2.10	2.60	3.46	6.02	10.64
40	1.35	1.87	2.10	2.59	3.44	5.93	10.47
41	1.35	1.87	2.10	2.59	3.40	5.82	10.30
42	1.35	1.86	2.09	2.57	3.36	5.71	10.10
43	1.35	1.86	2.08	2.55	3.31	5.59	9.90
44	1.35	1.85	2.06	2.52	3.26	5.46	9.68
45	1.35	1.83	2.03	2.47	3.19	5.31	9.44
46	1.34	1.80	1.99	2.42	3.10	5.15	9.17
47	1.32	1.77	1.95	2.36	3.01	4.96	8.86
48	1.29	1.72	1.89	2.28	2.89	4.75	8.51
49	1.25	1.66	1.82	2.18	2.75	4.52	8.12
50	1.20	1.59	1.74	2.08	2.60	4.28	7.69
51	1.15	1.51	1.65	1.97	2.44	4.01	7.23
52	1.09	1.42	1.54	1.84	2.26	3.73	6.74
53	1.01	1.31	1.42	1.69	2.06	3.40	6.16
54	0.93	1.19	1.30	1.54	1.85	3.06	5.55
55	0.84	1.08	1.17	1.38	1.64	2.72	4.95
56	0.75	0.96	1.04	1.22	1.44	2.39	4.35
57	0.66	0.84	0.91	1.07	1.24	2.07	3.77
58	0.57	0.73	0.79	0.93	1.07	1.79	3.25
59	0.50	0.63	0.68	0.80	0.91	1.54	2.77
60	0.43	0.55	0.59	0.69	0.77	1.31	2.36
61	0.37	0.47	0.51	0.60	0.66	1.12	2.01
62	0.32	0.41	0.44	0.52	0.57	0.98	1.74
63	0.30	0.39	0.42	0.50	0.54	0.92	1.64
64	0.30	0.39	0.42	0.49	0.53	0.91	1.62

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.07	1.50	1.68	2.09	3.14	6.33	11.49
26	1.09	1.54	1.72	2.14	3.19	6.39	11.58
27	1.12	1.57	1.76	2.19	3.26	6.44	11.65
28	1.15	1.61	1.80	2.25	3.31	6.48	11.70
29	1.17	1.65	1.85	2.30	3.37	6.51	11.73
30	1.20	1.69	1.90	2.37	3.42	6.54	11.74
31	1.23	1.74	1.94	2.42	3.47	6.55	11.73
32	1.26	1.78	1.99	2.48	3.52	6.56	11.71
33	1.29	1.81	2.04	2.53	3.55	6.55	11.67
34	1.31	1.85	2.08	2.59	3.59	6.54	11.63
35	1.35	1.89	2.12	2.64	3.62	6.52	11.56
36	1.37	1.91	2.16	2.67	3.64	6.49	11.49
37	1.40	1.94	2.18	2.71	3.65	6.46	11.41
38	1.42	1.97	2.21	2.74	3.66	6.41	11.33
39	1.43	1.99	2.24	2.77	3.67	6.36	11.24
40	1.44	2.01	2.26	2.78	3.66	6.31	11.14
41	1.45	2.02	2.27	2.78	3.65	6.23	11.02
42	1.46	2.03	2.28	2.79	3.64	6.16	10.89
43	1.48	2.04	2.28	2.78	3.61	6.08	10.77
44	1.50	2.04	2.28	2.78	3.58	5.99	10.62
45	1.51	2.04	2.27	2.76	3.53	5.88	10.45
46	1.51	2.03	2.25	2.72	3.48	5.76	10.26
47	1.51	2.01	2.22	2.68	3.40	5.61	10.02
48	1.49	1.98	2.17	2.62	3.31	5.45	9.74
49	1.46	1.93	2.12	2.55	3.20	5.25	9.43
50	1.42	1.88	2.05	2.46	3.07	5.04	9.06
51	1.39	1.81	1.98	2.37	2.92	4.80	8.65
52	1.33	1.74	1.89	2.25	2.76	4.53	8.20
53	1.26	1.63	1.78	2.11	2.56	4.22	7.63
54	1.18	1.52	1.65	1.95	2.35	3.88	7.02
55	1.09	1.40	1.52	1.79	2.13	3.52	6.39
56	1.00	1.28	1.38	1.63	1.91	3.17	5.76
57	0.91	1.16	1.24	1.46	1.69	2.83	5.13
58	0.80	1.03	1.10	1.30	1.49	2.49	4.52
59	0.70	0.91	0.97	1.15	1.30	2.17	3.94
60	0.62	0.80	0.85	1.01	1.12	1.89	3.41
61	0.54	0.69	0.75	0.88	0.96	1.64	2.94
62	0.47	0.61	0.65	0.77	0.84	1.43	2.55
63	0.42	0.54	0.57	0.68	0.75	1.28	2.25
64	0.39	0.49	0.53	0.62	0.69	1.17	2.04
65	0.37	0.46	0.50	0.58	0.68	1.15	1.95
66	0.36	0.46	0.49	0.58	0.73	1.18	1.99

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.16	1.62	1.82	2.26	3.39	6.84	12.42
26	1.18	1.66	1.86	2.31	3.45	6.91	12.52
27	1.21	1.70	1.90	2.37	3.52	6.96	12.59
28	1.24	1.74	1.95	2.43	3.58	7.01	12.65
29	1.27	1.78	2.00	2.49	3.64	7.04	12.68
30	1.30	1.83	2.05	2.56	3.70	7.07	12.69
31	1.33	1.88	2.10	2.62	3.75	7.08	12.68
32	1.36	1.92	2.15	2.68	3.80	7.09	12.66
33	1.39	1.96	2.20	2.74	3.84	7.08	12.62
34	1.42	2.00	2.25	2.80	3.88	7.07	12.57
35	1.46	2.04	2.29	2.85	3.91	7.05	12.50
36	1.48	2.07	2.33	2.89	3.93	7.02	12.42
37	1.51	2.10	2.36	2.93	3.95	6.98	12.34
38	1.53	2.13	2.39	2.96	3.96	6.93	12.25
39	1.55	2.15	2.42	2.99	3.97	6.88	12.15
40	1.56	2.17	2.44	3.00	3.96	6.82	12.04
41	1.57	2.18	2.45	3.01	3.95	6.74	11.91
42	1.58	2.19	2.46	3.02	3.93	6.66	11.77
43	1.60	2.20	2.46	3.01	3.90	6.57	11.64
44	1.62	2.21	2.46	3.00	3.87	6.48	11.48
45	1.63	2.20	2.45	2.98	3.82	6.36	11.30
46	1.63	2.19	2.43	2.94	3.76	6.23	11.09
47	1.63	2.17	2.40	2.90	3.68	6.07	10.83
48	1.61	2.14	2.35	2.83	3.58	5.89	10.53
49	1.58	2.09	2.29	2.76	3.46	5.68	10.19
50	1.54	2.03	2.22	2.66	3.32	5.45	9.79
51	1.50	1.96	2.14	2.56	3.16	5.19	9.35
52	1.44	1.88	2.04	2.43	2.98	4.90	8.86
53	1.36	1.76	1.92	2.28	2.77	4.56	8.25
54	1.28	1.64	1.78	2.11	2.54	4.19	7.59
55	1.18	1.51	1.64	1.94	2.30	3.81	6.91
56	1.08	1.38	1.49	1.76	2.07	3.43	6.23
57	0.98	1.25	1.34	1.58	1.83	3.06	5.55
58	0.87	1.11	1.19	1.41	1.61	2.69	4.89
59	0.76	0.98	1.05	1.24	1.40	2.35	4.26
60	0.67	0.86	0.92	1.09	1.21	2.04	3.69
61	0.58	0.75	0.81	0.95	1.04	1.77	3.18
62	0.51	0.66	0.70	0.83	0.91	1.55	2.76
63	0.45	0.58	0.62	0.74	0.81	1.38	2.43
64	0.42	0.53	0.57	0.67	0.75	1.27	2.21
65	0.40	0.50	0.54	0.63	0.74	1.24	2.11
66	0.39	0.50	0.53	0.63	0.79	1.28	2.15

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.18	1.66	1.86	2.31	3.45		
26	1.21	1.70	1.91	2.37	3.52		
27	1.24	1.75	1.96	2.44	3.61		
28	1.28	1.79	2.02	2.51	3.68		
29	1.31	1.85	2.07	2.58	3.76		
30	1.35	1.91	2.14	2.66	3.83		
31	1.39	1.96	2.19	2.74	3.89		
32	1.43	2.01	2.26	2.81	3.96		
33	1.47	2.06	2.31	2.89	4.02		
34	1.51	2.12	2.37	2.95	4.07		
35	1.54	2.16	2.42	3.02	4.13		
36	1.58	2.21	2.48	3.08	4.17		
37	1.61	2.25	2.53	3.14	4.21		
38	1.65	2.29	2.57	3.18	4.25		
39	1.67	2.33	2.61	3.23	4.27		
40	1.70	2.36	2.65	3.27	4.29		
41	1.72	2.39	2.68	3.29	4.30		
42	1.75	2.41	2.71	3.32	4.31		
43	1.78	2.44	2.73	3.34	4.30		
44	1.81	2.46	2.75	3.35	4.29		
45	1.83	2.48	2.76	3.35	4.26		
46	1.85	2.49	2.76	3.34	4.22		
47	1.87	2.49	2.75	3.32	4.15		
48	1.87	2.48	2.73	3.28	4.07		
49	1.85	2.45	2.69	3.24	3.97		
50	1.83	2.41	2.65	3.16	3.85		
51	1.80	2.36	2.58	3.08	3.70		
52	1.77	2.29	2.50	2.98	3.53		
53	1.69	2.19	2.39	2.84	3.32		
54	1.62	2.08	2.26	2.68	3.09		
55	1.53	1.96	2.12	2.51	2.86		
56	1.43	1.83	1.98	2.34	2.62		
57	1.33	1.70	1.83	2.16	2.38		
58	1.23	1.57	1.69	2.00	2.16		
59	1.14	1.45	1.56	1.84	1.96		
60	1.04	1.33	1.42	1.68	1.77		
61	0.94	1.21	1.30	1.53	1.58		
62	0.85	1.10	1.17	1.39	1.41		
63	0.76	0.98	1.05	1.24	1.24		
64	0.68	0.87	0.93	1.10	1.09		
65	0.59	0.77	0.82	0.97	0.95		
66	0.53	0.68	0.73	0.87	0.84		
67	0.47	0.61	0.66	0.78	0.75		
68	0.43	0.56	0.61	0.72	0.68		
69	0.41	0.54	0.57	0.68	0.64		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.28	1.79	2.01	2.50	3.73		
26	1.31	1.84	2.06	2.56	3.81		
27	1.34	1.89	2.12	2.64	3.90		
28	1.38	1.94	2.18	2.71	3.98		
29	1.42	2.00	2.24	2.79	4.06		
30	1.46	2.06	2.31	2.88	4.14		
31	1.50	2.12	2.37	2.96	4.21		
32	1.55	2.17	2.44	3.04	4.28		
33	1.59	2.23	2.50	3.12	4.35		
34	1.63	2.29	2.56	3.19	4.40		
35	1.67	2.34	2.62	3.26	4.46		
36	1.71	2.39	2.68	3.33	4.51		
37	1.74	2.43	2.73	3.39	4.55		
38	1.78	2.48	2.78	3.44	4.59		
39	1.81	2.52	2.82	3.49	4.62		
40	1.84	2.55	2.86	3.53	4.64		
41	1.86	2.58	2.90	3.56	4.65		
42	1.89	2.60	2.93	3.59	4.66		
43	1.92	2.64	2.95	3.61	4.65		
44	1.96	2.66	2.97	3.62	4.64		
45	1.98	2.68	2.98	3.62	4.61		
46	2.00	2.69	2.98	3.61	4.56		
47	2.02	2.69	2.97	3.59	4.49		
48	2.02	2.68	2.95	3.55	4.40		
49	2.00	2.65	2.91	3.50	4.29		
50	1.98	2.61	2.86	3.42	4.16		
51	1.95	2.55	2.79	3.33	4.00		
52	1.91	2.48	2.70	3.22	3.82		
53	1.83	2.37	2.58	3.07	3.59		
54	1.75	2.25	2.44	2.90	3.34		
55	1.65	2.12	2.29	2.71	3.09		
56	1.55	1.98	2.14	2.53	2.83		
57	1.44	1.84	1.98	2.34	2.57		
58	1.33	1.70	1.83	2.16	2.34		
59	1.23	1.57	1.69	1.99	2.12		
60	1.12	1.44	1.54	1.82	1.91		
61	1.02	1.31	1.41	1.65	1.71		
62	0.92	1.19	1.27	1.50	1.52		
63	0.82	1.06	1.14	1.34	1.34		
64	0.73	0.94	1.01	1.19	1.18		
65	0.64	0.83	0.89	1.05	1.03		
66	0.57	0.74	0.79	0.94	0.91		
67	0.51	0.66	0.71	0.84	0.81		
68	0.46	0.61	0.66	0.78	0.74		
69	0.44	0.58	0.62	0.74	0.69		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.91	2.69	3.02	3.75			
26	1.98	2.78	3.11	3.87			
27	2.04	2.87	3.21	4.00			
28	2.11	2.96	3.32	4.13			
29	2.17	3.06	3.43	4.28			
30	2.25	3.17	3.55	4.43			
31	2.33	3.27	3.67	4.59			
32	2.41	3.39	3.80	4.75			
33	2.49	3.50	3.92	4.89			
34	2.57	3.61	4.05	5.05			
35	2.65	3.72	4.17	5.20			
36	2.73	3.82	4.29	5.34			
37	2.80	3.92	4.40	5.47			
38	2.88	4.01	4.50	5.59			
39	2.94	4.10	4.61	5.70			
40	3.01	4.18	4.69	5.79			
41	3.05	4.25	4.76	5.86			
42	3.10	4.29	4.82	5.93			
43	3.16	4.35	4.87	5.96			
44	3.21	4.38	4.88	5.97			
45	3.24	4.39	4.88	5.95			
46	3.27	4.39	4.87	5.91			
47	3.27	4.37	4.82	5.84			
48	3.24	4.31	4.74	5.72			
49	3.18	4.22	4.63	5.57			
50	3.11	4.11	4.50	5.39			
51	3.02	3.97	4.33	5.18			
52	2.91	3.80	4.14	4.94			
53	2.77	3.59	3.90	4.64			
54	2.60	3.36	3.64	4.32			
55	2.42	3.11	3.37	3.99			
56	2.24	2.86	3.08	3.64			
57	2.04	2.60	2.79	3.30			
58	1.83	2.33	2.51	2.96			
59	1.63	2.07	2.23	2.64			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.07	2.91	3.26	4.05			
26	2.14	3.00	3.36	4.18			
27	2.20	3.10	3.47	4.32			
28	2.28	3.20	3.59	4.47			
29	2.35	3.31	3.71	4.63			
30	2.43	3.43	3.84	4.79			
31	2.52	3.54	3.97	4.96			
32	2.60	3.66	4.11	5.13			
33	2.69	3.78	4.24	5.29			
34	2.78	3.90	4.38	5.46			
35	2.86	4.02	4.51	5.62			
36	2.95	4.13	4.64	5.77			
37	3.03	4.24	4.76	5.91			
38	3.11	4.34	4.87	6.04			
39	3.18	4.43	4.98	6.16			
40	3.25	4.52	5.07	6.26			
41	3.30	4.59	5.15	6.34			
42	3.35	4.64	5.21	6.41			
43	3.42	4.70	5.26	6.44			
44	3.47	4.74	5.28	6.45			
45	3.50	4.75	5.28	6.43			
46	3.53	4.75	5.26	6.39			
47	3.53	4.72	5.21	6.31			
48	3.50	4.66	5.12	6.18			
49	3.44	4.56	5.00	6.02			
50	3.36	4.44	4.86	5.83			
51	3.27	4.29	4.68	5.60			
52	3.15	4.11	4.48	5.34			
53	2.99	3.88	4.22	5.02			
54	2.81	3.63	3.94	4.67			
55	2.62	3.36	3.64	4.31			
56	2.42	3.09	3.33	3.94			
57	2.20	2.81	3.02	3.57			
58	1.98	2.52	2.71	3.20			
59	1.76	2.24	2.41	2.85			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.50	7.20	7.97	9.57	12.04	20.54	35.71
26	5.68	7.45	8.25	9.93	12.45	21.08	36.61
27	5.88	7.72	8.56	10.31	12.87	21.62	37.53
28	6.09	8.02	8.89	10.71	13.31	22.17	38.46
29	6.32	8.33	9.24	11.15	13.77	22.75	39.43
30	6.56	8.66	9.61	11.60	14.26	23.34	40.43
31	6.81	9.01	10.01	12.08	14.76	23.97	41.49
32	7.08	9.37	10.42	12.58	15.30	24.63	42.60
33	7.37	9.76	10.85	13.10	15.85	25.30	43.76
34	7.66	10.14	11.29	13.63	16.41	26.02	45.01
35	7.98	10.56	11.75	14.18	17.01	26.78	46.33
36	8.30	10.99	12.24	14.75	17.63	27.58	47.76
37	8.65	11.44	12.76	15.36	18.28	28.44	49.29
38	9.00	11.92	13.29	15.99	18.94	29.36	50.95
39	9.39	12.41	13.85	16.65	19.63	30.33	52.76
40	9.79	12.94	14.44	17.33	20.35	31.37	54.69
41	10.21	13.49	15.06	18.06	21.10	32.47	56.77
42	10.66	14.08	15.72	18.84	21.90	33.66	59.02
43	11.22	14.76	16.42	19.65	22.73	34.93	61.47
44	11.83	15.49	17.17	20.51	23.59	36.29	64.09
45	12.47	16.26	17.97	21.41	24.51	37.73	66.87
46	13.15	17.08	18.80	22.38	25.49	39.25	69.84
47	13.88	17.95	19.69	23.40	26.52	40.86	72.96
48	14.65	18.89	20.69	24.55	27.68	42.69	76.52
49	15.46	19.88	21.72	25.75	28.88	44.57	80.18
50	16.29	20.90	22.78	26.97	30.13	46.51	83.89
51	17.15	21.93	23.86	28.22	31.39	48.44	87.56
52	18.02	22.99	24.95	29.46	32.67	50.35	91.13
53	18.98	24.15	26.17	30.87	34.15	52.48	94.94
54	19.91	25.27	27.33	32.21	35.57	54.45	98.42
55	20.78	26.31	28.38	33.43	36.85	56.21	101.41
56	21.54	27.21	29.29	34.47	37.95	57.64	103.75
57	22.18	27.93	29.99	35.27	38.80	58.66	105.27
58	22.56	28.39	30.46	35.79	39.33	59.17	105.80
59	22.75	28.57	30.62	35.98	39.48	59.10	105.19
60	22.68	28.45	30.45	35.75	39.19	58.32	103.27
61	22.30	27.95	29.88	35.09	38.39	56.79	99.88
62	21.61	27.05	28.88	33.90	37.02	54.38	94.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.70	7.46	8.26	9.92	12.48	21.29	37.00
26	5.89	7.72	8.55	10.29	12.90	21.84	37.94
27	6.09	8.00	8.87	10.68	13.34	22.40	38.89
28	6.31	8.31	9.21	11.10	13.79	22.97	39.86
29	6.55	8.63	9.58	11.55	14.27	23.57	40.86
30	6.80	8.97	9.96	12.02	14.78	24.19	41.90
31	7.06	9.34	10.37	12.52	15.30	24.84	42.99
32	7.34	9.71	10.80	13.04	15.85	25.52	44.15
33	7.64	10.11	11.24	13.57	16.42	26.22	45.35
34	7.94	10.51	11.70	14.12	17.01	26.96	46.64
35	8.27	10.94	12.18	14.69	17.63	27.75	48.01
36	8.60	11.39	12.68	15.29	18.27	28.58	49.49
37	8.96	11.86	13.22	15.92	18.94	29.47	51.08
38	9.33	12.35	13.77	16.57	19.63	30.42	52.80
39	9.73	12.86	14.35	17.25	20.34	31.43	54.67
40	10.14	13.41	14.96	17.96	21.09	32.51	56.67
41	10.58	13.98	15.61	18.72	21.87	33.65	58.83
42	11.05	14.59	16.29	19.52	22.69	34.88	61.16
43	11.63	15.30	17.02	20.36	23.55	36.20	63.70
44	12.26	16.05	17.79	21.25	24.45	37.61	66.41
45	12.92	16.85	18.62	22.19	25.40	39.10	69.30
46	13.63	17.70	19.48	23.19	26.41	40.67	72.37
47	14.38	18.60	20.40	24.25	27.48	42.34	75.61
48	15.18	19.58	21.44	25.44	28.68	44.24	79.30
49	16.02	20.60	22.51	26.68	29.93	46.19	83.09
50	16.88	21.66	23.61	27.95	31.22	48.20	86.93
51	17.77	22.73	24.73	29.24	32.53	50.20	90.74
52	18.67	23.82	25.86	30.53	33.86	52.18	94.44
53	19.67	25.03	27.12	31.99	35.39	54.38	98.38
54	20.63	26.19	28.32	33.38	36.86	56.43	101.99
55	21.53	27.26	29.41	34.64	38.19	58.25	105.09
56	22.32	28.20	30.35	35.72	39.33	59.73	107.51
57	22.98	28.94	31.08	36.55	40.21	60.79	109.09
58	23.38	29.42	31.56	37.09	40.76	61.32	109.64
59	23.57	29.61	31.73	37.28	40.91	61.24	109.01
60	23.50	29.48	31.55	37.05	40.61	60.44	107.02
61	23.11	28.96	30.96	36.36	39.78	58.85	103.50
62	22.39	28.03	29.93	35.13	38.36	56.35	98.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.73	3.41	3.72	4.39	6.03	11.54	20.25
26	2.82	3.54	3.87	4.57	6.25	11.86	20.79
27	2.92	3.68	4.03	4.77	6.49	12.21	21.37
28	3.04	3.84	4.21	4.99	6.76	12.58	21.99
29	3.17	4.01	4.40	5.23	7.03	12.98	22.65
30	3.31	4.20	4.62	5.49	7.33	13.40	23.36
31	3.45	4.41	4.85	5.77	7.65	13.86	24.13
32	3.62	4.63	5.10	6.07	7.99	14.35	24.95
33	3.79	4.86	5.36	6.39	8.35	14.87	25.83
34	3.98	5.11	5.64	6.72	8.73	15.42	26.78
35	4.18	5.38	5.93	7.08	9.14	16.02	27.81
36	4.39	5.66	6.25	7.46	9.56	16.67	28.92
37	4.62	5.96	6.60	7.86	10.03	17.35	30.13
38	4.86	6.28	6.96	8.29	10.51	18.09	31.43
39	5.12	6.62	7.34	8.74	11.03	18.89	32.84
40	5.40	6.99	7.75	9.23	11.59	19.73	34.35
41	5.69	7.38	8.19	9.75	12.18	20.64	35.99
42	6.01	7.80	8.66	10.30	12.82	21.62	37.76
43	6.41	8.27	9.17	10.88	13.49	22.67	39.68
44	6.82	8.79	9.70	11.50	14.22	23.79	41.75
45	7.28	9.34	10.28	12.17	14.99	24.97	43.95
46	7.76	9.92	10.89	12.87	15.80	26.24	46.30
47	8.28	10.55	11.53	13.63	16.64	27.59	48.80
48	8.84	11.24	12.27	14.47	17.57	29.10	51.66
49	9.43	11.97	13.03	15.35	18.53	30.69	54.62
50	10.04	12.71	13.82	16.26	19.50	32.30	57.63
51	10.66	13.47	14.61	17.18	20.47	33.91	60.66
52	11.30	14.23	15.42	18.09	21.41	35.52	63.65
53	11.98	15.08	16.30	19.13	22.43	37.28	66.88
54	12.60	15.88	17.14	20.10	23.37	38.93	69.90
55	13.19	16.63	17.90	21.00	24.20	40.40	72.57
56	13.71	17.27	18.56	21.76	24.89	41.64	74.75
57	14.13	17.80	19.08	22.38	25.38	42.56	76.32
58	14.39	18.15	19.44	22.78	25.64	43.09	77.14
59	14.50	18.31	19.58	22.95	25.64	43.16	77.08
60	14.45	18.24	19.49	22.84	25.33	42.72	76.01
61	14.20	17.93	19.14	22.43	24.68	41.68	73.80
62	13.73	17.33	18.48	21.64	23.64	39.97	70.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.83	3.53	3.86	4.55	6.25	11.96	20.98
26	2.92	3.67	4.01	4.74	6.48	12.29	21.54
27	3.03	3.81	4.18	4.94	6.73	12.65	22.15
28	3.15	3.98	4.36	5.17	7.00	13.04	22.79
29	3.28	4.16	4.56	5.42	7.29	13.45	23.47
30	3.43	4.35	4.79	5.69	7.60	13.89	24.21
31	3.58	4.57	5.03	5.98	7.93	14.36	25.00
32	3.75	4.80	5.28	6.29	8.28	14.87	25.85
33	3.93	5.04	5.55	6.62	8.65	15.41	26.77
34	4.12	5.30	5.84	6.96	9.05	15.98	27.75
35	4.33	5.57	6.15	7.34	9.47	16.60	28.82
36	4.55	5.87	6.48	7.73	9.91	17.27	29.97
37	4.79	6.18	6.84	8.15	10.39	17.98	31.22
38	5.04	6.51	7.21	8.59	10.89	18.75	32.57
39	5.31	6.86	7.61	9.06	11.43	19.57	34.03
40	5.60	7.24	8.03	9.56	12.01	20.45	35.60
41	5.90	7.65	8.49	10.10	12.62	21.39	37.30
42	6.23	8.08	8.97	10.67	13.28	22.40	39.13
43	6.64	8.57	9.50	11.27	13.98	23.49	41.12
44	7.07	9.11	10.05	11.92	14.74	24.65	43.26
45	7.54	9.68	10.65	12.61	15.53	25.88	45.54
46	8.04	10.28	11.28	13.34	16.37	27.19	47.98
47	8.58	10.93	11.95	14.12	17.24	28.59	50.57
48	9.16	11.65	12.71	14.99	18.21	30.16	53.53
49	9.77	12.40	13.50	15.91	19.20	31.80	56.60
50	10.40	13.17	14.32	16.85	20.21	33.47	59.72
51	11.05	13.96	15.14	17.80	21.21	35.14	62.86
52	11.71	14.75	15.98	18.75	22.19	36.81	65.96
53	12.41	15.63	16.89	19.82	23.24	38.63	69.31
54	13.06	16.46	17.76	20.83	24.22	40.34	72.44
55	13.67	17.23	18.55	21.76	25.08	41.87	75.20
56	14.21	17.90	19.23	22.55	25.79	43.15	77.46
57	14.64	18.45	19.77	23.19	26.30	44.10	79.09
58	14.91	18.81	20.14	23.61	26.57	44.65	79.94
59	15.03	18.97	20.29	23.78	26.57	44.73	79.88
60	14.97	18.90	20.20	23.67	26.25	44.27	78.77
61	14.72	18.58	19.83	23.24	25.57	43.19	76.48
62	14.23	17.96	19.15	22.43	24.50	41.42	72.86

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.34	2.87	3.12	3.65	5.19	10.27	17.91
26	2.41	2.97	3.24	3.80	5.39	10.59	18.46
27	2.50	3.10	3.38	3.97	5.62	10.92	19.04
28	2.60	3.23	3.53	4.15	5.86	11.28	19.65
29	2.71	3.38	3.70	4.35	6.11	11.68	20.29
30	2.83	3.54	3.87	4.57	6.38	12.09	21.00
31	2.95	3.72	4.07	4.82	6.67	12.54	21.74
32	3.09	3.90	4.27	5.07	6.98	13.00	22.54
33	3.23	4.10	4.51	5.34	7.31	13.51	23.40
34	3.40	4.30	4.74	5.62	7.65	14.04	24.31
35	3.56	4.54	4.99	5.93	8.02	14.61	25.30
36	3.74	4.78	5.26	6.24	8.42	15.23	26.37
37	3.94	5.03	5.55	6.59	8.84	15.88	27.52
38	4.15	5.30	5.86	6.95	9.28	16.59	28.77
39	4.36	5.59	6.19	7.33	9.77	17.35	30.11
40	4.59	5.90	6.52	7.74	10.28	18.15	31.55
41	4.85	6.22	6.90	8.18	10.82	19.02	33.11
42	5.11	6.58	7.30	8.65	11.40	19.95	34.79
43	5.45	6.99	7.72	9.14	12.02	20.94	36.61
44	5.81	7.42	8.18	9.67	12.69	22.00	38.56
45	6.19	7.89	8.67	10.24	13.38	23.13	40.64
46	6.60	8.39	9.18	10.83	14.12	24.33	42.86
47	7.03	8.92	9.73	11.46	14.89	25.59	45.21
48	7.51	9.50	10.35	12.18	15.74	27.03	47.91
49	8.01	10.10	10.99	12.93	16.62	28.52	50.70
50	8.52	10.74	11.66	13.69	17.50	30.04	53.54
51	9.05	11.38	12.33	14.47	18.37	31.56	56.38
52	9.58	12.02	13.01	15.25	19.23	33.06	59.17
53	10.16	12.73	13.74	16.11	20.16	34.70	62.20
54	10.71	13.40	14.45	16.93	21.01	36.23	65.02
55	11.22	14.03	15.08	17.68	21.76	37.59	67.50
56	11.67	14.57	15.63	18.32	22.36	38.70	69.51
57	12.03	15.00	16.06	18.82	22.79	39.51	70.93
58	12.27	15.28	16.35	19.14	23.01	39.94	71.64
59	12.37	15.39	16.44	19.26	22.96	39.93	71.52
60	12.32	15.31	16.35	19.15	22.63	39.41	70.42
61	12.11	15.03	16.02	18.75	21.96	38.32	68.24
62	11.71	14.49	15.43	18.06	20.94	36.58	64.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.42	2.97	3.23	3.78	5.38	10.64	18.56
26	2.50	3.08	3.36	3.94	5.59	10.97	19.13
27	2.59	3.21	3.50	4.11	5.82	11.32	19.73
28	2.69	3.35	3.66	4.30	6.07	11.69	20.36
29	2.81	3.50	3.83	4.51	6.33	12.10	21.03
30	2.93	3.67	4.01	4.74	6.61	12.53	21.76
31	3.06	3.85	4.22	4.99	6.91	12.99	22.53
32	3.20	4.04	4.43	5.25	7.23	13.47	23.36
33	3.35	4.25	4.67	5.53	7.57	14.00	24.25
34	3.52	4.46	4.91	5.82	7.93	14.55	25.19
35	3.69	4.70	5.17	6.14	8.31	15.14	26.22
36	3.88	4.95	5.45	6.47	8.73	15.78	27.33
37	4.08	5.21	5.75	6.83	9.16	16.46	28.52
38	4.30	5.49	6.07	7.20	9.62	17.19	29.81
39	4.52	5.79	6.41	7.60	10.12	17.98	31.20
40	4.76	6.11	6.76	8.02	10.65	18.81	32.69
41	5.03	6.45	7.15	8.48	11.21	19.71	34.31
42	5.30	6.82	7.56	8.96	11.81	20.67	36.05
43	5.65	7.24	8.00	9.47	12.46	21.70	37.94
44	6.02	7.69	8.48	10.02	13.15	22.80	39.96
45	6.41	8.18	8.98	10.61	13.87	23.97	42.11
46	6.84	8.69	9.51	11.22	14.63	25.21	44.41
47	7.29	9.24	10.08	11.88	15.43	26.52	46.85
48	7.78	9.84	10.73	12.62	16.31	28.01	49.65
49	8.30	10.47	11.39	13.40	17.22	29.55	52.54
50	8.83	11.13	12.08	14.19	18.13	31.13	55.48
51	9.38	11.79	12.78	14.99	19.04	32.70	58.42
52	9.93	12.46	13.48	15.80	19.93	34.26	61.32
53	10.53	13.19	14.24	16.69	20.89	35.96	64.46
54	11.10	13.89	14.97	17.54	21.77	37.54	67.38
55	11.63	14.54	15.63	18.32	22.55	38.95	69.95
56	12.09	15.10	16.20	18.98	23.17	40.10	72.03
57	12.47	15.54	16.64	19.50	23.62	40.94	73.50
58	12.71	15.83	16.94	19.83	23.84	41.39	74.24
59	12.82	15.95	17.04	19.96	23.79	41.38	74.11
60	12.77	15.87	16.94	19.84	23.45	40.84	72.97
61	12.55	15.57	16.60	19.43	22.76	39.71	70.71
62	12.13	15.02	15.99	18.71	21.70	37.91	67.19

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.12	2.59	2.80	3.26	4.57	8.92	15.44
26	2.20	2.68	2.91	3.41	4.78	9.24	15.99
27	2.29	2.80	3.04	3.56	4.99	9.57	16.56
28	2.37	2.92	3.18	3.73	5.21	9.93	17.17
29	2.48	3.06	3.34	3.93	5.45	10.31	17.81
30	2.59	3.21	3.51	4.13	5.70	10.71	18.49
31	2.71	3.38	3.69	4.34	5.98	11.14	19.22
32	2.84	3.55	3.89	4.58	6.27	11.59	19.99
33	2.97	3.72	4.09	4.83	6.57	12.07	20.82
34	3.12	3.93	4.30	5.10	6.90	12.58	21.70
35	3.27	4.13	4.55	5.38	7.25	13.13	22.65
36	3.44	4.36	4.80	5.67	7.61	13.71	23.66
37	3.62	4.59	5.07	5.99	8.01	14.34	24.75
38	3.81	4.84	5.35	6.33	8.43	15.01	25.93
39	4.01	5.11	5.65	6.69	8.88	15.71	27.19
40	4.23	5.40	5.97	7.06	9.35	16.47	28.54
41	4.47	5.70	6.32	7.47	9.86	17.28	30.01
42	4.71	6.04	6.69	7.90	10.40	18.14	31.57
43	5.02	6.42	7.08	8.37	10.98	19.08	33.27
44	5.35	6.81	7.50	8.86	11.60	20.06	35.10
45	5.70	7.25	7.95	9.38	12.25	21.11	37.03
46	6.08	7.71	8.43	9.93	12.93	22.22	39.09
47	6.48	8.19	8.94	10.52	13.65	23.41	41.27
48	6.92	8.73	9.51	11.18	14.44	24.74	43.76
49	7.38	9.29	10.10	11.87	15.24	26.11	46.35
50	7.86	9.88	10.72	12.58	16.06	27.51	48.96
51	8.34	10.47	11.34	13.29	16.87	28.91	51.59
52	8.83	11.06	11.96	14.00	17.65	30.30	54.16
53	9.36	11.72	12.63	14.79	18.50	31.81	56.94
54	9.86	12.32	13.28	15.54	19.28	33.20	59.50
55	10.33	12.89	13.86	16.22	19.96	34.43	61.75
56	10.73	13.37	14.35	16.80	20.51	35.43	63.56
57	11.06	13.76	14.73	17.24	20.88	36.15	64.83
58	11.26	14.00	14.98	17.52	21.06	36.53	65.43
59	11.34	14.09	15.05	17.61	20.99	36.47	65.23
60	11.28	14.00	14.94	17.48	20.66	35.95	64.14
61	11.07	13.71	14.61	17.09	20.01	34.88	62.05
62	10.67	13.19	14.04	16.41	19.04	33.22	58.81

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.20	2.68	2.90	3.38	4.74	9.24	16.00
26	2.28	2.78	3.02	3.53	4.95	9.57	16.57
27	2.37	2.90	3.15	3.69	5.17	9.92	17.16
28	2.46	3.03	3.30	3.87	5.40	10.29	17.79
29	2.57	3.17	3.46	4.07	5.65	10.68	18.46
30	2.68	3.33	3.64	4.28	5.91	11.10	19.16
31	2.81	3.50	3.82	4.50	6.20	11.54	19.92
32	2.94	3.68	4.03	4.75	6.50	12.01	20.72
33	3.08	3.86	4.24	5.00	6.81	12.51	21.57
34	3.23	4.07	4.46	5.28	7.15	13.04	22.49
35	3.39	4.28	4.71	5.57	7.51	13.61	23.47
36	3.56	4.52	4.97	5.88	7.89	14.21	24.52
37	3.75	4.76	5.25	6.21	8.30	14.86	25.65
38	3.95	5.02	5.54	6.56	8.74	15.55	26.87
39	4.16	5.30	5.85	6.93	9.20	16.28	28.18
40	4.38	5.60	6.19	7.32	9.69	17.07	29.58
41	4.63	5.91	6.55	7.74	10.22	17.91	31.10
42	4.88	6.26	6.93	8.19	10.78	18.80	32.72
43	5.20	6.65	7.34	8.67	11.38	19.77	34.48
44	5.54	7.06	7.77	9.18	12.02	20.79	36.37
45	5.91	7.51	8.24	9.72	12.69	21.88	38.37
46	6.30	7.99	8.74	10.29	13.40	23.03	40.51
47	6.72	8.49	9.26	10.90	14.14	24.26	42.77
48	7.17	9.05	9.86	11.59	14.96	25.64	45.35
49	7.65	9.63	10.47	12.30	15.79	27.06	48.03
50	8.14	10.24	11.11	13.04	16.64	28.51	50.74
51	8.64	10.85	11.75	13.77	17.48	29.96	53.46
52	9.15	11.46	12.39	14.51	18.29	31.40	56.12
53	9.70	12.14	13.09	15.33	19.17	32.96	59.00
54	10.22	12.77	13.76	16.10	19.98	34.40	61.66
55	10.70	13.36	14.36	16.81	20.68	35.68	63.99
56	11.12	13.86	14.87	17.41	21.25	36.72	65.87
57	11.46	14.26	15.26	17.87	21.64	37.46	67.18
58	11.67	14.51	15.52	18.16	21.82	37.85	67.80
59	11.75	14.60	15.60	18.25	21.75	37.79	67.60
60	11.69	14.51	15.48	18.11	21.41	37.25	66.47
61	11.47	14.21	15.14	17.71	20.74	36.15	64.30
62	11.06	13.67	14.55	17.01	19.73	34.43	60.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.92	2.30	2.48	2.87	3.97	7.58	12.93
26	1.99	2.39	2.59	3.00	4.15	7.87	13.46
27	2.07	2.50	2.70	3.15	4.34	8.20	14.02
28	2.14	2.62	2.83	3.30	4.55	8.54	14.61
29	2.24	2.74	2.97	3.47	4.77	8.90	15.22
30	2.34	2.88	3.13	3.66	5.01	9.27	15.86
31	2.44	3.02	3.29	3.86	5.26	9.67	16.55
32	2.56	3.17	3.46	4.07	5.52	10.09	17.27
33	2.68	3.34	3.65	4.29	5.80	10.54	18.04
34	2.82	3.51	3.84	4.53	6.10	11.01	18.86
35	2.95	3.70	4.05	4.79	6.41	11.51	19.71
36	3.11	3.90	4.28	5.06	6.75	12.04	20.65
37	3.26	4.11	4.53	5.34	7.10	12.61	21.64
38	3.44	4.34	4.78	5.64	7.48	13.21	22.71
39	3.62	4.58	5.05	5.96	7.88	13.86	23.85
40	3.81	4.83	5.34	6.30	8.31	14.54	25.08
41	4.01	5.11	5.65	6.67	8.76	15.27	26.39
42	4.24	5.40	5.97	7.05	9.24	16.05	27.79
43	4.52	5.74	6.33	7.46	9.77	16.88	29.32
44	4.81	6.10	6.71	7.90	10.32	17.77	30.94
45	5.11	6.48	7.10	8.37	10.89	18.69	32.67
46	5.45	6.89	7.53	8.86	11.50	19.69	34.49
47	5.81	7.32	7.97	9.38	12.13	20.73	36.43
48	6.21	7.80	8.48	9.97	12.83	21.91	38.63
49	6.61	8.30	9.01	10.58	13.55	23.12	40.91
50	7.03	8.81	9.55	11.19	14.27	24.36	43.21
51	7.45	9.33	10.09	11.83	14.99	25.58	45.50
52	7.88	9.84	10.63	12.45	15.67	26.79	47.75
53	8.36	10.42	11.23	13.13	16.41	28.09	50.16
54	8.79	10.96	11.79	13.79	17.08	29.31	52.38
55	9.20	11.44	12.29	14.38	17.67	30.36	54.31
56	9.54	11.86	12.71	14.87	18.13	31.22	55.85
57	9.82	12.19	13.04	15.25	18.44	31.82	56.90
58	9.99	12.39	13.23	15.48	18.58	32.10	57.35
59	10.05	12.45	13.28	15.53	18.49	32.01	57.11
60	9.99	12.35	13.16	15.39	18.17	31.50	56.08
61	9.78	12.07	12.85	15.02	17.57	30.51	54.14
62	9.41	11.60	12.32	14.40	16.68	29.00	51.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.99	2.38	2.57	2.97	4.11	7.85	13.40
26	2.06	2.48	2.68	3.11	4.30	8.16	13.95
27	2.14	2.59	2.80	3.26	4.50	8.50	14.53
28	2.22	2.71	2.93	3.42	4.72	8.85	15.14
29	2.32	2.84	3.08	3.60	4.94	9.22	15.77
30	2.42	2.98	3.24	3.79	5.19	9.61	16.44
31	2.53	3.13	3.41	4.00	5.45	10.02	17.15
32	2.65	3.29	3.59	4.22	5.72	10.46	17.90
33	2.78	3.46	3.78	4.45	6.01	10.92	18.69
34	2.92	3.64	3.98	4.69	6.32	11.41	19.54
35	3.06	3.83	4.20	4.96	6.64	11.93	20.43
36	3.22	4.04	4.44	5.24	6.99	12.48	21.40
37	3.38	4.26	4.69	5.53	7.36	13.07	22.43
38	3.56	4.50	4.95	5.84	7.75	13.69	23.53
39	3.75	4.75	5.23	6.18	8.17	14.36	24.72
40	3.95	5.01	5.53	6.53	8.61	15.07	25.99
41	4.16	5.30	5.85	6.91	9.08	15.82	27.35
42	4.39	5.60	6.19	7.31	9.58	16.63	28.80
43	4.68	5.95	6.56	7.73	10.12	17.49	30.38
44	4.98	6.32	6.95	8.19	10.69	18.41	32.06
45	5.30	6.71	7.36	8.67	11.29	19.37	33.85
46	5.65	7.14	7.80	9.18	11.92	20.40	35.74
47	6.02	7.59	8.26	9.72	12.57	21.48	37.75
48	6.43	8.08	8.79	10.33	13.30	22.70	40.03
49	6.85	8.60	9.34	10.96	14.04	23.96	42.39
50	7.28	9.13	9.90	11.60	14.79	25.24	44.78
51	7.72	9.67	10.46	12.26	15.53	26.51	47.15
52	8.17	10.20	11.02	12.90	16.24	27.76	49.48
53	8.66	10.80	11.64	13.61	17.00	29.11	51.98
54	9.11	11.36	12.22	14.29	17.70	30.37	54.28
55	9.53	11.86	12.74	14.90	18.31	31.46	56.28
56	9.89	12.29	13.17	15.41	18.79	32.35	57.88
57	10.18	12.63	13.51	15.80	19.11	32.97	58.96
58	10.35	12.84	13.71	16.04	19.25	33.26	59.43
59	10.41	12.90	13.76	16.09	19.16	33.17	59.18
60	10.35	12.80	13.64	15.95	18.83	32.64	58.11
61	10.13	12.51	13.32	15.56	18.21	31.62	56.10
62	9.75	12.02	12.77	14.92	17.28	30.05	53.06

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.47	12.72	14.16	17.23	21.99	37.52	65.56
26	9.81	13.20	14.70	17.90	22.76	38.56	67.34
27	10.17	13.70	15.26	18.59	23.55	39.58	69.07
28	10.54	14.21	15.85	19.32	24.34	40.57	70.76
29	10.93	14.75	16.44	20.06	25.15	41.57	72.40
30	11.32	15.30	17.06	20.83	25.96	42.54	74.01
31	11.73	15.87	17.70	21.60	26.78	43.50	75.60
32	12.15	16.44	18.34	22.39	27.60	44.45	77.18
33	12.57	17.01	18.97	23.16	28.42	45.37	78.74
34	13.00	17.58	19.62	23.93	29.25	46.30	80.30
35	13.42	18.15	20.26	24.71	30.07	47.22	81.88
36	13.86	18.72	20.91	25.48	30.88	48.14	83.50
37	14.30	19.29	21.56	26.24	31.66	49.06	85.14
38	14.73	19.86	22.20	26.98	32.42	50.00	86.89
39	15.18	20.43	22.84	27.73	33.16	50.95	88.67
40	15.62	21.00	23.48	28.46	33.89	51.91	90.52
41	16.06	21.57	24.12	29.18	34.59	52.86	92.41
42	16.50	22.13	24.77	29.91	35.26	53.82	94.34
43	17.09	22.79	25.41	30.63	35.94	54.82	96.43
44	17.68	23.47	26.06	31.34	36.58	55.82	98.54
45	18.28	24.12	26.70	32.04	37.19	56.79	100.64
46	18.87	24.79	27.32	32.73	37.77	57.73	102.70
47	19.47	25.42	27.93	33.38	38.30	58.63	104.69
48	20.01	26.04	28.55	34.05	38.79	59.54	106.75
49	20.54	26.64	29.13	34.68	39.23	60.35	108.64
50	21.05	27.18	29.67	35.25	39.62	61.07	110.30
51	21.52	27.69	30.15	35.75	39.94	61.66	111.65
52	21.94	28.13	30.56	36.18	40.19	62.09	112.65
53	22.30	28.49	30.88	36.51	40.43	62.31	113.01
54	22.59	28.77	31.11	36.73	40.59	62.32	112.91
55	22.81	28.96	31.25	36.84	40.64	62.13	112.34
56	22.96	29.04	31.26	36.81	40.57	61.71	111.26
57	23.01	29.01	31.16	36.66	40.35	61.05	109.69
58	22.51	28.32	30.37	35.70	39.23	59.06	105.51
59	22.00	27.63	29.59	34.75	38.11	57.06	101.29
60	21.57	27.03	28.92	33.94	37.17	55.31	97.53
61	21.29	26.66	28.49	33.44	36.56	54.05	94.72
62	21.27	26.63	28.43	33.37	36.44	53.53	93.37
63	22.08	27.68	29.57	34.74	37.92	55.39	96.58
64	23.20	29.15	31.16	36.65	40.00	58.14	101.57

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.97	13.39	14.91	18.14	23.15	39.49	69.01
26	10.33	13.89	15.47	18.84	23.96	40.59	70.88
27	10.70	14.42	16.06	19.57	24.79	41.66	72.71
28	11.09	14.96	16.68	20.34	25.62	42.71	74.48
29	11.50	15.53	17.31	21.12	26.47	43.76	76.21
30	11.92	16.11	17.96	21.93	27.33	44.78	77.91
31	12.35	16.70	18.63	22.74	28.19	45.79	79.58
32	12.79	17.30	19.31	23.57	29.05	46.79	81.24
33	13.23	17.90	19.97	24.38	29.92	47.76	82.88
34	13.68	18.50	20.65	25.19	30.79	48.74	84.53
35	14.13	19.10	21.33	26.01	31.65	49.70	86.19
36	14.59	19.70	22.01	26.82	32.50	50.67	87.89
37	15.05	20.30	22.69	27.62	33.33	51.64	89.62
38	15.51	20.90	23.37	28.40	34.13	52.63	91.46
39	15.98	21.50	24.04	29.19	34.91	53.63	93.34
40	16.44	22.10	24.72	29.96	35.67	54.64	95.28
41	16.91	22.70	25.39	30.72	36.41	55.64	97.27
42	17.37	23.29	26.07	31.48	37.12	56.65	99.31
43	17.99	23.99	26.75	32.24	37.83	57.71	101.51
44	18.61	24.70	27.43	32.99	38.51	58.76	103.73
45	19.24	25.39	28.10	33.73	39.15	59.78	105.94
46	19.86	26.09	28.76	34.45	39.76	60.77	108.11
47	20.49	26.76	29.40	35.14	40.32	61.72	110.20
48	21.06	27.41	30.05	35.84	40.83	62.67	112.37
49	21.62	28.04	30.66	36.50	41.29	63.53	114.36
50	22.16	28.61	31.23	37.10	41.70	64.28	116.10
51	22.65	29.15	31.74	37.63	42.04	64.91	117.53
52	23.09	29.61	32.17	38.08	42.31	65.36	118.58
53	23.47	29.99	32.51	38.43	42.56	65.59	118.96
54	23.78	30.28	32.75	38.66	42.73	65.60	118.85
55	24.01	30.48	32.89	38.78	42.78	65.40	118.25
56	24.17	30.57	32.91	38.75	42.70	64.96	117.12
57	24.22	30.54	32.80	38.59	42.47	64.26	115.46
58	23.69	29.81	31.97	37.58	41.29	62.17	111.06
59	23.16	29.08	31.15	36.58	40.12	60.06	106.62
60	22.71	28.45	30.44	35.73	39.13	58.22	102.66
61	22.41	28.06	29.99	35.20	38.48	56.89	99.71
62	22.39	28.03	29.93	35.13	38.36	56.35	98.28
63	23.24	29.14	31.13	36.57	39.92	58.30	101.66
64	24.42	30.68	32.80	38.58	42.11	61.20	106.92

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.47	5.85	6.47	7.80	11.10	21.66	38.61
26	4.64	6.08	6.72	8.12	11.51	22.27	39.63
27	4.81	6.34	7.00	8.47	11.95	22.89	40.67
28	5.01	6.60	7.32	8.85	12.41	23.52	41.72
29	5.22	6.90	7.64	9.25	12.87	24.18	42.80
30	5.43	7.21	7.99	9.69	13.37	24.84	43.90
31	5.68	7.53	8.36	10.14	13.87	25.53	45.02
32	5.93	7.89	8.74	10.61	14.39	26.23	46.18
33	6.19	8.24	9.14	11.10	14.93	26.95	47.37
34	6.47	8.61	9.56	11.60	15.49	27.69	48.60
35	6.75	8.99	9.98	12.11	16.06	28.45	49.88
36	7.05	9.38	10.43	12.64	16.63	29.24	51.21
37	7.36	9.79	10.90	13.20	17.23	30.05	52.59
38	7.68	10.20	11.36	13.75	17.83	30.88	54.06
39	8.00	10.63	11.85	14.32	18.46	31.76	55.59
40	8.34	11.08	12.34	14.90	19.09	32.65	57.18
41	8.68	11.52	12.85	15.49	19.72	33.55	58.83
42	9.04	11.99	13.37	16.08	20.38	34.49	60.53
43	9.49	12.52	13.92	16.70	21.08	35.47	62.37
44	9.95	13.06	14.47	17.34	21.78	36.46	64.24
45	10.42	13.61	15.03	17.96	22.49	37.46	66.13
46	10.91	14.17	15.58	18.59	23.16	38.44	68.02
47	11.39	14.73	16.14	19.21	23.83	39.41	69.89
48	11.87	15.29	16.72	19.86	24.46	40.40	71.86
49	12.33	15.83	17.27	20.47	25.05	41.35	73.74
50	12.79	16.35	17.80	21.05	25.58	42.22	75.47
51	13.21	16.83	18.30	21.59	26.03	42.99	77.01
52	13.61	17.27	18.73	22.07	26.38	43.62	78.28
53	13.96	17.65	19.10	22.45	26.58	44.05	79.14
54	14.26	17.96	19.38	22.76	26.68	44.31	79.65
55	14.42	18.17	19.58	22.98	26.66	44.39	79.82
56	14.54	18.32	19.68	23.09	26.52	44.31	79.61
57	14.58	18.38	19.70	23.11	26.29	44.02	79.00
58	14.28	17.99	19.27	22.59	25.46	42.75	76.40
59	13.97	17.60	18.82	22.05	24.63	41.46	73.76
60	13.70	17.26	18.43	21.59	23.91	40.35	71.43
61	13.53	17.05	18.19	21.31	23.43	39.58	69.80
62	13.52	17.06	18.19	21.31	23.28	39.35	69.22
63	14.03	17.77	18.94	22.21	24.21	40.85	72.02
64	14.73	18.72	19.99	23.47	25.56	43.01	76.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.70	6.16	6.81	8.21	11.68	22.80	40.64
26	4.88	6.40	7.07	8.55	12.12	23.44	41.72
27	5.06	6.67	7.37	8.92	12.58	24.09	42.81
28	5.27	6.95	7.70	9.32	13.06	24.76	43.92
29	5.49	7.26	8.04	9.74	13.55	25.45	45.05
30	5.72	7.59	8.41	10.20	14.07	26.15	46.21
31	5.98	7.93	8.80	10.67	14.60	26.87	47.39
32	6.24	8.30	9.20	11.17	15.15	27.61	48.61
33	6.52	8.67	9.62	11.68	15.72	28.37	49.86
34	6.81	9.06	10.06	12.21	16.30	29.15	51.16
35	7.11	9.46	10.51	12.75	16.90	29.95	52.50
36	7.42	9.87	10.98	13.31	17.51	30.78	53.90
37	7.75	10.30	11.47	13.89	18.14	31.63	55.36
38	8.08	10.74	11.96	14.47	18.77	32.51	56.91
39	8.42	11.19	12.47	15.07	19.43	33.43	58.52
40	8.78	11.66	12.99	15.68	20.09	34.37	60.19
41	9.14	12.13	13.53	16.30	20.76	35.32	61.93
42	9.52	12.62	14.07	16.93	21.45	36.30	63.72
43	9.99	13.18	14.65	17.58	22.19	37.34	65.65
44	10.47	13.75	15.23	18.25	22.93	38.38	67.62
45	10.97	14.33	15.82	18.91	23.67	39.43	69.61
46	11.48	14.92	16.40	19.57	24.38	40.46	71.60
47	11.99	15.50	16.99	20.22	25.08	41.48	73.57
48	12.49	16.09	17.60	20.90	25.75	42.53	75.64
49	12.98	16.66	18.18	21.55	26.37	43.53	77.62
50	13.46	17.21	18.74	22.16	26.93	44.44	79.44
51	13.91	17.72	19.26	22.73	27.40	45.25	81.06
52	14.33	18.18	19.72	23.23	27.77	45.92	82.40
53	14.69	18.58	20.10	23.63	27.98	46.37	83.30
54	15.01	18.90	20.40	23.96	28.08	46.64	83.84
55	15.18	19.13	20.61	24.19	28.06	46.73	84.02
56	15.30	19.28	20.72	24.31	27.92	46.64	83.80
57	15.35	19.35	20.74	24.33	27.67	46.34	83.16
58	15.03	18.94	20.28	23.78	26.80	45.00	80.42
59	14.70	18.53	19.81	23.21	25.93	43.64	77.64
60	14.42	18.17	19.40	22.73	25.17	42.47	75.19
61	14.24	17.95	19.15	22.43	24.66	41.66	73.47
62	14.23	17.96	19.15	22.43	24.50	41.42	72.86
63	14.77	18.70	19.94	23.38	25.48	43.00	75.81
64	15.51	19.71	21.04	24.70	26.90	45.27	80.15

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.86	5.01	5.52	6.63	9.88	20.14	35.83
26	4.00	5.21	5.74	6.91	10.26	20.73	36.84
27	4.15	5.42	5.98	7.21	10.66	21.34	37.86
28	4.32	5.65	6.24	7.53	11.08	21.95	38.88
29	4.49	5.90	6.52	7.89	11.50	22.58	39.92
30	4.69	6.17	6.82	8.25	11.95	23.22	40.97
31	4.89	6.44	7.13	8.63	12.41	23.88	42.06
32	5.10	6.74	7.46	9.03	12.88	24.55	43.17
33	5.33	7.04	7.80	9.44	13.38	25.24	44.30
34	5.56	7.35	8.15	9.87	13.88	25.94	45.47
35	5.80	7.68	8.51	10.31	14.39	26.66	46.68
36	6.05	8.01	8.89	10.75	14.92	27.40	47.94
37	6.31	8.35	9.28	11.22	15.47	28.16	49.24
38	6.57	8.70	9.68	11.69	16.02	28.95	50.62
39	6.85	9.06	10.08	12.16	16.58	29.75	52.04
40	7.13	9.43	10.50	12.64	17.15	30.58	53.51
41	7.43	9.80	10.93	13.14	17.73	31.43	55.04
42	7.72	10.19	11.36	13.64	18.32	32.29	56.62
43	8.09	10.64	11.81	14.16	18.95	33.19	58.31
44	8.48	11.09	12.27	14.68	19.59	34.11	60.03
45	8.87	11.54	12.73	15.20	20.21	35.01	61.75
46	9.27	12.01	13.19	15.71	20.81	35.90	63.47
47	9.67	12.46	13.64	16.22	21.39	36.77	65.16
48	10.06	12.92	14.12	16.74	21.95	37.67	66.92
49	10.44	13.36	14.56	17.24	22.47	38.50	68.59
50	10.81	13.78	14.99	17.71	22.91	39.26	70.11
51	11.16	14.16	15.38	18.14	23.29	39.93	71.45
52	11.48	14.52	15.73	18.51	23.59	40.46	72.55
53	11.75	14.81	16.01	18.80	23.75	40.79	73.23
54	11.99	15.05	16.23	19.03	23.81	40.97	73.61
55	12.14	15.21	16.37	19.19	23.76	40.99	73.66
56	12.25	15.31	16.44	19.27	23.62	40.84	73.39
57	12.30	15.35	16.44	19.26	23.38	40.52	72.76
58	12.07	15.03	16.07	18.82	22.66	39.30	70.35
59	11.83	14.70	15.69	18.37	21.94	38.07	67.92
60	11.62	14.41	15.38	17.99	21.29	37.00	65.78
61	11.50	14.25	15.19	17.77	20.81	36.25	64.32
62	11.52	14.27	15.19	17.77	20.62	36.01	63.83
63	11.97	14.85	15.83	18.53	21.27	37.34	66.42
64	12.59	15.66	16.69	19.57	22.26	39.27	70.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.06	5.27	5.81	6.98	10.40	21.20	37.72
26	4.21	5.48	6.04	7.27	10.80	21.82	38.78
27	4.37	5.70	6.29	7.59	11.22	22.46	39.85
28	4.55	5.95	6.57	7.93	11.66	23.11	40.93
29	4.73	6.21	6.86	8.30	12.11	23.77	42.02
30	4.94	6.49	7.18	8.68	12.58	24.44	43.13
31	5.15	6.78	7.51	9.08	13.06	25.14	44.27
32	5.37	7.09	7.85	9.51	13.56	25.84	45.44
33	5.61	7.41	8.21	9.94	14.08	26.57	46.63
34	5.85	7.74	8.58	10.39	14.61	27.30	47.86
35	6.11	8.08	8.96	10.85	15.15	28.06	49.14
36	6.37	8.43	9.36	11.32	15.71	28.84	50.46
37	6.64	8.79	9.77	11.81	16.28	29.64	51.83
38	6.92	9.16	10.19	12.30	16.86	30.47	53.28
39	7.21	9.54	10.61	12.80	17.45	31.32	54.78
40	7.51	9.93	11.05	13.31	18.05	32.19	56.33
41	7.82	10.32	11.50	13.83	18.66	33.08	57.94
42	8.13	10.73	11.96	14.36	19.28	33.99	59.60
43	8.52	11.20	12.43	14.90	19.95	34.94	61.38
44	8.93	11.67	12.92	15.45	20.62	35.90	63.19
45	9.34	12.15	13.40	16.00	21.27	36.85	65.00
46	9.76	12.64	13.88	16.54	21.91	37.79	66.81
47	10.18	13.12	14.36	17.07	22.52	38.70	68.59
48	10.59	13.60	14.86	17.62	23.11	39.65	70.44
49	10.99	14.06	15.33	18.15	23.65	40.53	72.20
50	11.38	14.51	15.78	18.64	24.12	41.33	73.80
51	11.75	14.91	16.19	19.09	24.52	42.03	75.21
52	12.08	15.28	16.56	19.48	24.83	42.59	76.37
53	12.37	15.59	16.85	19.79	25.00	42.94	77.08
54	12.62	15.84	17.08	20.03	25.06	43.13	77.48
55	12.78	16.01	17.23	20.20	25.01	43.15	77.54
56	12.89	16.12	17.30	20.28	24.86	42.99	77.25
57	12.95	16.16	17.30	20.27	24.61	42.65	76.59
58	12.71	15.82	16.92	19.81	23.85	41.37	74.05
59	12.45	15.47	16.52	19.34	23.09	40.07	71.49
60	12.23	15.17	16.19	18.94	22.41	38.95	69.24
61	12.11	15.00	15.99	18.70	21.91	38.16	67.70
62	12.13	15.02	15.99	18.71	21.70	37.91	67.19
63	12.60	15.63	16.66	19.51	22.39	39.30	69.92
64	13.25	16.48	17.57	20.60	23.43	41.34	73.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.57	4.61	5.07	6.09	9.03	18.32	32.48
26	3.70	4.80	5.28	6.35	9.39	18.89	33.45
27	3.84	5.00	5.50	6.62	9.76	19.46	34.42
28	4.00	5.21	5.75	6.93	10.15	20.04	35.40
29	4.16	5.44	6.00	7.25	10.55	20.63	36.39
30	4.34	5.68	6.28	7.58	10.96	21.23	37.38
31	4.52	5.94	6.57	7.93	11.38	21.85	38.39
32	4.72	6.20	6.87	8.30	11.82	22.47	39.43
33	4.92	6.49	7.18	8.68	12.27	23.10	40.48
34	5.14	6.77	7.51	9.07	12.73	23.75	41.55
35	5.36	7.07	7.83	9.47	13.21	24.41	42.66
36	5.59	7.37	8.17	9.88	13.69	25.08	43.80
37	5.82	7.68	8.52	10.30	14.18	25.76	44.98
38	6.06	8.00	8.88	10.72	14.68	26.48	46.22
39	6.31	8.32	9.25	11.15	15.18	27.21	47.50
40	6.56	8.65	9.62	11.59	15.69	27.95	48.82
41	6.82	9.00	10.00	12.03	16.21	28.69	50.17
42	7.09	9.34	10.39	12.47	16.74	29.45	51.57
43	7.42	9.73	10.79	12.93	17.29	30.24	53.04
44	7.76	10.13	11.20	13.39	17.85	31.04	54.54
45	8.11	10.54	11.60	13.84	18.39	31.82	56.03
46	8.46	10.93	12.01	14.30	18.91	32.58	57.50
47	8.82	11.33	12.40	14.73	19.42	33.32	58.95
48	9.15	11.72	12.80	15.17	19.88	34.06	60.43
49	9.48	12.10	13.19	15.60	20.31	34.75	61.82
50	9.79	12.45	13.55	15.99	20.67	35.37	63.07
51	10.09	12.79	13.87	16.34	20.98	35.90	64.15
52	10.36	13.08	14.16	16.65	21.21	36.33	65.04
53	10.60	13.33	14.39	16.89	21.31	36.57	65.54
54	10.79	13.52	14.57	17.07	21.34	36.67	65.80
55	10.93	13.65	14.68	17.20	21.28	36.65	65.79
56	11.01	13.74	14.73	17.26	21.14	36.50	65.51
57	11.07	13.78	14.74	17.26	20.93	36.22	64.96
58	10.88	13.52	14.44	16.90	20.33	35.22	62.95
59	10.69	13.25	14.15	16.55	19.73	34.22	60.95
60	10.54	13.04	13.91	16.25	19.22	33.37	59.25
61	10.46	12.94	13.78	16.11	18.86	32.81	58.14
62	10.51	12.99	13.82	16.16	18.74	32.71	57.89
63	10.93	13.53	14.40	16.85	19.34	33.92	60.28
64	11.48	14.25	15.18	17.79	20.24	35.67	63.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.76	4.85	5.34	6.41	9.50	19.28	34.19
26	3.89	5.05	5.56	6.68	9.88	19.88	35.21
27	4.04	5.26	5.79	6.97	10.27	20.48	36.23
28	4.21	5.48	6.05	7.29	10.68	21.09	37.26
29	4.38	5.73	6.32	7.63	11.10	21.72	38.30
30	4.57	5.98	6.61	7.98	11.54	22.35	39.35
31	4.76	6.25	6.92	8.35	11.98	23.00	40.41
32	4.97	6.53	7.23	8.74	12.44	23.65	41.50
33	5.18	6.83	7.56	9.14	12.92	24.32	42.61
34	5.41	7.13	7.90	9.55	13.40	25.00	43.74
35	5.64	7.44	8.24	9.97	13.90	25.69	44.91
36	5.88	7.76	8.60	10.40	14.41	26.40	46.11
37	6.13	8.08	8.97	10.84	14.93	27.12	47.35
38	6.38	8.42	9.35	11.28	15.45	27.87	48.65
39	6.64	8.76	9.74	11.74	15.98	28.64	50.00
40	6.91	9.11	10.13	12.20	16.52	29.42	51.39
41	7.18	9.47	10.53	12.66	17.06	30.20	52.81
42	7.46	9.83	10.94	13.13	17.62	31.00	54.28
43	7.81	10.24	11.36	13.61	18.20	31.83	55.83
44	8.17	10.66	11.79	14.09	18.79	32.67	57.41
45	8.54	11.09	12.21	14.57	19.36	33.49	58.98
46	8.91	11.51	12.64	15.05	19.91	34.29	60.53
47	9.28	11.93	13.05	15.50	20.44	35.07	62.05
48	9.63	12.34	13.47	15.97	20.93	35.85	63.61
49	9.98	12.74	13.88	16.42	21.38	36.58	65.07
50	10.31	13.11	14.26	16.83	21.76	37.23	66.39
51	10.62	13.46	14.60	17.20	22.08	37.79	67.53
52	10.91	13.77	14.91	17.53	22.33	38.24	68.46
53	11.16	14.03	15.15	17.78	22.43	38.49	68.99
54	11.36	14.23	15.34	17.97	22.46	38.60	69.26
55	11.50	14.37	15.45	18.10	22.40	38.58	69.25
56	11.59	14.46	15.51	18.17	22.25	38.42	68.96
57	11.65	14.50	15.52	18.17	22.03	38.13	68.38
58	11.45	14.23	15.20	17.79	21.40	37.07	66.26
59	11.25	13.95	14.89	17.42	20.77	36.02	64.16
60	11.09	13.73	14.64	17.11	20.23	35.13	62.37
61	11.01	13.62	14.51	16.96	19.85	34.54	61.20
62	11.06	13.67	14.55	17.01	19.73	34.43	60.94
63	11.50	14.24	15.16	17.74	20.36	35.70	63.45
64	12.08	15.00	15.98	18.73	21.30	37.55	67.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.21	4.11	4.52	5.41	7.97	16.06	28.34
26	3.33	4.28	4.70	5.63	8.29	16.57	29.21
27	3.45	4.46	4.90	5.88	8.63	17.08	30.09
28	3.58	4.65	5.11	6.15	8.97	17.60	30.96
29	3.72	4.85	5.34	6.43	9.31	18.13	31.83
30	3.89	5.06	5.58	6.72	9.68	18.66	32.71
31	4.05	5.28	5.82	7.03	10.05	19.19	33.59
32	4.21	5.51	6.09	7.34	10.42	19.72	34.49
33	4.39	5.75	6.36	7.68	10.81	20.27	35.39
34	4.57	5.99	6.63	8.01	11.21	20.81	36.30
35	4.76	6.24	6.92	8.34	11.61	21.38	37.23
36	4.95	6.50	7.20	8.69	12.02	21.94	38.18
37	5.15	6.76	7.50	9.04	12.43	22.51	39.15
38	5.35	7.03	7.80	9.40	12.84	23.09	40.17
39	5.56	7.30	8.10	9.76	13.25	23.67	41.20
40	5.77	7.57	8.42	10.12	13.67	24.27	42.27
41	5.99	7.86	8.73	10.48	14.10	24.87	43.34
42	6.20	8.13	9.04	10.84	14.52	25.46	44.44
43	6.47	8.46	9.37	11.21	14.96	26.08	45.60
44	6.75	8.78	9.69	11.57	15.40	26.70	46.76
45	7.03	9.10	10.01	11.93	15.83	27.28	47.90
46	7.32	9.42	10.34	12.28	16.24	27.86	49.02
47	7.60	9.74	10.64	12.63	16.61	28.41	50.10
48	7.86	10.03	10.94	12.96	16.95	28.93	51.16
49	8.11	10.33	11.23	13.27	17.24	29.40	52.15
50	8.36	10.59	11.50	13.57	17.50	29.84	53.04
51	8.60	10.85	11.75	13.83	17.72	30.21	53.82
52	8.82	11.08	11.98	14.07	17.88	30.51	54.46
53	9.02	11.30	12.19	14.28	17.97	30.72	54.91
54	9.20	11.48	12.35	14.46	18.01	30.86	55.20
55	9.33	11.62	12.47	14.59	18.00	30.91	55.31
56	9.43	11.72	12.56	14.69	17.95	30.88	55.23
57	9.51	11.79	12.61	14.73	17.82	30.74	54.98
58	9.40	11.63	12.42	14.51	17.40	30.05	53.56
59	9.28	11.47	12.23	14.29	17.01	29.37	52.17
60	9.21	11.35	12.09	14.12	16.66	28.82	51.03
61	9.19	11.32	12.05	14.07	16.44	28.51	50.37
62	9.26	11.42	12.13	14.17	16.42	28.55	50.41
63	9.62	11.88	12.64	14.77	16.95	29.61	52.48
64	10.10	12.49	13.31	15.57	17.71	31.10	55.43

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.38	4.33	4.76	5.69	8.39	16.90	29.83
26	3.50	4.50	4.95	5.93	8.73	17.44	30.75
27	3.63	4.69	5.16	6.19	9.08	17.98	31.67
28	3.77	4.89	5.38	6.47	9.44	18.53	32.59
29	3.92	5.10	5.62	6.77	9.80	19.08	33.51
30	4.09	5.33	5.87	7.07	10.19	19.64	34.43
31	4.26	5.56	6.13	7.40	10.58	20.20	35.36
32	4.43	5.80	6.41	7.73	10.97	20.76	36.30
33	4.62	6.05	6.69	8.08	11.38	21.34	37.25
34	4.81	6.31	6.98	8.43	11.80	21.91	38.21
35	5.01	6.57	7.28	8.78	12.22	22.50	39.19
36	5.21	6.84	7.58	9.15	12.65	23.09	40.19
37	5.42	7.12	7.89	9.52	13.08	23.69	41.21
38	5.63	7.40	8.21	9.89	13.52	24.30	42.28
39	5.85	7.68	8.53	10.27	13.95	24.92	43.37
40	6.07	7.97	8.86	10.65	14.39	25.55	44.49
41	6.30	8.27	9.19	11.03	14.84	26.18	45.62
42	6.53	8.56	9.52	11.41	15.28	26.80	46.78
43	6.81	8.90	9.86	11.80	15.75	27.45	48.00
44	7.11	9.24	10.20	12.18	16.21	28.10	49.22
45	7.40	9.58	10.54	12.56	16.66	28.72	50.42
46	7.70	9.92	10.88	12.93	17.09	29.33	51.60
47	8.00	10.25	11.20	13.29	17.48	29.90	52.74
48	8.27	10.56	11.52	13.64	17.84	30.45	53.85
49	8.54	10.87	11.82	13.97	18.15	30.95	54.89
50	8.80	11.15	12.11	14.28	18.42	31.41	55.83
51	9.05	11.42	12.37	14.56	18.65	31.80	56.65
52	9.28	11.66	12.61	14.81	18.82	32.12	57.33
53	9.49	11.89	12.83	15.03	18.92	32.34	57.80
54	9.68	12.08	13.00	15.22	18.96	32.48	58.10
55	9.82	12.23	13.13	15.36	18.95	32.54	58.22
56	9.93	12.34	13.22	15.46	18.89	32.50	58.14
57	10.01	12.41	13.27	15.51	18.76	32.36	57.87
58	9.89	12.24	13.07	15.27	18.32	31.63	56.38
59	9.77	12.07	12.87	15.04	17.90	30.92	54.92
60	9.69	11.95	12.73	14.86	17.54	30.34	53.72
61	9.67	11.92	12.68	14.81	17.31	30.01	53.02
62	9.75	12.02	12.77	14.92	17.28	30.05	53.06
63	10.13	12.50	13.30	15.55	17.84	31.17	55.24
64	10.63	13.15	14.01	16.39	18.64	32.74	58.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.77	13.12	14.61	17.77	22.63	38.53	67.32
26	10.13	13.63	15.18	18.49	23.46	39.66	69.26
27	10.52	14.16	15.79	19.24	24.30	40.77	71.16
28	10.92	14.73	16.42	20.03	25.17	41.89	73.03
29	11.34	15.31	17.08	20.83	26.05	42.99	74.87
30	11.78	15.92	17.76	21.67	26.94	44.08	76.70
31	12.23	16.54	18.46	22.52	27.84	45.18	78.53
32	12.69	17.18	19.17	23.40	28.77	46.27	80.36
33	13.16	17.80	19.88	24.26	29.70	47.36	82.18
34	13.64	18.45	20.61	25.13	30.63	48.44	84.05
35	14.14	19.10	21.34	26.01	31.57	49.54	85.95
36	14.63	19.76	22.09	26.89	32.50	50.66	87.91
37	15.14	20.43	22.84	27.79	33.44	51.79	89.94
38	15.66	21.10	23.60	28.67	34.35	52.97	92.10
39	16.18	21.78	24.36	29.56	35.25	54.17	94.35
40	16.71	22.48	25.14	30.46	36.16	55.40	96.69
41	17.25	23.17	25.94	31.36	37.05	56.66	99.13
42	17.80	23.88	26.73	32.28	37.94	57.95	101.66
43	18.53	24.72	27.57	33.21	38.85	59.31	104.41
44	19.27	25.56	28.41	34.16	39.74	60.70	107.23
45	20.02	26.43	29.26	35.11	40.63	62.09	110.11
46	20.79	27.31	30.12	36.07	41.51	63.50	113.02
47	21.57	28.20	30.99	37.03	42.37	64.89	115.94
48	22.33	29.09	31.90	38.05	43.24	66.38	119.08
49	23.10	29.98	32.80	39.05	44.09	67.82	122.13
50	23.85	30.85	33.68	40.01	44.91	69.19	125.00
51	24.59	31.68	34.51	40.94	45.69	70.46	127.61
52	25.28	32.46	35.29	41.79	46.41	71.58	129.87
53	25.98	33.25	36.05	42.64	47.22	72.64	131.76
54	26.60	33.93	36.72	43.37	47.93	73.47	133.12
55	27.14	34.50	37.25	43.95	48.48	74.02	133.88
56	27.56	34.93	37.62	44.34	48.85	74.25	133.93
57	27.84	35.18	37.80	44.51	48.98	74.08	133.20
58	27.88	35.17	37.75	44.41	48.83	73.47	131.58
59	27.74	34.93	37.46	44.03	48.36	72.37	128.99
60	27.39	34.42	36.87	43.33	47.51	70.72	125.34
61	26.77	33.62	35.96	42.26	46.26	68.45	120.54
62	25.91	32.50	34.72	40.79	44.54	65.52	114.48
63	24.73	31.00	33.11	38.88	42.32	61.87	107.08
64	23.28	29.14	31.10	36.52	39.57	57.46	98.26
65	21.51	26.88	28.66	33.65	36.21	52.21	87.90
66	19.41	24.19	25.76	30.24	32.23	46.08	75.94

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.28	13.81	15.38	18.71	23.82	40.56	70.86
26	10.66	14.35	15.98	19.46	24.69	41.75	72.90
27	11.07	14.91	16.62	20.25	25.58	42.92	74.90
28	11.49	15.51	17.28	21.08	26.49	44.09	76.87
29	11.94	16.12	17.98	21.93	27.42	45.25	78.81
30	12.40	16.76	18.69	22.81	28.36	46.40	80.74
31	12.87	17.41	19.43	23.71	29.31	47.56	82.66
32	13.36	18.08	20.18	24.63	30.28	48.71	84.59
33	13.85	18.74	20.93	25.54	31.26	49.85	86.51
34	14.36	19.42	21.69	26.45	32.24	50.99	88.47
35	14.88	20.11	22.46	27.38	33.23	52.15	90.47
36	15.40	20.80	23.25	28.31	34.21	53.33	92.54
37	15.94	21.51	24.04	29.25	35.20	54.52	94.67
38	16.48	22.21	24.84	30.18	36.16	55.76	96.95
39	17.03	22.93	25.64	31.12	37.11	57.02	99.32
40	17.59	23.66	26.46	32.06	38.06	58.32	101.78
41	18.16	24.39	27.30	33.01	39.00	59.64	104.35
42	18.74	25.14	28.14	33.98	39.94	61.00	107.01
43	19.50	26.02	29.02	34.96	40.89	62.43	109.90
44	20.28	26.91	29.90	35.96	41.83	63.89	112.87
45	21.07	27.82	30.80	36.96	42.77	65.36	115.91
46	21.88	28.75	31.71	37.97	43.69	66.84	118.97
47	22.70	29.68	32.62	38.98	44.60	68.31	122.04
48	23.51	30.62	33.58	40.05	45.52	69.87	125.35
49	24.32	31.56	34.53	41.10	46.41	71.39	128.56
50	25.11	32.47	35.45	42.12	47.27	72.83	131.58
51	25.88	33.35	36.33	43.09	48.09	74.17	134.33
52	26.61	34.17	37.15	43.99	48.85	75.35	136.71
53	27.35	35.00	37.95	44.88	49.70	76.46	138.69
54	28.00	35.72	38.65	45.65	50.45	77.34	140.13
55	28.57	36.32	39.21	46.26	51.03	77.92	140.93
56	29.01	36.77	39.60	46.67	51.42	78.16	140.98
57	29.30	37.03	39.79	46.85	51.56	77.98	140.21
58	29.35	37.02	39.74	46.75	51.40	77.34	138.51
59	29.20	36.77	39.43	46.35	50.90	76.18	135.78
60	28.83	36.23	38.81	45.61	50.01	74.44	131.94
61	28.18	35.39	37.85	44.48	48.69	72.05	126.88
62	27.27	34.21	36.55	42.94	46.88	68.97	120.50
63	26.03	32.63	34.85	40.93	44.55	65.13	112.72
64	24.50	30.67	32.74	38.44	41.65	60.48	103.43
65	22.64	28.29	30.17	35.42	38.12	54.96	92.53
66	20.43	25.46	27.12	31.83	33.93	48.51	79.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.64	6.07	6.71	8.09	11.48	22.33	39.80
26	4.81	6.32	6.99	8.45	11.93	23.00	40.93
27	5.01	6.59	7.30	8.83	12.41	23.69	42.09
28	5.22	6.89	7.64	9.24	12.90	24.41	43.26
29	5.45	7.21	8.00	9.69	13.42	25.13	44.48
30	5.70	7.55	8.38	10.17	13.97	25.89	45.72
31	5.97	7.91	8.79	10.66	14.53	26.67	47.02
32	6.24	8.30	9.22	11.18	15.11	27.47	48.36
33	6.54	8.70	9.66	11.72	15.72	28.30	49.74
34	6.84	9.11	10.13	12.28	16.35	29.17	51.18
35	7.17	9.55	10.61	12.87	17.00	30.06	52.70
36	7.51	9.99	11.12	13.48	17.66	30.99	54.28
37	7.86	10.46	11.65	14.11	18.34	31.96	55.95
38	8.23	10.94	12.19	14.74	19.06	32.97	57.72
39	8.61	11.45	12.76	15.41	19.79	34.02	59.58
40	9.00	11.96	13.34	16.09	20.54	35.12	61.54
41	9.41	12.50	13.95	16.80	21.32	36.26	63.59
42	9.84	13.05	14.57	17.53	22.13	37.44	65.75
43	10.37	13.70	15.24	18.29	22.99	38.69	68.07
44	10.93	14.36	15.92	19.08	23.88	39.98	70.48
45	11.50	15.05	16.63	19.87	24.79	41.30	72.95
46	12.10	15.76	17.34	20.68	25.69	42.64	75.49
47	12.72	16.47	18.07	21.51	26.58	43.99	78.07
48	13.35	17.22	18.85	22.39	27.50	45.44	80.87
49	13.97	17.97	19.63	23.27	28.39	46.87	83.65
50	14.60	18.71	20.39	24.12	29.22	48.24	86.32
51	15.21	19.42	21.12	24.95	29.98	49.54	88.83
52	15.80	20.10	21.81	25.71	30.66	50.72	91.10
53	16.39	20.76	22.48	26.46	31.25	51.80	93.15
54	16.90	21.36	23.07	27.10	31.71	52.70	94.82
55	17.28	21.83	23.53	27.65	32.02	53.37	96.05
56	17.58	22.21	23.88	28.05	32.19	53.78	96.75
57	17.77	22.46	24.10	28.29	32.17	53.88	96.84
58	17.81	22.53	24.15	28.35	31.94	53.66	96.26
59	17.73	22.44	24.03	28.21	31.50	53.05	94.92
60	17.50	22.16	23.70	27.82	30.82	52.02	92.74
61	17.12	21.68	23.16	27.17	29.88	50.53	89.65
62	16.56	20.97	22.38	26.24	28.65	48.55	85.57
63	15.79	20.00	21.33	25.00	27.13	46.02	80.40
64	14.82	18.77	20.00	23.45	25.30	42.91	74.09
65	13.64	17.26	18.37	21.52	23.12	39.20	66.56
66	12.24	15.45	16.42	19.23	20.60	34.82	57.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.88	6.39	7.06	8.52	12.08	23.51	41.89
26	5.06	6.65	7.36	8.89	12.56	24.21	43.08
27	5.27	6.94	7.68	9.29	13.06	24.94	44.30
28	5.49	7.25	8.04	9.73	13.58	25.69	45.54
29	5.74	7.59	8.42	10.20	14.13	26.45	46.82
30	6.00	7.95	8.82	10.70	14.70	27.25	48.13
31	6.28	8.33	9.25	11.22	15.29	28.07	49.49
32	6.57	8.74	9.70	11.77	15.91	28.92	50.90
33	6.88	9.16	10.17	12.34	16.55	29.79	52.36
34	7.20	9.59	10.66	12.93	17.21	30.70	53.87
35	7.55	10.05	11.17	13.55	17.89	31.64	55.47
36	7.90	10.52	11.71	14.19	18.59	32.62	57.14
37	8.27	11.01	12.26	14.85	19.31	33.64	58.89
38	8.66	11.52	12.83	15.52	20.06	34.71	60.76
39	9.06	12.05	13.43	16.22	20.83	35.81	62.72
40	9.47	12.59	14.04	16.94	21.62	36.97	64.78
41	9.91	13.16	14.68	17.68	22.44	38.17	66.94
42	10.36	13.74	15.34	18.45	23.29	39.41	69.21
43	10.92	14.42	16.04	19.25	24.20	40.73	71.65
44	11.51	15.12	16.76	20.08	25.14	42.08	74.19
45	12.11	15.84	17.50	20.92	26.09	43.47	76.79
46	12.74	16.59	18.25	21.77	27.04	44.88	79.46
47	13.39	17.34	19.02	22.64	27.98	46.30	82.18
48	14.05	18.13	19.84	23.57	28.95	47.83	85.13
49	14.71	18.92	20.66	24.49	29.88	49.34	88.05
50	15.37	19.69	21.46	25.39	30.76	50.78	90.86
51	16.01	20.44	22.23	26.26	31.56	52.15	93.50
52	16.63	21.16	22.96	27.06	32.27	53.39	95.89
53	17.25	21.85	23.66	27.85	32.89	54.53	98.05
54	17.79	22.48	24.28	28.53	33.38	55.47	99.81
55	18.19	22.98	24.77	29.10	33.71	56.18	101.10
56	18.50	23.38	25.14	29.53	33.88	56.61	101.84
57	18.71	23.64	25.37	29.78	33.86	56.72	101.94
58	18.75	23.72	25.42	29.84	33.62	56.48	101.33
59	18.66	23.62	25.29	29.69	33.16	55.84	99.92
60	18.42	23.33	24.95	29.28	32.44	54.76	97.62
61	18.02	22.82	24.38	28.60	31.45	53.19	94.37
62	17.43	22.07	23.56	27.62	30.16	51.10	90.07
63	16.62	21.05	22.45	26.32	28.56	48.44	84.63
64	15.60	19.76	21.05	24.68	26.63	45.17	77.99
65	14.36	18.17	19.34	22.65	24.34	41.26	70.06
66	12.88	16.26	17.28	20.24	21.68	36.65	60.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.00	5.21	5.74	6.90	10.24	20.81	37.00
26	4.15	5.42	5.98	7.20	10.65	21.46	38.11
27	4.32	5.65	6.24	7.52	11.09	22.13	39.24
28	4.50	5.91	6.53	7.89	11.54	22.81	40.39
29	4.70	6.18	6.83	8.27	12.02	23.52	41.57
30	4.92	6.47	7.16	8.66	12.51	24.24	42.77
31	5.14	6.78	7.51	9.09	13.02	24.99	44.01
32	5.38	7.11	7.88	9.54	13.56	25.76	45.30
33	5.63	7.44	8.26	9.99	14.11	26.56	46.63
34	5.89	7.80	8.65	10.48	14.68	27.38	48.00
35	6.17	8.16	9.06	10.97	15.28	28.23	49.44
36	6.45	8.54	9.50	11.49	15.88	29.11	50.94
37	6.75	8.94	9.94	12.02	16.52	30.03	52.52
38	7.06	9.35	10.40	12.56	17.17	30.98	54.19
39	7.38	9.78	10.88	13.12	17.83	31.97	55.95
40	7.71	10.21	11.37	13.70	18.52	33.00	57.78
41	8.07	10.66	11.88	14.29	19.23	34.07	59.70
42	8.43	11.13	12.41	14.91	19.96	35.16	61.70
43	8.87	11.68	12.97	15.54	20.75	36.33	63.86
44	9.34	12.23	13.54	16.20	21.56	37.53	66.09
45	9.82	12.81	14.13	16.86	22.36	38.74	68.39
46	10.33	13.39	14.73	17.55	23.17	39.98	70.73
47	10.84	13.99	15.32	18.23	23.98	41.22	73.09
48	11.35	14.61	15.97	18.95	24.79	42.54	75.66
49	11.88	15.22	16.61	19.67	25.57	43.84	78.18
50	12.39	15.83	17.23	20.37	26.30	45.09	80.59
51	12.89	16.41	17.83	21.04	26.97	46.25	82.84
52	13.38	16.97	18.39	21.66	27.56	47.29	84.87
53	13.84	17.49	18.92	22.25	28.04	48.21	86.64
54	14.26	17.96	19.39	22.76	28.42	48.96	88.06
55	14.59	18.34	19.75	23.19	28.68	49.50	89.08
56	14.86	18.63	20.03	23.49	28.79	49.81	89.62
57	15.04	18.83	20.19	23.67	28.75	49.85	89.65
58	15.10	18.89	20.23	23.72	28.53	49.58	89.08
59	15.06	18.81	20.12	23.60	28.12	48.97	87.86
60	14.91	18.59	19.87	23.29	27.52	48.00	85.92
61	14.63	18.22	19.46	22.79	26.69	46.65	83.21
62	14.21	17.68	18.85	22.08	25.63	44.84	79.66
63	13.63	16.94	18.04	21.14	24.32	42.58	75.20
64	12.90	15.99	17.02	19.94	22.74	39.81	69.78
65	11.99	14.84	15.78	18.47	20.88	36.53	63.33
66	10.92	13.45	14.30	16.72	18.73	32.68	55.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.21	5.48	6.04	7.26	10.78	21.90	38.95
26	4.37	5.70	6.29	7.58	11.21	22.59	40.12
27	4.55	5.95	6.57	7.92	11.67	23.29	41.31
28	4.74	6.22	6.87	8.30	12.15	24.01	42.52
29	4.95	6.50	7.19	8.70	12.65	24.76	43.76
30	5.18	6.81	7.54	9.12	13.17	25.52	45.02
31	5.41	7.14	7.91	9.57	13.71	26.31	46.33
32	5.66	7.48	8.29	10.04	14.27	27.12	47.68
33	5.93	7.83	8.69	10.52	14.85	27.96	49.08
34	6.20	8.21	9.11	11.03	15.45	28.82	50.53
35	6.49	8.59	9.54	11.55	16.08	29.72	52.04
36	6.79	8.99	10.00	12.09	16.72	30.64	53.62
37	7.10	9.41	10.46	12.65	17.39	31.61	55.28
38	7.43	9.84	10.95	13.22	18.07	32.61	57.04
39	7.77	10.29	11.45	13.81	18.77	33.65	58.89
40	8.12	10.75	11.97	14.42	19.49	34.74	60.82
41	8.49	11.22	12.51	15.04	20.24	35.86	62.84
42	8.87	11.72	13.06	15.69	21.01	37.01	64.95
43	9.34	12.29	13.65	16.36	21.84	38.24	67.22
44	9.83	12.87	14.25	17.05	22.69	39.50	69.57
45	10.34	13.48	14.87	17.75	23.54	40.78	71.99
46	10.87	14.09	15.50	18.47	24.39	42.08	74.45
47	11.41	14.73	16.13	19.19	25.24	43.39	76.94
48	11.95	15.38	16.81	19.95	26.09	44.78	79.64
49	12.50	16.02	17.48	20.71	26.92	46.15	82.29
50	13.04	16.66	18.14	21.44	27.68	47.46	84.83
51	13.57	17.27	18.77	22.15	28.39	48.68	87.20
52	14.08	17.86	19.36	22.80	29.01	49.78	89.34
53	14.57	18.41	19.92	23.42	29.52	50.75	91.20
54	15.01	18.90	20.41	23.96	29.92	51.54	92.69
55	15.36	19.30	20.79	24.41	30.19	52.11	93.77
56	15.64	19.61	21.08	24.73	30.31	52.43	94.34
57	15.83	19.82	21.25	24.92	30.26	52.47	94.37
58	15.89	19.88	21.29	24.97	30.03	52.19	93.77
59	15.85	19.80	21.18	24.84	29.60	51.55	92.48
60	15.69	19.57	20.92	24.52	28.97	50.53	90.44
61	15.40	19.18	20.48	23.99	28.09	49.10	87.59
62	14.96	18.61	19.84	23.24	26.98	47.20	83.85
63	14.35	17.83	18.99	22.25	25.60	44.82	79.16
64	13.58	16.83	17.92	20.99	23.94	41.91	73.45
65	12.62	15.62	16.61	19.44	21.98	38.45	66.66
66	11.49	14.16	15.05	17.60	19.72	34.40	58.73

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.71	4.80	5.28	6.34	9.38	18.96	33.61
26	3.85	5.00	5.51	6.62	9.77	19.58	34.68
27	4.01	5.22	5.76	6.93	10.17	20.22	35.77
28	4.18	5.45	6.02	7.26	10.60	20.87	36.86
29	4.36	5.71	6.31	7.61	11.04	21.54	37.97
30	4.56	5.98	6.61	7.98	11.50	22.22	39.11
31	4.77	6.26	6.94	8.37	11.98	22.92	40.28
32	4.99	6.56	7.27	8.79	12.47	23.65	41.48
33	5.22	6.87	7.62	9.22	12.98	24.38	42.71
34	5.45	7.20	7.98	9.65	13.51	25.14	43.99
35	5.71	7.53	8.36	10.11	14.05	25.92	45.31
36	5.97	7.89	8.75	10.57	14.61	26.72	46.68
37	6.23	8.24	9.16	11.06	15.18	27.56	48.13
38	6.52	8.62	9.58	11.55	15.78	28.42	49.64
39	6.81	9.00	10.00	12.07	16.38	29.33	51.22
40	7.12	9.40	10.45	12.59	17.01	30.25	52.89
41	7.43	9.80	10.92	13.12	17.64	31.21	54.61
42	7.75	10.22	11.39	13.67	18.30	32.19	56.39
43	8.15	10.71	11.89	14.24	19.00	33.22	58.32
44	8.57	11.21	12.40	14.83	19.72	34.28	60.30
45	9.01	11.72	12.92	15.42	20.44	35.36	62.32
46	9.45	12.25	13.45	16.02	21.15	36.43	64.37
47	9.91	12.77	13.98	16.62	21.85	37.51	66.43
48	10.36	13.31	14.54	17.25	22.55	38.65	68.64
49	10.82	13.84	15.10	17.87	23.22	39.76	70.79
50	11.27	14.36	15.64	18.47	23.85	40.80	72.84
51	11.69	14.87	16.15	19.04	24.40	41.77	74.74
52	12.11	15.34	16.63	19.57	24.88	42.64	76.43
53	12.50	15.77	17.05	20.05	25.25	43.35	77.81
54	12.85	16.16	17.43	20.45	25.53	43.91	78.89
55	13.12	16.46	17.73	20.79	25.71	44.31	79.64
56	13.35	16.71	17.95	21.04	25.77	44.53	80.03
57	13.51	16.88	18.09	21.20	25.72	44.54	80.02
58	13.58	16.95	18.14	21.25	25.55	44.34	79.57
59	13.57	16.91	18.09	21.19	25.23	43.90	78.65
60	13.48	16.79	17.93	21.00	24.79	43.21	77.24
61	13.31	16.55	17.66	20.68	24.20	42.24	75.27
62	13.04	16.20	17.26	20.21	23.45	40.98	72.72
63	12.65	15.70	16.72	19.58	22.53	39.42	69.57
64	12.17	15.07	16.05	18.77	21.46	37.53	65.76
65	11.57	14.30	15.21	17.80	20.21	35.29	61.27
66	10.85	13.39	14.22	16.63	18.77	32.70	56.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.90	5.05	5.56	6.67	9.87	19.96	35.38
26	4.05	5.26	5.80	6.97	10.28	20.61	36.51
27	4.22	5.49	6.06	7.29	10.71	21.28	37.65
28	4.40	5.74	6.34	7.64	11.16	21.97	38.80
29	4.59	6.01	6.64	8.01	11.62	22.67	39.97
30	4.80	6.29	6.96	8.40	12.11	23.39	41.17
31	5.02	6.59	7.30	8.81	12.61	24.13	42.40
32	5.25	6.91	7.65	9.25	13.13	24.89	43.66
33	5.49	7.23	8.02	9.70	13.66	25.66	44.96
34	5.74	7.58	8.40	10.16	14.22	26.46	46.30
35	6.01	7.93	8.80	10.64	14.79	27.28	47.69
36	6.28	8.30	9.21	11.13	15.38	28.13	49.14
37	6.56	8.67	9.64	11.64	15.98	29.01	50.66
38	6.86	9.07	10.08	12.16	16.61	29.92	52.25
39	7.17	9.47	10.53	12.70	17.24	30.87	53.92
40	7.49	9.89	11.00	13.25	17.90	31.84	55.67
41	7.82	10.32	11.49	13.81	18.57	32.85	57.48
42	8.16	10.76	11.99	14.39	19.26	33.88	59.36
43	8.58	11.27	12.52	14.99	20.00	34.97	61.39
44	9.02	11.80	13.05	15.61	20.76	36.08	63.47
45	9.48	12.34	13.60	16.23	21.52	37.22	65.60
46	9.95	12.89	14.16	16.86	22.26	38.35	67.76
47	10.43	13.44	14.72	17.49	23.00	39.48	69.93
48	10.91	14.01	15.31	18.16	23.74	40.68	72.25
49	11.39	14.57	15.89	18.81	24.44	41.85	74.52
50	11.86	15.12	16.46	19.44	25.10	42.95	76.67
51	12.31	15.65	17.00	20.04	25.68	43.97	78.67
52	12.75	16.15	17.50	20.60	26.19	44.88	80.45
53	13.16	16.60	17.95	21.10	26.58	45.63	81.90
54	13.53	17.01	18.35	21.53	26.87	46.22	83.04
55	13.81	17.33	18.66	21.88	27.06	46.64	83.83
56	14.05	17.59	18.89	22.15	27.13	46.87	84.24
57	14.22	17.77	19.04	22.32	27.07	46.88	84.23
58	14.29	17.84	19.09	22.37	26.89	46.67	83.76
59	14.28	17.80	19.04	22.31	26.56	46.21	82.79
60	14.19	17.67	18.87	22.11	26.09	45.48	81.30
61	14.01	17.42	18.59	21.77	25.47	44.46	79.23
62	13.73	17.05	18.17	21.27	24.68	43.14	76.55
63	13.32	16.53	17.60	20.61	23.72	41.49	73.23
64	12.81	15.86	16.89	19.76	22.59	39.50	69.22
65	12.18	15.05	16.01	18.74	21.27	37.15	64.49
66	11.42	14.09	14.97	17.51	19.76	34.42	59.01

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.33	4.28	4.71	5.64	8.30	16.66	29.40
26	3.46	4.47	4.91	5.89	8.65	17.22	30.37
27	3.60	4.66	5.13	6.17	9.02	17.80	31.34
28	3.75	4.86	5.37	6.46	9.39	18.38	32.33
29	3.91	5.09	5.61	6.76	9.78	18.97	33.32
30	4.09	5.33	5.88	7.09	10.18	19.57	34.32
31	4.27	5.58	6.16	7.43	10.59	20.19	35.34
32	4.46	5.83	6.45	7.79	11.02	20.81	36.39
33	4.65	6.10	6.75	8.16	11.47	21.45	37.45
34	4.85	6.38	7.07	8.54	11.92	22.10	38.54
35	5.07	6.67	7.39	8.93	12.39	22.76	39.66
36	5.29	6.97	7.72	9.33	12.86	23.45	40.82
37	5.52	7.28	8.07	9.74	13.35	24.15	42.03
38	5.77	7.59	8.43	10.16	13.84	24.87	43.29
39	6.01	7.91	8.79	10.58	14.35	25.61	44.60
40	6.26	8.25	9.17	11.02	14.87	26.37	45.96
41	6.53	8.59	9.55	11.47	15.39	27.15	47.36
42	6.79	8.93	9.94	11.92	15.93	27.94	48.81
43	7.13	9.33	10.35	12.39	16.50	28.78	50.35
44	7.48	9.74	10.76	12.86	17.08	29.61	51.93
45	7.83	10.16	11.19	13.35	17.66	30.46	53.52
46	8.19	10.58	11.61	13.82	18.23	31.29	55.13
47	8.56	11.00	12.04	14.30	18.77	32.12	56.72
48	8.92	11.43	12.47	14.78	19.30	32.97	58.39
49	9.27	11.85	12.90	15.27	19.80	33.79	60.00
50	9.62	12.25	13.31	15.72	20.25	34.56	61.52
51	9.97	12.64	13.71	16.15	20.66	35.25	62.91
52	10.29	13.00	14.07	16.55	21.00	35.87	64.13
53	10.57	13.31	14.37	16.88	21.23	36.33	65.02
54	10.85	13.59	14.65	17.18	21.39	36.68	65.71
55	11.06	13.82	14.87	17.42	21.50	36.93	66.19
56	11.24	14.02	15.04	17.62	21.53	37.08	66.45
57	11.39	14.18	15.18	17.77	21.51	37.13	66.50
58	11.48	14.28	15.27	17.87	21.42	37.06	66.33
59	11.53	14.34	15.31	17.93	21.29	36.90	65.93
60	11.55	14.35	15.30	17.92	21.10	36.64	65.31
61	11.54	14.32	15.26	17.85	20.85	36.27	64.46
62	11.50	14.23	15.15	17.74	20.57	35.80	63.37
63	11.39	14.10	15.00	17.55	20.23	35.22	62.04
64	11.25	13.91	14.79	17.31	19.85	34.53	60.48
65	11.06	13.67	14.53	17.00	19.43	33.74	58.65
66	10.84	13.38	14.21	16.63	18.96	32.84	56.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.51	4.51	4.96	5.94	8.74	17.54	30.95
26	3.64	4.70	5.17	6.20	9.11	18.13	31.97
27	3.79	4.91	5.40	6.49	9.49	18.74	32.99
28	3.95	5.12	5.65	6.80	9.88	19.35	34.03
29	4.12	5.36	5.91	7.12	10.29	19.97	35.07
30	4.30	5.61	6.19	7.46	10.72	20.60	36.13
31	4.49	5.87	6.48	7.82	11.15	21.25	37.20
32	4.69	6.14	6.79	8.20	11.60	21.91	38.30
33	4.89	6.42	7.11	8.59	12.07	22.58	39.42
34	5.11	6.72	7.44	8.99	12.55	23.26	40.57
35	5.34	7.02	7.78	9.40	13.04	23.96	41.75
36	5.57	7.34	8.13	9.82	13.54	24.68	42.97
37	5.81	7.66	8.49	10.25	14.05	25.42	44.24
38	6.07	7.99	8.87	10.69	14.57	26.18	45.57
39	6.33	8.33	9.25	11.14	15.11	26.96	46.95
40	6.59	8.68	9.65	11.60	15.65	27.76	48.38
41	6.87	9.04	10.05	12.07	16.20	28.58	49.85
42	7.15	9.40	10.46	12.55	16.77	29.41	51.38
43	7.50	9.82	10.89	13.04	17.37	30.29	53.00
44	7.87	10.25	11.33	13.54	17.98	31.17	54.66
45	8.24	10.69	11.78	14.05	18.59	32.06	56.34
46	8.62	11.14	12.22	14.55	19.19	32.94	58.03
47	9.01	11.58	12.67	15.05	19.76	33.81	59.71
48	9.39	12.03	13.13	15.56	20.32	34.71	61.46
49	9.76	12.47	13.58	16.07	20.84	35.57	63.16
50	10.13	12.89	14.01	16.55	21.32	36.38	64.76
51	10.49	13.30	14.43	17.00	21.75	37.11	66.22
52	10.83	13.68	14.81	17.42	22.11	37.76	67.50
53	11.13	14.01	15.13	17.77	22.35	38.24	68.44
54	11.42	14.31	15.42	18.08	22.52	38.61	69.17
55	11.64	14.55	15.65	18.34	22.63	38.87	69.67
56	11.83	14.76	15.83	18.55	22.66	39.03	69.95
57	11.99	14.93	15.98	18.71	22.64	39.08	70.00
58	12.08	15.03	16.07	18.81	22.55	39.01	69.82
59	12.14	15.09	16.12	18.87	22.41	38.84	69.40
60	12.16	15.10	16.11	18.86	22.21	38.57	68.75
61	12.15	15.07	16.06	18.79	21.95	38.18	67.85
62	12.10	14.98	15.95	18.67	21.65	37.68	66.71
63	11.99	14.84	15.79	18.47	21.29	37.07	65.31
64	11.84	14.64	15.57	18.22	20.89	36.35	63.66
65	11.64	14.39	15.29	17.89	20.45	35.52	61.74
66	11.41	14.08	14.96	17.50	19.96	34.57	59.57

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.17	13.65	15.21	18.50	23.47		
26	10.56	14.21	15.84	19.29	24.38		
27	10.99	14.81	16.50	20.11	25.31		
28	11.44	15.44	17.20	20.98	26.27		
29	11.90	16.08	17.95	21.88	27.26		
30	12.40	16.77	18.71	22.82	28.26		
31	12.91	17.46	19.48	23.78	29.28		
32	13.44	18.18	20.30	24.77	30.31		
33	13.98	18.91	21.11	25.75	31.34		
34	14.53	19.66	21.95	26.76	32.38		
35	15.11	20.42	22.81	27.79	33.43		
36	15.69	21.19	23.69	28.84	34.49		
37	16.30	21.99	24.60	29.91	35.56		
38	16.92	22.81	25.51	30.99	36.63		
39	17.57	23.65	26.46	32.08	37.72		
40	18.22	24.50	27.43	33.21	38.81		
41	18.91	25.39	28.42	34.37	39.91		
42	19.62	26.32	29.46	35.56	41.03		
43	20.52	27.38	30.54	36.79	42.15		
44	21.45	28.48	31.66	38.07	43.29		
45	22.44	29.64	32.82	39.38	44.45		
46	23.46	30.84	34.03	40.75	45.62		
47	24.53	32.08	35.27	42.15	46.79		
48	25.61	33.38	36.62	43.68	48.04		
49	26.73	34.72	38.01	45.25	49.30		
50	27.87	36.08	39.41	46.84	50.52		
51	29.02	37.45	40.81	48.43	51.72		
52	30.18	38.82	42.21	50.01	52.86		
53	31.43	40.28	43.71	51.72	54.05		
54	32.62	41.70	45.14	53.35	55.13		
55	33.75	43.01	46.46	54.85	56.04		
56	34.78	44.18	47.60	56.15	56.76		
57	35.65	45.15	48.55	57.22	57.25		
58	36.09	45.62	49.00	57.69	57.19		
59	36.35	45.87	49.20	57.89	56.86		
60	36.43	45.89	49.17	57.83	56.29		
61	36.35	45.70	48.92	57.51	55.48		
62	36.04	45.32	48.45	56.97	54.48		
63	35.07	44.14	47.22	55.54	52.66		
64	34.08	42.93	45.94	54.08	50.83		
65	33.16	41.85	44.80	52.79	49.17		
66	32.44	41.02	43.96	51.85	47.85		
67	32.05	40.62	43.56	51.45	47.05		
68	32.11	40.78	43.78	51.79	46.96		
69	32.73	41.67	44.77	53.04	47.73		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.70	14.37	16.01	19.47	24.70		
26	11.12	14.96	16.67	20.30	25.66		
27	11.57	15.59	17.37	21.17	26.64		
28	12.04	16.25	18.11	22.08	27.65		
29	12.53	16.93	18.89	23.03	28.69		
30	13.05	17.65	19.69	24.02	29.75		
31	13.59	18.38	20.51	25.03	30.82		
32	14.15	19.14	21.37	26.07	31.90		
33	14.72	19.90	22.22	27.11	32.99		
34	15.29	20.69	23.11	28.17	34.08		
35	15.90	21.49	24.01	29.25	35.19		
36	16.52	22.31	24.94	30.36	36.31		
37	17.16	23.15	25.89	31.48	37.43		
38	17.81	24.01	26.85	32.62	38.56		
39	18.49	24.89	27.85	33.77	39.70		
40	19.18	25.79	28.87	34.96	40.85		
41	19.90	26.73	29.92	36.18	42.01		
42	20.65	27.70	31.01	37.43	43.19		
43	21.60	28.82	32.15	38.73	44.37		
44	22.58	29.98	33.33	40.07	45.57		
45	23.62	31.20	34.55	41.45	46.79		
46	24.69	32.46	35.82	42.89	48.02		
47	25.82	33.77	37.13	44.37	49.25		
48	26.96	35.14	38.55	45.98	50.57		
49	28.14	36.55	40.01	47.63	51.89		
50	29.34	37.98	41.48	49.30	53.18		
51	30.55	39.42	42.96	50.98	54.44		
52	31.77	40.86	44.43	52.64	55.64		
53	33.08	42.40	46.01	54.44	56.89		
54	34.34	43.89	47.52	56.16	58.03		
55	35.53	45.27	48.90	57.74	58.99		
56	36.61	46.50	50.11	59.11	59.75		
57	37.53	47.53	51.11	60.23	60.26		
58	37.99	48.02	51.58	60.73	60.20		
59	38.26	48.28	51.79	60.94	59.85		
60	38.35	48.30	51.76	60.87	59.25		
61	38.26	48.11	51.49	60.54	58.40		
62	37.94	47.70	51.00	59.97	57.35		
63	36.92	46.46	49.70	58.46	55.43		
64	35.87	45.19	48.36	56.93	53.51		
65	34.90	44.05	47.16	55.57	51.76		
66	34.15	43.18	46.27	54.58	50.37		
67	33.74	42.76	45.85	54.16	49.53		
68	33.80	42.93	46.08	54.52	49.43		
69	34.45	43.86	47.13	55.83	50.24		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.85	6.37	7.05	8.50	11.99		
26	5.05	6.65	7.36	8.89	12.49		
27	5.27	6.96	7.70	9.32	13.02		
28	5.52	7.30	8.08	9.79	13.59		
29	5.78	7.66	8.48	10.28	14.16		
30	6.06	8.04	8.92	10.81	14.78		
31	6.36	8.46	9.39	11.38	15.42		
32	6.68	8.88	9.87	11.97	16.09		
33	7.01	9.34	10.38	12.59	16.79		
34	7.37	9.81	10.92	13.24	17.52		
35	7.74	10.32	11.49	13.92	18.27		
36	8.14	10.85	12.07	14.63	19.06		
37	8.56	11.39	12.70	15.37	19.88		
38	9.00	11.97	13.35	16.13	20.74		
39	9.45	12.57	14.02	16.93	21.64		
40	9.93	13.21	14.73	17.77	22.56		
41	10.43	13.86	15.48	18.64	23.53		
42	10.96	14.55	16.26	19.55	24.52		
43	11.62	15.35	17.09	20.51	25.56		
44	12.31	16.20	17.96	21.51	26.62		
45	13.04	17.07	18.87	22.55	27.71		
46	13.81	17.99	19.82	23.65	28.82		
47	14.62	18.96	20.81	24.78	29.94		
48	15.47	19.99	21.89	26.01	31.14		
49	16.34	21.04	23.00	27.27	32.34		
50	17.23	22.12	24.12	28.55	33.51		
51	18.14	23.20	25.25	29.83	34.64		
52	19.05	24.27	26.36	31.10	35.71		
53	20.01	25.42	27.55	32.44	36.77		
54	20.94	26.51	28.66	33.72	37.72		
55	21.71	27.50	29.67	34.89	38.54		
56	22.40	28.39	30.55	35.92	39.18		
57	22.99	29.13	31.28	36.77	39.62		
58	23.28	29.50	31.64	37.18	39.60		
59	23.42	29.71	31.83	37.39	39.37		
60	23.45	29.76	31.85	37.41	38.93		
61	23.36	29.67	31.72	37.25	38.32		
62	23.16	29.43	31.44	36.93	37.54		
63	22.52	28.68	30.65	36.01	36.21		
64	21.86	27.90	29.83	35.06	34.87		
65	21.25	27.19	29.08	34.22	33.62		
66	20.77	26.64	28.52	33.59	32.61		
67	20.48	26.36	28.24	33.32	31.96		
68	20.48	26.45	28.37	33.51	31.77		
69	20.84	27.01	28.99	34.30	32.20		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.11	6.71	7.42	8.95	12.62		
26	5.32	7.00	7.75	9.36	13.15		
27	5.55	7.33	8.11	9.81	13.71		
28	5.81	7.68	8.51	10.30	14.30		
29	6.08	8.06	8.93	10.82	14.91		
30	6.38	8.46	9.39	11.38	15.56		
31	6.69	8.90	9.88	11.98	16.23		
32	7.03	9.35	10.39	12.60	16.94		
33	7.38	9.83	10.93	13.25	17.67		
34	7.76	10.33	11.49	13.94	18.44		
35	8.15	10.86	12.09	14.65	19.23		
36	8.57	11.42	12.71	15.40	20.06		
37	9.01	11.99	13.37	16.18	20.93		
38	9.47	12.60	14.05	16.98	21.83		
39	9.95	13.23	14.76	17.82	22.78		
40	10.45	13.90	15.51	18.70	23.75		
41	10.98	14.59	16.29	19.62	24.77		
42	11.54	15.32	17.12	20.58	25.81		
43	12.23	16.16	17.99	21.59	26.90		
44	12.96	17.05	18.90	22.64	28.02		
45	13.73	17.97	19.86	23.74	29.17		
46	14.54	18.94	20.86	24.89	30.34		
47	15.39	19.96	21.90	26.08	31.52		
48	16.28	21.04	23.04	27.38	32.78		
49	17.20	22.15	24.21	28.71	34.04		
50	18.14	23.28	25.39	30.05	35.27		
51	19.09	24.42	26.58	31.40	36.46		
52	20.05	25.55	27.75	32.74	37.59		
53	21.06	26.76	29.00	34.15	38.71		
54	22.04	27.91	30.17	35.49	39.71		
55	22.85	28.95	31.23	36.73	40.57		
56	23.58	29.88	32.16	37.81	41.24		
57	24.20	30.66	32.93	38.70	41.70		
58	24.50	31.05	33.31	39.14	41.68		
59	24.65	31.27	33.51	39.36	41.44		
60	24.68	31.33	33.53	39.38	40.98		
61	24.59	31.23	33.39	39.21	40.34		
62	24.38	30.98	33.09	38.87	39.52		
63	23.71	30.19	32.26	37.90	38.12		
64	23.01	29.37	31.40	36.91	36.70		
65	22.37	28.62	30.61	36.02	35.39		
66	21.86	28.04	30.02	35.36	34.33		
67	21.56	27.75	29.73	35.07	33.64		
68	21.56	27.84	29.86	35.27	33.44		
69	21.94	28.43	30.52	36.10	33.89		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.20	5.46	6.03	7.26	10.73		
26	4.37	5.71	6.30	7.59	11.18		
27	4.56	5.98	6.60	7.96	11.67		
28	4.77	6.26	6.93	8.36	12.18		
29	4.99	6.57	7.27	8.79	12.71		
30	5.23	6.90	7.64	9.24	13.27		
31	5.49	7.25	8.04	9.73	13.86		
32	5.76	7.62	8.46	10.23	14.48		
33	6.05	8.01	8.89	10.76	15.11		
34	6.36	8.42	9.35	11.31	15.78		
35	6.67	8.84	9.83	11.89	16.47		
36	7.01	9.29	10.34	12.50	17.20		
37	7.36	9.77	10.87	13.13	17.96		
38	7.73	10.25	11.42	13.78	18.75		
39	8.12	10.76	11.99	14.46	19.57		
40	8.53	11.30	12.60	15.17	20.43		
41	8.96	11.87	13.22	15.91	21.31		
42	9.41	12.45	13.89	16.68	22.21		
43	9.97	13.13	14.59	17.49	23.16		
44	10.55	13.83	15.32	18.34	24.14		
45	11.16	14.58	16.09	19.22	25.13		
46	11.82	15.35	16.89	20.14	26.14		
47	12.50	16.17	17.73	21.08	27.17		
48	13.21	17.02	18.63	22.12	28.25		
49	13.94	17.91	19.56	23.17	29.33		
50	14.69	18.80	20.49	24.24	30.39		
51	15.44	19.70	21.43	25.30	31.40		
52	16.20	20.60	22.35	26.35	32.36		
53	16.99	21.54	23.32	27.45	33.30		
54	17.76	22.43	24.23	28.49	34.13		
55	18.42	23.24	25.05	29.44	34.84		
56	19.03	23.95	25.76	30.27	35.39		
57	19.53	24.54	26.34	30.94	35.74		
58	19.77	24.81	26.60	31.23	35.67		
59	19.90	24.94	26.70	31.35	35.42		
60	19.92	24.95	26.69	31.31	34.98		
61	19.86	24.83	26.53	31.14	34.39		
62	19.70	24.61	26.28	30.84	33.68		
63	19.20	24.00	25.63	30.09	32.51		
64	18.69	23.37	24.97	29.34	31.34		
65	18.21	22.81	24.38	28.66	30.28		
66	17.86	22.39	23.95	28.19	29.43		
67	17.67	22.19	23.76	28.01	28.90		
68	17.72	22.31	23.90	28.22	28.79		
69	18.08	22.80	24.46	28.92	29.23		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.42	5.75	6.35	7.64	11.29		
26	4.60	6.01	6.63	7.99	11.77		
27	4.80	6.29	6.95	8.38	12.28		
28	5.02	6.59	7.29	8.80	12.82		
29	5.25	6.92	7.65	9.25	13.38		
30	5.51	7.26	8.04	9.73	13.97		
31	5.78	7.63	8.46	10.24	14.59		
32	6.06	8.02	8.90	10.77	15.24		
33	6.37	8.43	9.36	11.33	15.91		
34	6.69	8.86	9.84	11.91	16.61		
35	7.02	9.31	10.35	12.52	17.34		
36	7.38	9.78	10.88	13.16	18.11		
37	7.75	10.28	11.44	13.82	18.90		
38	8.14	10.79	12.02	14.51	19.74		
39	8.55	11.33	12.62	15.22	20.60		
40	8.98	11.89	13.26	15.97	21.50		
41	9.43	12.49	13.92	16.75	22.43		
42	9.90	13.10	14.62	17.56	23.38		
43	10.49	13.82	15.36	18.41	24.38		
44	11.11	14.56	16.13	19.31	25.41		
45	11.75	15.35	16.94	20.23	26.45		
46	12.44	16.16	17.78	21.20	27.52		
47	13.16	17.02	18.66	22.19	28.60		
48	13.90	17.92	19.61	23.28	29.74		
49	14.67	18.85	20.59	24.39	30.87		
50	15.46	19.79	21.57	25.52	31.99		
51	16.25	20.74	22.56	26.63	33.05		
52	17.05	21.68	23.53	27.74	34.06		
53	17.88	22.67	24.55	28.89	35.05		
54	18.69	23.61	25.51	29.99	35.93		
55	19.39	24.46	26.37	30.99	36.67		
56	20.03	25.21	27.12	31.86	37.25		
57	20.56	25.83	27.73	32.57	37.62		
58	20.81	26.12	28.00	32.87	37.55		
59	20.95	26.25	28.11	33.00	37.28		
60	20.97	26.26	28.09	32.96	36.82		
61	20.90	26.14	27.93	32.78	36.20		
62	20.74	25.91	27.66	32.46	35.45		
63	20.21	25.26	26.98	31.67	34.22		
64	19.67	24.60	26.28	30.88	32.99		
65	19.17	24.01	25.66	30.17	31.87		
66	18.80	23.57	25.21	29.67	30.98		
67	18.60	23.36	25.01	29.48	30.42		
68	18.65	23.48	25.16	29.70	30.31		
69	19.03	24.00	25.75	30.44	30.77		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.90	5.05	5.57	6.69	9.85		
26	4.06	5.28	5.82	7.00	10.28		
27	4.24	5.53	6.10	7.34	10.74		
28	4.43	5.80	6.40	7.71	11.22		
29	4.64	6.08	6.73	8.11	11.72		
30	4.86	6.38	7.07	8.54	12.25		
31	5.10	6.72	7.43	8.99	12.79		
32	5.35	7.06	7.82	9.45	13.36		
33	5.61	7.42	8.23	9.95	13.96		
34	5.89	7.79	8.65	10.46	14.57		
35	6.19	8.19	9.09	10.99	15.21		
36	6.50	8.60	9.56	11.55	15.88		
37	6.82	9.03	10.04	12.13	16.58		
38	7.16	9.48	10.55	12.73	17.30		
39	7.51	9.95	11.08	13.35	18.05		
40	7.89	10.43	11.62	13.99	18.83		
41	8.28	10.94	12.20	14.67	19.64		
42	8.69	11.48	12.81	15.37	20.45		
43	9.20	12.09	13.44	16.10	21.32		
44	9.73	12.73	14.10	16.86	22.20		
45	10.28	13.40	14.79	17.66	23.09		
46	10.87	14.10	15.51	18.48	24.00		
47	11.48	14.83	16.25	19.32	24.91		
48	12.11	15.59	17.05	20.24	25.87		
49	12.76	16.38	17.87	21.18	26.81		
50	13.41	17.17	18.70	22.11	27.72		
51	14.08	17.95	19.51	23.04	28.60		
52	14.73	18.72	20.31	23.94	29.41		
53	15.43	19.53	21.15	24.88	30.19		
54	16.08	20.30	21.93	25.75	30.87		
55	16.65	20.98	22.60	26.55	31.43		
56	17.15	21.57	23.19	27.23	31.83		
57	17.57	22.04	23.65	27.76	32.07		
58	17.72	22.20	23.79	27.92	31.89		
59	17.77	22.25	23.82	27.94	31.55		
60	17.75	22.19	23.72	27.83	31.07		
61	17.66	22.05	23.55	27.62	30.49		
62	17.51	21.83	23.30	27.33	29.83		
63	17.13	21.38	22.82	26.78	28.91		
64	16.76	20.93	22.35	26.24	28.02		
65	16.44	20.55	21.96	25.81	27.25		
66	16.22	20.31	21.72	25.56	26.67		
67	16.15	20.25	21.68	25.55	26.35		
68	16.27	20.45	21.92	25.86	26.40		
69	16.64	20.98	22.49	26.58	26.88		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.10	5.32	5.86	7.04	10.37		
26	4.27	5.56	6.13	7.37	10.82		
27	4.46	5.82	6.42	7.73	11.30		
28	4.66	6.10	6.74	8.12	11.81		
29	4.88	6.40	7.08	8.54	12.34		
30	5.12	6.72	7.44	8.99	12.89		
31	5.37	7.07	7.82	9.46	13.46		
32	5.63	7.43	8.23	9.95	14.06		
33	5.91	7.81	8.66	10.47	14.69		
34	6.20	8.20	9.10	11.01	15.34		
35	6.52	8.62	9.57	11.57	16.01		
36	6.84	9.05	10.06	12.16	16.72		
37	7.18	9.51	10.57	12.77	17.45		
38	7.54	9.98	11.10	13.40	18.21		
39	7.91	10.47	11.66	14.05	19.00		
40	8.30	10.98	12.23	14.73	19.82		
41	8.72	11.52	12.84	15.44	20.67		
42	9.15	12.08	13.48	16.18	21.53		
43	9.68	12.73	14.15	16.95	22.44		
44	10.24	13.40	14.84	17.75	23.37		
45	10.82	14.11	15.57	18.59	24.31		
46	11.44	14.84	16.33	19.45	25.26		
47	12.08	15.61	17.11	20.34	26.22		
48	12.75	16.41	17.95	21.31	27.23		
49	13.43	17.24	18.81	22.29	28.22		
50	14.12	18.07	19.68	23.27	29.18		
51	14.82	18.89	20.54	24.25	30.10		
52	15.51	19.71	21.38	25.20	30.96		
53	16.24	20.56	22.26	26.19	31.78		
54	16.93	21.37	23.08	27.11	32.49		
55	17.53	22.08	23.79	27.95	33.08		
56	18.05	22.70	24.41	28.66	33.51		
57	18.49	23.20	24.89	29.22	33.76		
58	18.65	23.37	25.04	29.39	33.57		
59	18.71	23.42	25.07	29.41	33.21		
60	18.68	23.36	24.97	29.29	32.71		
61	18.59	23.21	24.79	29.07	32.09		
62	18.43	22.98	24.53	28.77	31.40		
63	18.03	22.50	24.02	28.19	30.43		
64	17.64	22.03	23.53	27.62	29.49		
65	17.30	21.63	23.12	27.17	28.68		
66	17.07	21.38	22.86	26.90	28.07		
67	17.00	21.32	22.82	26.89	27.74		
68	17.13	21.53	23.07	27.22	27.79		
69	17.52	22.08	23.67	27.98	28.29		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.51	4.52	4.98	5.97	8.74		
26	3.66	4.72	5.21	6.25	9.14		
27	3.81	4.95	5.45	6.56	9.54		
28	3.98	5.19	5.72	6.89	9.97		
29	4.16	5.43	6.00	7.23	10.41		
30	4.36	5.71	6.31	7.61	10.88		
31	4.57	5.99	6.62	8.00	11.35		
32	4.79	6.29	6.96	8.41	11.86		
33	5.02	6.60	7.32	8.84	12.37		
34	5.26	6.93	7.69	9.28	12.91		
35	5.52	7.27	8.07	9.75	13.47		
36	5.79	7.63	8.46	10.22	14.04		
37	6.06	8.00	8.88	10.73	14.64		
38	6.35	8.38	9.31	11.23	15.26		
39	6.65	8.78	9.77	11.76	15.89		
40	6.96	9.20	10.23	12.31	16.56		
41	7.30	9.62	10.72	12.87	17.23		
42	7.64	10.07	11.22	13.46	17.92		
43	8.07	10.58	11.75	14.08	18.63		
44	8.51	11.12	12.30	14.72	19.36		
45	8.98	11.68	12.87	15.37	20.09		
46	9.45	12.26	13.46	16.04	20.82		
47	9.96	12.84	14.06	16.72	21.55		
48	10.47	13.46	14.71	17.45	22.31		
49	10.99	14.08	15.36	18.19	23.04		
50	11.51	14.71	16.01	18.92	23.73		
51	12.04	15.32	16.63	19.64	24.39		
52	12.55	15.92	17.25	20.33	24.98		
53	13.07	16.52	17.87	21.02	25.51		
54	13.56	17.08	18.44	21.65	25.94		
55	13.99	17.58	18.93	22.22	26.29		
56	14.35	18.00	19.34	22.69	26.51		
57	14.66	18.34	19.66	23.06	26.61		
58	14.73	18.42	19.72	23.12	26.38		
59	14.75	18.42	19.70	23.09	26.04		
60	14.73	18.35	19.61	22.98	25.62		
61	14.66	18.25	19.48	22.82	25.16		
62	14.56	18.12	19.31	22.63	24.65		
63	14.36	17.89	19.08	22.36	24.09		
64	14.19	17.68	18.87	22.14	23.58		
65	14.07	17.55	18.73	21.99	23.18		
66	14.02	17.52	18.72	22.00	22.93		
67	14.08	17.62	18.85	22.19	22.89		
68	14.29	17.92	19.18	22.61	23.09		
69	14.66	18.42	19.74	23.31	23.59		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.69	4.76	5.24	6.28	9.20		
26	3.85	4.97	5.48	6.58	9.62		
27	4.01	5.21	5.74	6.90	10.04		
28	4.19	5.46	6.02	7.25	10.49		
29	4.38	5.72	6.32	7.61	10.96		
30	4.59	6.01	6.64	8.01	11.45		
31	4.81	6.31	6.97	8.42	11.95		
32	5.04	6.62	7.33	8.85	12.48		
33	5.28	6.95	7.70	9.30	13.02		
34	5.54	7.29	8.09	9.77	13.59		
35	5.81	7.65	8.49	10.26	14.18		
36	6.09	8.03	8.91	10.76	14.78		
37	6.38	8.42	9.35	11.29	15.41		
38	6.68	8.82	9.80	11.82	16.06		
39	7.00	9.24	10.28	12.38	16.73		
40	7.33	9.68	10.77	12.96	17.43		
41	7.68	10.13	11.28	13.55	18.14		
42	8.04	10.60	11.81	14.17	18.86		
43	8.49	11.14	12.37	14.82	19.61		
44	8.96	11.71	12.95	15.49	20.38		
45	9.45	12.29	13.55	16.18	21.15		
46	9.95	12.90	14.17	16.88	21.92		
47	10.48	13.52	14.80	17.60	22.68		
48	11.02	14.17	15.48	18.37	23.48		
49	11.57	14.82	16.17	19.15	24.25		
50	12.12	15.48	16.85	19.92	24.98		
51	12.67	16.13	17.51	20.67	25.67		
52	13.21	16.76	18.16	21.40	26.29		
53	13.76	17.39	18.81	22.13	26.85		
54	14.27	17.98	19.41	22.79	27.31		
55	14.73	18.50	19.93	23.39	27.67		
56	15.11	18.95	20.36	23.88	27.91		
57	15.43	19.30	20.69	24.27	28.01		
58	15.51	19.39	20.76	24.34	27.77		
59	15.53	19.39	20.74	24.30	27.41		
60	15.50	19.32	20.64	24.19	26.97		
61	15.43	19.21	20.50	24.02	26.48		
62	15.33	19.07	20.33	23.82	25.95		
63	15.12	18.83	20.08	23.54	25.36		
64	14.94	18.61	19.86	23.30	24.82		
65	14.81	18.47	19.72	23.15	24.40		
66	14.76	18.44	19.70	23.16	24.14		
67	14.82	18.55	19.84	23.36	24.09		
68	15.04	18.86	20.19	23.80	24.30		
69	15.43	19.39	20.78	24.54	24.83		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.56	14.24	15.87	19.32			
26	10.98	14.82	16.51	20.13			
27	11.42	15.43	17.20	21.00			
28	11.88	16.07	17.93	21.89			
29	12.35	16.74	18.68	22.82			
30	12.85	17.43	19.46	23.78			
31	13.37	18.15	20.25	24.77			
32	13.90	18.87	21.07	25.76			
33	14.44	19.60	21.89	26.76			
34	14.98	20.33	22.71	27.76			
35	15.53	21.07	23.55	28.77			
36	16.09	21.82	24.39	29.77			
37	16.66	22.56	25.23	30.76			
38	17.22	23.30	26.07	31.74			
39	17.79	24.04	26.89	32.72			
40	18.35	24.77	27.72	33.66			
41	18.91	25.49	28.53	34.59			
42	19.46	26.20	29.34	35.50			
43	20.17	27.01	30.13	36.39			
44	20.87	27.81	30.90	37.25			
45	21.57	28.59	31.65	38.07			
46	22.26	29.34	32.37	38.85			
47	22.92	30.06	33.04	39.57			
48	23.52	30.73	33.70	40.27			
49	24.09	31.34	34.30	40.90			
50	24.61	31.89	34.82	41.44			
51	25.06	32.36	35.25	41.88			
52	25.44	32.73	35.58	42.18			
53	25.74	32.98	35.78	42.34			
54	25.94	33.12	35.83	42.35			
55	26.02	33.12	35.75	42.20			
56	26.00	32.97	35.50	41.87			
57	25.85	32.67	35.10	41.34			
58	25.23	31.83	34.15	40.19			
59	24.55	30.88	33.10	38.91			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.12	14.99	16.70	20.34			
26	11.56	15.60	17.38	21.19			
27	12.02	16.24	18.10	22.10			
28	12.50	16.92	18.87	23.04			
29	13.00	17.62	19.66	24.02			
30	13.53	18.35	20.48	25.03			
31	14.07	19.10	21.32	26.07			
32	14.63	19.86	22.18	27.12			
33	15.20	20.63	23.04	28.17			
34	15.77	21.40	23.91	29.22			
35	16.35	22.18	24.79	30.28			
36	16.94	22.97	25.67	31.34			
37	17.54	23.75	26.56	32.38			
38	18.13	24.53	27.44	33.41			
39	18.73	25.30	28.31	34.44			
40	19.32	26.07	29.18	35.43			
41	19.90	26.83	30.03	36.41			
42	20.48	27.58	30.88	37.37			
43	21.23	28.43	31.72	38.30			
44	21.97	29.27	32.53	39.21			
45	22.71	30.09	33.32	40.07			
46	23.43	30.88	34.07	40.89			
47	24.13	31.64	34.78	41.65			
48	24.76	32.35	35.47	42.39			
49	25.36	32.99	36.10	43.05			
50	25.90	33.57	36.65	43.62			
51	26.38	34.06	37.11	44.08			
52	26.78	34.45	37.45	44.40			
53	27.09	34.72	37.66	44.57			
54	27.30	34.86	37.72	44.58			
55	27.39	34.86	37.63	44.42			
56	27.37	34.71	37.37	44.07			
57	27.21	34.39	36.95	43.52			
58	26.56	33.50	35.95	42.30			
59	25.84	32.51	34.84	40.96			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.98	6.56	7.26	8.78			
26	5.18	6.84	7.57	9.17			
27	5.40	7.14	7.91	9.60			
28	5.63	7.49	8.29	10.07			
29	5.89	7.84	8.70	10.57			
30	6.17	8.23	9.13	11.11			
31	6.46	8.64	9.59	11.67			
32	6.77	9.06	10.06	12.25			
33	7.11	9.50	10.56	12.86			
34	7.45	9.97	11.09	13.49			
35	7.80	10.45	11.63	14.15			
36	8.17	10.94	12.19	14.82			
37	8.56	11.45	12.76	15.50			
38	8.95	11.98	13.36	16.21			
39	9.36	12.51	13.96	16.92			
40	9.78	13.06	14.58	17.65			
41	10.20	13.62	15.21	18.38			
42	10.64	14.19	15.85	19.11			
43	11.18	14.84	16.51	19.87			
44	11.73	15.49	17.18	20.63			
45	12.28	16.14	17.83	21.38			
46	12.84	16.80	18.49	22.11			
47	13.40	17.43	19.12	22.82			
48	13.95	18.06	19.77	23.54			
49	14.46	18.66	20.39	24.22			
50	14.95	19.22	20.95	24.83			
51	15.41	19.72	21.45	25.37			
52	15.82	20.16	21.88	25.83			
53	16.15	20.50	22.19	26.15			
54	16.41	20.75	22.41	26.36			
55	16.54	20.88	22.50	26.44			
56	16.58	20.90	22.47	26.38			
57	16.50	20.80	22.31	26.18			
58	16.11	20.32	21.77	25.55			
59	15.67	19.77	21.15	24.80			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.24	6.91	7.64	9.24			
26	5.45	7.20	7.97	9.65			
27	5.68	7.52	8.33	10.11			
28	5.93	7.88	8.73	10.60			
29	6.20	8.25	9.16	11.13			
30	6.49	8.66	9.61	11.69			
31	6.80	9.09	10.09	12.28			
32	7.13	9.54	10.59	12.89			
33	7.48	10.00	11.12	13.54			
34	7.84	10.49	11.67	14.20			
35	8.21	11.00	12.24	14.89			
36	8.60	11.52	12.83	15.60			
37	9.01	12.05	13.43	16.32			
38	9.42	12.61	14.06	17.06			
39	9.85	13.17	14.69	17.81			
40	10.29	13.75	15.35	18.58			
41	10.74	14.34	16.01	19.35			
42	11.20	14.94	16.68	20.12			
43	11.77	15.62	17.38	20.92			
44	12.35	16.31	18.08	21.72			
45	12.93	16.99	18.77	22.50			
46	13.52	17.68	19.46	23.27			
47	14.11	18.35	20.13	24.02			
48	14.68	19.01	20.81	24.78			
49	15.22	19.64	21.46	25.49			
50	15.74	20.23	22.05	26.14			
51	16.22	20.76	22.58	26.71			
52	16.65	21.22	23.03	27.19			
53	17.00	21.58	23.36	27.53			
54	17.27	21.84	23.59	27.75			
55	17.41	21.98	23.68	27.83			
56	17.45	22.00	23.65	27.77			
57	17.37	21.89	23.48	27.56			
58	16.96	21.39	22.92	26.89			
59	16.49	20.81	22.26	26.11			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.30	5.62	6.20	7.49			
26	4.47	5.86	6.48	7.82			
27	4.66	6.13	6.77	8.20			
28	4.86	6.41	7.10	8.60			
29	5.09	6.73	7.45	9.03			
30	5.32	7.05	7.82	9.48			
31	5.58	7.40	8.20	9.96			
32	5.84	7.76	8.62	10.46			
33	6.12	8.14	9.04	10.98			
34	6.41	8.54	9.48	11.52			
35	6.72	8.95	9.95	12.07			
36	7.03	9.37	10.42	12.65			
37	7.35	9.80	10.91	13.23			
38	7.70	10.25	11.42	13.83			
39	8.04	10.71	11.93	14.44			
40	8.40	11.17	12.45	15.05			
41	8.76	11.65	12.99	15.68			
42	9.12	12.12	13.53	16.29			
43	9.58	12.66	14.08	16.93			
44	10.04	13.21	14.64	17.57			
45	10.51	13.76	15.19	18.19			
46	10.97	14.31	15.73	18.80			
47	11.44	14.83	16.25	19.38			
48	11.88	15.35	16.79	19.97			
49	12.31	15.85	17.29	20.52			
50	12.72	16.29	17.75	21.01			
51	13.08	16.70	18.15	21.45			
52	13.41	17.04	18.49	21.80			
53	13.67	17.30	18.72	22.04			
54	13.87	17.48	18.88	22.18			
55	13.97	17.58	18.92	22.22			
56	14.02	17.57	18.88	22.14			
57	13.97	17.46	18.72	21.94			
58	13.66	17.04	18.25	21.38			
59	13.30	16.57	17.72	20.75			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.53	5.92	6.53	7.88			
26	4.71	6.17	6.82	8.23			
27	4.91	6.45	7.13	8.63			
28	5.12	6.75	7.47	9.05			
29	5.36	7.08	7.84	9.50			
30	5.60	7.42	8.23	9.98			
31	5.87	7.79	8.63	10.48			
32	6.15	8.17	9.07	11.01			
33	6.44	8.57	9.52	11.56			
34	6.75	8.99	9.98	12.13			
35	7.07	9.42	10.47	12.71			
36	7.40	9.86	10.97	13.32			
37	7.74	10.32	11.48	13.93			
38	8.10	10.79	12.02	14.56			
39	8.46	11.27	12.56	15.20			
40	8.84	11.76	13.11	15.84			
41	9.22	12.26	13.67	16.50			
42	9.60	12.76	14.24	17.15			
43	10.08	13.33	14.82	17.82			
44	10.57	13.91	15.41	18.49			
45	11.06	14.48	15.99	19.15			
46	11.55	15.06	16.56	19.79			
47	12.04	15.61	17.11	20.40			
48	12.51	16.16	17.67	21.02			
49	12.96	16.68	18.20	21.60			
50	13.39	17.15	18.68	22.12			
51	13.77	17.58	19.10	22.58			
52	14.12	17.94	19.46	22.95			
53	14.39	18.21	19.71	23.20			
54	14.60	18.40	19.87	23.35			
55	14.71	18.50	19.92	23.39			
56	14.76	18.49	19.87	23.30			
57	14.70	18.38	19.70	23.09			
58	14.38	17.94	19.21	22.51			
59	14.00	17.44	18.65	21.84			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.99	5.20	5.73	6.90			
26	4.15	5.42	5.99	7.22			
27	4.33	5.67	6.26	7.56			
28	4.52	5.94	6.56	7.94			
29	4.73	6.23	6.89	8.34			
30	4.95	6.54	7.23	8.77			
31	5.19	6.86	7.60	9.21			
32	5.43	7.19	7.98	9.68			
33	5.69	7.54	8.37	10.16			
34	5.96	7.91	8.79	10.66			
35	6.24	8.29	9.21	11.17			
36	6.53	8.67	9.64	11.69			
37	6.83	9.07	10.10	12.24			
38	7.13	9.49	10.55	12.79			
39	7.46	9.91	11.03	13.34			
40	7.77	10.33	11.50	13.90			
41	8.10	10.76	11.99	14.47			
42	8.44	11.19	12.48	15.03			
43	8.84	11.69	12.98	15.60			
44	9.26	12.18	13.48	16.17			
45	9.68	12.66	13.97	16.73			
46	10.11	13.15	14.45	17.26			
47	10.52	13.61	14.92	17.77			
48	10.91	14.07	15.37	18.29			
49	11.28	14.49	15.81	18.75			
50	11.63	14.88	16.20	19.17			
51	11.94	15.22	16.53	19.53			
52	12.22	15.51	16.82	19.82			
53	12.44	15.72	17.00	20.00			
54	12.60	15.86	17.11	20.09			
55	12.68	15.91	17.13	20.09			
56	12.70	15.89	17.06	20.01			
57	12.64	15.79	16.91	19.82			
58	12.38	15.43	16.50	19.32			
59	12.07	15.02	16.05	18.78			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.20	5.47	6.03	7.26			
26	4.37	5.71	6.30	7.60			
27	4.56	5.97	6.59	7.96			
28	4.76	6.25	6.91	8.36			
29	4.98	6.56	7.25	8.78			
30	5.21	6.88	7.61	9.23			
31	5.46	7.22	8.00	9.69			
32	5.72	7.57	8.40	10.19			
33	5.99	7.94	8.81	10.69			
34	6.27	8.33	9.25	11.22			
35	6.57	8.73	9.69	11.76			
36	6.87	9.13	10.15	12.31			
37	7.19	9.55	10.63	12.88			
38	7.51	9.99	11.11	13.46			
39	7.85	10.43	11.61	14.04			
40	8.18	10.87	12.11	14.63			
41	8.53	11.33	12.62	15.23			
42	8.88	11.78	13.14	15.82			
43	9.31	12.30	13.66	16.42			
44	9.75	12.82	14.19	17.02			
45	10.19	13.33	14.71	17.61			
46	10.64	13.84	15.21	18.17			
47	11.07	14.33	15.70	18.71			
48	11.48	14.81	16.18	19.25			
49	11.87	15.25	16.64	19.74			
50	12.24	15.66	17.05	20.18			
51	12.57	16.02	17.40	20.56			
52	12.86	16.33	17.70	20.86			
53	13.09	16.55	17.89	21.05			
54	13.26	16.69	18.01	21.15			
55	13.35	16.75	18.03	21.15			
56	13.37	16.73	17.96	21.06			
57	13.31	16.62	17.80	20.86			
58	13.03	16.24	17.37	20.34			
59	12.71	15.81	16.89	19.77			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.60	4.66	5.13	6.17			
26	3.75	4.86	5.37	6.46			
27	3.90	5.09	5.61	6.76			
28	4.08	5.33	5.88	7.11			
29	4.26	5.59	6.18	7.46			
30	4.46	5.86	6.48	7.84			
31	4.66	6.15	6.79	8.23			
32	4.87	6.44	7.13	8.65			
33	5.10	6.75	7.48	9.06			
34	5.34	7.07	7.84	9.50			
35	5.59	7.40	8.21	9.96			
36	5.83	7.73	8.59	10.41			
37	6.10	8.08	8.98	10.88			
38	6.37	8.44	9.38	11.35			
39	6.63	8.80	9.79	11.83			
40	6.91	9.16	10.19	12.30			
41	7.19	9.52	10.60	12.78			
42	7.47	9.89	11.01	13.26			
43	7.81	10.30	11.43	13.74			
44	8.17	10.71	11.85	14.20			
45	8.51	11.11	12.25	14.65			
46	8.86	11.50	12.64	15.09			
47	9.20	11.88	13.01	15.49			
48	9.51	12.24	13.37	15.88			
49	9.80	12.57	13.70	16.25			
50	10.08	12.86	13.99	16.56			
51	10.33	13.13	14.25	16.82			
52	10.55	13.35	14.46	17.03			
53	10.73	13.52	14.61	17.18			
54	10.87	13.64	14.71	17.26			
55	10.94	13.70	14.73	17.27			
56	10.98	13.70	14.70	17.21			
57	10.95	13.63	14.59	17.08			
58	10.75	13.36	14.28	16.71			
59	10.53	13.05	13.94	16.29			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.79	4.91	5.40	6.49			
26	3.95	5.12	5.65	6.80			
27	4.11	5.36	5.91	7.12			
28	4.29	5.61	6.19	7.48			
29	4.48	5.88	6.50	7.85			
30	4.69	6.17	6.82	8.25			
31	4.91	6.47	7.15	8.66			
32	5.13	6.78	7.50	9.10			
33	5.37	7.10	7.87	9.54			
34	5.62	7.44	8.25	10.00			
35	5.88	7.79	8.64	10.48			
36	6.14	8.14	9.04	10.96			
37	6.42	8.51	9.45	11.45			
38	6.70	8.88	9.87	11.95			
39	6.98	9.26	10.30	12.45			
40	7.27	9.64	10.73	12.95			
41	7.57	10.02	11.16	13.45			
42	7.86	10.41	11.59	13.96			
43	8.22	10.84	12.03	14.46			
44	8.60	11.27	12.47	14.95			
45	8.96	11.69	12.89	15.42			
46	9.33	12.11	13.30	15.88			
47	9.68	12.51	13.69	16.31			
48	10.01	12.88	14.07	16.72			
49	10.32	13.23	14.42	17.10			
50	10.61	13.54	14.73	17.43			
51	10.87	13.82	15.00	17.71			
52	11.10	14.05	15.22	17.93			
53	11.29	14.23	15.38	18.08			
54	11.44	14.36	15.48	18.17			
55	11.52	14.42	15.51	18.18			
56	11.56	14.42	15.47	18.12			
57	11.53	14.35	15.36	17.98			
58	11.32	14.06	15.03	17.59			
59	11.08	13.74	14.67	17.15			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.16	0.22	0.25	0.29	0.43	0.85	1.53
26	0.16	0.23	0.26	0.31	0.45	0.87	1.59
27	0.18	0.25	0.28	0.33	0.48	0.91	1.66
28	0.19	0.26	0.29	0.35	0.49	0.95	1.72
29	0.20	0.28	0.30	0.37	0.52	1.00	1.80
30	0.21	0.29	0.32	0.40	0.55	1.04	1.87
31	0.23	0.30	0.35	0.43	0.58	1.08	1.95
32	0.24	0.33	0.37	0.45	0.62	1.13	2.02
33	0.26	0.35	0.39	0.48	0.65	1.18	2.11
34	0.28	0.37	0.42	0.51	0.68	1.24	2.20
35	0.29	0.39	0.45	0.54	0.72	1.29	2.30
36	0.30	0.42	0.48	0.58	0.76	1.35	2.40
37	0.33	0.45	0.50	0.61	0.80	1.42	2.52
38	0.35	0.48	0.53	0.65	0.85	1.48	2.63
39	0.37	0.50	0.57	0.69	0.89	1.55	2.76
40	0.40	0.53	0.60	0.73	0.94	1.62	2.89
41	0.42	0.57	0.65	0.78	0.99	1.70	3.03
42	0.45	0.61	0.67	0.82	1.05	1.79	3.18
43	0.48	0.65	0.72	0.87	1.10	1.88	3.35
44	0.51	0.69	0.77	0.92	1.16	1.98	3.52
45	0.55	0.73	0.82	0.98	1.23	2.07	3.70
46	0.59	0.78	0.86	1.04	1.29	2.17	3.89
47	0.63	0.83	0.91	1.09	1.36	2.27	4.08
48	0.67	0.87	0.97	1.16	1.43	2.38	4.29
49	0.71	0.93	1.02	1.22	1.50	2.50	4.50
50	0.76	0.98	1.07	1.28	1.56	2.60	4.70
51	0.80	1.03	1.12	1.33	1.62	2.70	4.88
52	0.83	1.07	1.17	1.39	1.66	2.77	5.04
53	0.86	1.11	1.21	1.43	1.70	2.84	5.17
54	0.89	1.14	1.24	1.46	1.73	2.89	5.24
55	0.90	1.16	1.25	1.47	1.73	2.90	5.27
56	0.90	1.16	1.24	1.47	1.71	2.87	5.23
57	0.89	1.14	1.23	1.45	1.67	2.80	5.09
58	0.86	1.10	1.19	1.40	1.60	2.69	4.87
59	0.81	1.04	1.11	1.31	1.49	2.51	4.55
60	0.74	0.95	1.02	1.20	1.34	2.27	4.10
61	0.65	0.83	0.88	1.05	1.16	1.97	3.54
62	0.52	0.67	0.72	0.86	0.93	1.60	2.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.17	0.23	0.26	0.31	0.45	0.89	1.61
26	0.17	0.24	0.27	0.33	0.47	0.92	1.67
27	0.19	0.26	0.29	0.35	0.50	0.96	1.75
28	0.20	0.27	0.30	0.37	0.52	1.00	1.81
29	0.21	0.29	0.32	0.39	0.55	1.05	1.89
30	0.22	0.31	0.34	0.42	0.58	1.09	1.97
31	0.24	0.32	0.37	0.45	0.61	1.14	2.05
32	0.25	0.35	0.39	0.47	0.65	1.19	2.13
33	0.27	0.37	0.41	0.50	0.68	1.24	2.22
34	0.29	0.39	0.44	0.54	0.72	1.30	2.32
35	0.31	0.41	0.47	0.57	0.76	1.36	2.42
36	0.32	0.44	0.50	0.61	0.80	1.42	2.53
37	0.35	0.47	0.53	0.64	0.84	1.49	2.65
38	0.37	0.50	0.56	0.68	0.89	1.56	2.77
39	0.39	0.53	0.60	0.73	0.94	1.63	2.90
40	0.42	0.56	0.63	0.77	0.99	1.71	3.04
41	0.44	0.60	0.68	0.82	1.04	1.79	3.19
42	0.47	0.64	0.71	0.86	1.10	1.88	3.35
43	0.51	0.68	0.76	0.92	1.16	1.98	3.53
44	0.54	0.73	0.81	0.97	1.22	2.08	3.71
45	0.58	0.77	0.86	1.03	1.29	2.18	3.89
46	0.62	0.82	0.91	1.09	1.36	2.28	4.09
47	0.66	0.87	0.96	1.15	1.43	2.39	4.29
48	0.71	0.92	1.02	1.22	1.50	2.51	4.52
49	0.75	0.98	1.07	1.28	1.58	2.63	4.74
50	0.80	1.03	1.13	1.35	1.64	2.74	4.95
51	0.84	1.08	1.18	1.40	1.70	2.84	5.14
52	0.87	1.13	1.23	1.46	1.75	2.92	5.30
53	0.91	1.17	1.27	1.50	1.79	2.99	5.44
54	0.94	1.20	1.30	1.54	1.82	3.04	5.52
55	0.95	1.22	1.32	1.55	1.82	3.05	5.55
56	0.95	1.22	1.31	1.55	1.80	3.02	5.50
57	0.94	1.20	1.29	1.53	1.76	2.95	5.36
58	0.90	1.16	1.25	1.47	1.68	2.83	5.13
59	0.85	1.09	1.17	1.38	1.57	2.64	4.79
60	0.78	1.00	1.07	1.26	1.41	2.39	4.32
61	0.68	0.87	0.93	1.10	1.22	2.07	3.73
62	0.55	0.71	0.76	0.90	0.98	1.68	2.99

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.92	2.70	3.02	3.76	5.68	11.55	21.03
26	1.95	2.74	3.07	3.82	5.75	11.59	21.04
27	1.98	2.78	3.12	3.89	5.82	11.59	21.03
28	2.02	2.83	3.17	3.96	5.88	11.59	20.96
29	2.04	2.89	3.24	4.03	5.94	11.56	20.86
30	2.08	2.93	3.29	4.11	5.98	11.51	20.71
31	2.12	2.99	3.35	4.18	6.02	11.45	20.54
32	2.16	3.03	3.40	4.25	6.05	11.37	20.33
33	2.18	3.08	3.45	4.31	6.07	11.26	20.10
34	2.21	3.12	3.50	4.36	6.08	11.15	19.84
35	2.24	3.15	3.53	4.40	6.07	11.02	19.56
36	2.27	3.17	3.56	4.43	6.06	10.87	19.27
37	2.28	3.19	3.59	4.46	6.03	10.70	18.95
38	2.29	3.21	3.60	4.46	5.99	10.54	18.63
39	2.30	3.21	3.60	4.46	5.95	10.35	18.30
40	2.30	3.20	3.60	4.44	5.88	10.15	17.95
41	2.29	3.18	3.58	4.41	5.81	9.93	17.57
42	2.28	3.16	3.55	4.37	5.72	9.70	17.17
43	2.28	3.15	3.52	4.31	5.61	9.46	16.76
44	2.28	3.11	3.47	4.24	5.49	9.20	16.34
45	2.27	3.07	3.41	4.15	5.36	8.93	15.86
46	2.24	3.02	3.34	4.05	5.20	8.62	15.35
47	2.20	2.94	3.25	3.93	5.01	8.29	14.78
48	2.14	2.85	3.14	3.78	4.79	7.90	14.14
49	2.07	2.74	3.01	3.62	4.55	7.49	13.44
50	1.99	2.62	2.86	3.43	4.29	7.06	12.69
51	1.89	2.48	2.70	3.23	4.01	6.60	11.89
52	1.79	2.32	2.53	3.02	3.71	6.11	11.04
53	1.65	2.14	2.32	2.76	3.37	5.55	10.05
54	1.51	1.94	2.11	2.50	3.02	4.98	9.04
55	1.36	1.74	1.89	2.24	2.66	4.41	8.02
56	1.21	1.54	1.67	1.97	2.32	3.86	7.02
57	1.06	1.35	1.46	1.72	2.00	3.34	6.07
58	0.93	1.17	1.27	1.49	1.71	2.87	5.22
59	0.80	1.02	1.09	1.29	1.45	2.45	4.44
60	0.68	0.87	0.93	1.10	1.23	2.09	3.76
61	0.58	0.75	0.80	0.95	1.05	1.79	3.20
62	0.51	0.66	0.70	0.83	0.91	1.55	2.77
63	0.48	0.62	0.67	0.79	0.85	1.46	2.60
64	0.47	0.61	0.66	0.78	0.84	1.43	2.56

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.08	2.92	3.27	4.07	6.14	12.49	22.73
26	2.11	2.96	3.32	4.13	6.22	12.53	22.75
27	2.14	3.01	3.37	4.21	6.29	12.53	22.73
28	2.18	3.06	3.43	4.28	6.36	12.53	22.66
29	2.21	3.12	3.50	4.36	6.42	12.50	22.55
30	2.25	3.17	3.56	4.44	6.47	12.44	22.39
31	2.29	3.23	3.62	4.52	6.51	12.38	22.20
32	2.33	3.28	3.68	4.59	6.54	12.29	21.98
33	2.36	3.33	3.73	4.66	6.56	12.17	21.73
34	2.39	3.37	3.78	4.71	6.57	12.05	21.45
35	2.42	3.41	3.82	4.76	6.56	11.91	21.15
36	2.45	3.43	3.85	4.79	6.55	11.75	20.83
37	2.47	3.45	3.88	4.82	6.52	11.57	20.49
38	2.48	3.47	3.89	4.82	6.48	11.39	20.14
39	2.49	3.47	3.89	4.82	6.43	11.19	19.78
40	2.49	3.46	3.89	4.80	6.36	10.97	19.40
41	2.48	3.44	3.87	4.77	6.28	10.74	18.99
42	2.47	3.42	3.84	4.72	6.18	10.49	18.56
43	2.47	3.40	3.80	4.66	6.07	10.23	18.12
44	2.46	3.36	3.75	4.58	5.94	9.95	17.66
45	2.45	3.32	3.69	4.49	5.79	9.65	17.15
46	2.42	3.26	3.61	4.38	5.62	9.32	16.59
47	2.38	3.18	3.51	4.25	5.42	8.96	15.98
48	2.31	3.08	3.39	4.09	5.18	8.54	15.29
49	2.24	2.96	3.25	3.91	4.92	8.10	14.53
50	2.15	2.83	3.09	3.71	4.64	7.63	13.72
51	2.04	2.68	2.92	3.49	4.34	7.13	12.85
52	1.93	2.51	2.73	3.26	4.01	6.60	11.93
53	1.78	2.31	2.51	2.98	3.64	6.00	10.87
54	1.63	2.10	2.28	2.70	3.26	5.38	9.77
55	1.47	1.88	2.04	2.42	2.88	4.77	8.67
56	1.31	1.67	1.81	2.13	2.51	4.17	7.59
57	1.15	1.46	1.58	1.86	2.16	3.61	6.56
58	1.00	1.27	1.37	1.61	1.85	3.10	5.64
59	0.86	1.10	1.18	1.39	1.57	2.65	4.80
60	0.74	0.94	1.01	1.19	1.33	2.26	4.07
61	0.63	0.81	0.87	1.03	1.13	1.93	3.46
62	0.55	0.71	0.76	0.90	0.98	1.68	2.99
63	0.52	0.67	0.72	0.85	0.92	1.58	2.81
64	0.51	0.66	0.71	0.84	0.91	1.55	2.77

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.11	2.96	3.31	4.13	6.20	12.55	22.80
26	2.14	3.01	3.38	4.20	6.29	12.62	22.88
27	2.18	3.07	3.44	4.28	6.38	12.66	22.92
28	2.22	3.13	3.51	4.38	6.48	12.69	22.92
29	2.27	3.20	3.58	4.47	6.55	12.70	22.88
30	2.32	3.27	3.66	4.57	6.62	12.69	22.79
31	2.37	3.33	3.74	4.66	6.69	12.66	22.68
32	2.41	3.40	3.81	4.76	6.74	12.62	22.53
33	2.46	3.46	3.89	4.85	6.79	12.55	22.37
34	2.50	3.52	3.95	4.92	6.83	12.48	22.18
35	2.54	3.57	4.01	4.99	6.85	12.39	21.97
36	2.58	3.62	4.06	5.04	6.87	12.27	21.74
37	2.61	3.65	4.10	5.10	6.87	12.15	21.49
38	2.65	3.68	4.13	5.12	6.86	12.03	21.25
39	2.66	3.71	4.16	5.15	6.85	11.89	20.99
40	2.68	3.72	4.18	5.16	6.82	11.73	20.71
41	2.69	3.73	4.19	5.16	6.76	11.55	20.41
42	2.69	3.73	4.19	5.14	6.71	11.37	20.10
43	2.72	3.74	4.18	5.12	6.64	11.17	19.79
44	2.74	3.74	4.15	5.08	6.56	10.97	19.44
45	2.74	3.71	4.13	5.02	6.45	10.73	19.06
46	2.74	3.68	4.07	4.95	6.32	10.46	18.63
47	2.72	3.64	4.01	4.85	6.17	10.17	18.14
48	2.68	3.56	3.92	4.73	5.98	9.82	17.57
49	2.63	3.47	3.81	4.58	5.74	9.44	16.93
50	2.55	3.36	3.68	4.41	5.49	9.02	16.21
51	2.47	3.23	3.52	4.22	5.21	8.56	15.42
52	2.37	3.08	3.36	4.00	4.90	8.06	14.56
53	2.23	2.89	3.14	3.73	4.53	7.46	13.50
54	2.07	2.68	2.90	3.45	4.14	6.84	12.39
55	1.91	2.46	2.66	3.15	3.74	6.19	11.23
56	1.75	2.24	2.41	2.85	3.34	5.55	10.08
57	1.57	2.01	2.16	2.55	2.95	4.92	8.94
58	1.40	1.79	1.91	2.26	2.58	4.33	7.84
59	1.22	1.57	1.68	1.99	2.23	3.76	6.82
60	1.06	1.37	1.47	1.73	1.92	3.27	5.88
61	0.93	1.19	1.29	1.51	1.66	2.82	5.07
62	0.81	1.05	1.12	1.32	1.44	2.47	4.39
63	0.72	0.93	1.00	1.17	1.30	2.21	3.89
64	0.67	0.85	0.92	1.07	1.21	2.06	3.57
65	0.65	0.82	0.88	1.04	1.22	2.03	3.46
66	0.65	0.82	0.89	1.05	1.31	2.14	3.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.28	3.20	3.58	4.46	6.70	13.57	24.65
26	2.31	3.25	3.65	4.54	6.80	13.64	24.74
27	2.36	3.32	3.72	4.63	6.90	13.69	24.78
28	2.40	3.38	3.79	4.73	7.00	13.72	24.78
29	2.45	3.46	3.87	4.83	7.08	13.73	24.73
30	2.51	3.53	3.96	4.94	7.16	13.72	24.64
31	2.56	3.60	4.04	5.04	7.23	13.69	24.52
32	2.61	3.68	4.12	5.15	7.29	13.64	24.36
33	2.66	3.74	4.20	5.24	7.34	13.57	24.18
34	2.70	3.80	4.27	5.32	7.38	13.49	23.98
35	2.75	3.86	4.33	5.39	7.41	13.39	23.75
36	2.79	3.91	4.39	5.45	7.43	13.27	23.50
37	2.82	3.95	4.43	5.51	7.43	13.14	23.23
38	2.86	3.98	4.47	5.54	7.42	13.00	22.97
39	2.88	4.01	4.50	5.57	7.40	12.85	22.69
40	2.90	4.02	4.52	5.58	7.37	12.68	22.39
41	2.91	4.03	4.53	5.58	7.31	12.49	22.07
42	2.91	4.03	4.53	5.56	7.25	12.29	21.73
43	2.94	4.04	4.52	5.53	7.18	12.08	21.39
44	2.96	4.04	4.49	5.49	7.09	11.86	21.02
45	2.96	4.01	4.46	5.43	6.97	11.60	20.60
46	2.96	3.98	4.40	5.35	6.83	11.31	20.14
47	2.94	3.93	4.33	5.24	6.67	10.99	19.61
48	2.90	3.85	4.24	5.11	6.46	10.62	18.99
49	2.84	3.75	4.12	4.95	6.21	10.20	18.30
50	2.76	3.63	3.98	4.77	5.94	9.75	17.52
51	2.67	3.49	3.81	4.56	5.63	9.25	16.67
52	2.56	3.33	3.63	4.32	5.30	8.71	15.74
53	2.41	3.12	3.39	4.03	4.90	8.06	14.59
54	2.24	2.90	3.14	3.73	4.48	7.39	13.39
55	2.07	2.66	2.88	3.40	4.04	6.69	12.14
56	1.89	2.42	2.61	3.08	3.61	6.00	10.90
57	1.70	2.17	2.33	2.76	3.19	5.32	9.67
58	1.51	1.93	2.07	2.44	2.79	4.68	8.48
59	1.32	1.70	1.82	2.15	2.41	4.07	7.37
60	1.15	1.48	1.59	1.87	2.08	3.53	6.36
61	1.01	1.29	1.39	1.63	1.79	3.05	5.48
62	0.88	1.13	1.21	1.43	1.56	2.67	4.75
63	0.78	1.01	1.08	1.27	1.40	2.39	4.20
64	0.72	0.92	0.99	1.16	1.31	2.23	3.86
65	0.70	0.89	0.95	1.12	1.32	2.19	3.74
66	0.70	0.89	0.96	1.14	1.42	2.31	3.90

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.34	3.29	3.68	4.59	6.86		
26	2.39	3.36	3.76	4.68	6.99		
27	2.44	3.43	3.85	4.79	7.11		
28	2.50	3.52	3.94	4.91	7.23		
29	2.55	3.60	4.04	5.04	7.34		
30	2.62	3.69	4.13	5.16	7.46		
31	2.68	3.78	4.24	5.29	7.56		
32	2.75	3.87	4.34	5.41	7.65		
33	2.81	3.95	4.43	5.53	7.72		
34	2.88	4.03	4.52	5.63	7.80		
35	2.93	4.11	4.61	5.74	7.86		
36	2.99	4.18	4.69	5.83	7.91		
37	3.04	4.25	4.76	5.91	7.96		
38	3.08	4.30	4.83	5.98	7.98		
39	3.13	4.35	4.88	6.04	8.00		
40	3.16	4.39	4.93	6.09	8.01		
41	3.19	4.43	4.97	6.11	8.00		
42	3.22	4.45	5.00	6.13	7.97		
43	3.27	4.49	5.02	6.15	7.94		
44	3.31	4.52	5.04	6.15	7.88		
45	3.35	4.53	5.04	6.13	7.80		
46	3.37	4.54	5.01	6.09	7.69		
47	3.38	4.52	4.99	6.02	7.55		
48	3.37	4.48	4.92	5.93	7.36		
49	3.33	4.41	4.84	5.82	7.15		
50	3.28	4.32	4.74	5.67	6.90		
51	3.22	4.21	4.60	5.50	6.60		
52	3.13	4.08	4.44	5.29	6.29		
53	3.00	3.89	4.23	5.02	5.88		
54	2.85	3.67	3.99	4.73	5.46		
55	2.68	3.44	3.73	4.41	5.02		
56	2.52	3.21	3.46	4.09	4.58		
57	2.32	2.96	3.19	3.76	4.13		
58	2.15	2.74	2.94	3.47	3.76		
59	1.96	2.52	2.70	3.18	3.39		
60	1.79	2.29	2.47	2.90	3.05		
61	1.63	2.09	2.24	2.65	2.73		
62	1.47	1.89	2.03	2.39	2.43		
63	1.31	1.68	1.80	2.13	2.14		
64	1.16	1.50	1.60	1.89	1.88		
65	1.02	1.32	1.42	1.67	1.65		
66	0.91	1.17	1.27	1.49	1.44		
67	0.81	1.05	1.13	1.34	1.29		
68	0.74	0.97	1.05	1.24	1.17		
69	0.69	0.92	0.99	1.17	1.10		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.53	3.56	3.98	4.96	7.42		
26	2.58	3.63	4.07	5.06	7.56		
27	2.64	3.71	4.16	5.18	7.69		
28	2.70	3.80	4.26	5.31	7.82		
29	2.76	3.89	4.37	5.45	7.94		
30	2.83	3.99	4.47	5.58	8.06		
31	2.90	4.09	4.58	5.72	8.17		
32	2.97	4.18	4.69	5.85	8.27		
33	3.04	4.27	4.79	5.98	8.35		
34	3.11	4.36	4.89	6.09	8.43		
35	3.17	4.44	4.98	6.20	8.50		
36	3.23	4.52	5.07	6.30	8.55		
37	3.29	4.59	5.15	6.39	8.60		
38	3.33	4.65	5.22	6.47	8.63		
39	3.38	4.70	5.28	6.53	8.65		
40	3.42	4.75	5.33	6.58	8.66		
41	3.45	4.79	5.37	6.61	8.65		
42	3.48	4.81	5.41	6.63	8.62		
43	3.54	4.85	5.43	6.65	8.58		
44	3.58	4.89	5.45	6.65	8.52		
45	3.62	4.90	5.45	6.63	8.43		
46	3.64	4.91	5.42	6.58	8.31		
47	3.65	4.89	5.39	6.51	8.16		
48	3.64	4.84	5.32	6.41	7.96		
49	3.60	4.77	5.23	6.29	7.73		
50	3.55	4.67	5.12	6.13	7.46		
51	3.48	4.55	4.97	5.95	7.14		
52	3.38	4.41	4.80	5.72	6.80		
53	3.24	4.20	4.57	5.43	6.36		
54	3.08	3.97	4.31	5.11	5.90		
55	2.90	3.72	4.03	4.77	5.43		
56	2.72	3.47	3.74	4.42	4.95		
57	2.51	3.20	3.45	4.07	4.47		
58	2.32	2.96	3.18	3.75	4.06		
59	2.12	2.72	2.92	3.44	3.67		
60	1.94	2.48	2.67	3.14	3.30		
61	1.76	2.26	2.42	2.86	2.95		
62	1.59	2.04	2.19	2.58	2.63		
63	1.42	1.82	1.95	2.30	2.31		
64	1.25	1.62	1.73	2.04	2.03		
65	1.10	1.43	1.54	1.81	1.78		
66	0.98	1.27	1.37	1.61	1.56		
67	0.88	1.14	1.22	1.45	1.39		
68	0.80	1.05	1.13	1.34	1.27		
69	0.75	0.99	1.07	1.27	1.19		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.24	4.54	5.09	6.34			
26	3.31	4.65	5.22	6.50			
27	3.39	4.77	5.36	6.68			
28	3.49	4.91	5.50	6.86			
29	3.58	5.05	5.66	7.07			
30	3.68	5.19	5.82	7.27			
31	3.78	5.34	5.98	7.47			
32	3.89	5.49	6.15	7.68			
33	3.99	5.62	6.31	7.88			
34	4.09	5.76	6.47	8.07			
35	4.19	5.89	6.61	8.25			
36	4.28	6.02	6.75	8.41			
37	4.38	6.13	6.88	8.57			
38	4.45	6.23	6.99	8.69			
39	4.52	6.32	7.09	8.79			
40	4.59	6.38	7.17	8.87			
41	4.63	6.44	7.22	8.92			
42	4.66	6.47	7.26	8.94			
43	4.71	6.49	7.26	8.91			
44	4.75	6.49	7.23	8.85			
45	4.75	6.47	7.18	8.75			
46	4.75	6.40	7.09	8.61			
47	4.71	6.31	6.96	8.44			
48	4.63	6.16	6.78	8.20			
49	4.50	5.98	6.57	7.91			
50	4.37	5.76	6.31	7.58			
51	4.20	5.51	6.02	7.22			
52	4.01	5.24	5.70	6.81			
53	3.76	4.88	5.31	6.33			
54	3.50	4.51	4.90	5.82			
55	3.21	4.13	4.47	5.30			
56	2.92	3.74	4.04	4.77			
57	2.63	3.35	3.61	4.26			
58	2.33	2.97	3.19	3.76			
59	2.04	2.61	2.80	3.30			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.50	4.91	5.50	6.85			
26	3.58	5.03	5.64	7.03			
27	3.67	5.16	5.79	7.22			
28	3.77	5.31	5.95	7.42			
29	3.87	5.46	6.12	7.64			
30	3.98	5.61	6.29	7.86			
31	4.09	5.77	6.47	8.08			
32	4.20	5.93	6.65	8.30			
33	4.31	6.08	6.82	8.52			
34	4.42	6.23	6.99	8.72			
35	4.53	6.37	7.15	8.92			
36	4.63	6.51	7.30	9.09			
37	4.73	6.63	7.44	9.26			
38	4.81	6.74	7.56	9.39			
39	4.89	6.83	7.67	9.50			
40	4.96	6.90	7.75	9.59			
41	5.00	6.96	7.81	9.64			
42	5.04	6.99	7.85	9.66			
43	5.09	7.02	7.85	9.63			
44	5.13	7.02	7.82	9.57			
45	5.14	6.99	7.76	9.46			
46	5.13	6.92	7.66	9.31			
47	5.09	6.82	7.52	9.12			
48	5.00	6.66	7.33	8.86			
49	4.87	6.47	7.10	8.55			
50	4.72	6.23	6.82	8.19			
51	4.54	5.96	6.51	7.80			
52	4.33	5.66	6.16	7.36			
53	4.07	5.28	5.74	6.84			
54	3.78	4.88	5.30	6.29			
55	3.47	4.46	4.83	5.73			
56	3.16	4.04	4.37	5.16			
57	2.84	3.62	3.90	4.60			
58	2.52	3.21	3.45	4.07			
59	2.20	2.82	3.03	3.57			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.12	0.13	0.17	0.24	0.49	0.88
26	0.10	0.13	0.14	0.18	0.26	0.51	0.92
27	0.11	0.13	0.15	0.19	0.27	0.53	0.96
28	0.11	0.14	0.16	0.20	0.29	0.55	1.00
29	0.11	0.15	0.17	0.22	0.31	0.57	1.03
30	0.12	0.16	0.19	0.23	0.32	0.59	1.07
31	0.13	0.18	0.20	0.25	0.34	0.62	1.12
32	0.13	0.19	0.21	0.26	0.35	0.65	1.17
33	0.14	0.20	0.23	0.28	0.37	0.68	1.22
34	0.15	0.22	0.24	0.30	0.39	0.71	1.26
35	0.16	0.23	0.26	0.32	0.41	0.74	1.32
36	0.18	0.25	0.28	0.34	0.44	0.78	1.39
37	0.19	0.26	0.29	0.35	0.46	0.81	1.45
38	0.20	0.28	0.31	0.37	0.49	0.85	1.51
39	0.22	0.30	0.33	0.39	0.52	0.89	1.59
40	0.23	0.31	0.34	0.42	0.54	0.94	1.67
41	0.24	0.33	0.36	0.45	0.56	0.99	1.74
42	0.26	0.35	0.39	0.48	0.60	1.02	1.83
43	0.28	0.37	0.42	0.50	0.63	1.08	1.92
44	0.30	0.39	0.44	0.54	0.67	1.14	2.03
45	0.32	0.42	0.47	0.56	0.71	1.20	2.14
46	0.34	0.45	0.50	0.59	0.75	1.25	2.24
47	0.36	0.48	0.53	0.63	0.79	1.31	2.35
48	0.39	0.51	0.56	0.67	0.82	1.38	2.48
49	0.41	0.54	0.59	0.71	0.86	1.44	2.60
50	0.44	0.56	0.62	0.74	0.90	1.50	2.72
51	0.46	0.59	0.65	0.78	0.94	1.56	2.82
52	0.48	0.62	0.68	0.80	0.97	1.60	2.91
53	0.50	0.64	0.70	0.82	0.99	1.65	3.00
54	0.52	0.66	0.72	0.85	1.01	1.68	3.04
55	0.53	0.67	0.73	0.86	1.01	1.69	3.06
56	0.53	0.68	0.73	0.86	1.00	1.68	3.04
57	0.52	0.66	0.72	0.84	0.98	1.64	2.98
58	0.51	0.64	0.69	0.81	0.94	1.57	2.85
59	0.48	0.60	0.65	0.77	0.87	1.47	2.67
60	0.43	0.56	0.60	0.71	0.79	1.34	2.41
61	0.38	0.49	0.53	0.62	0.68	1.17	2.10
62	0.32	0.40	0.43	0.51	0.56	0.96	1.69

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.13	0.14	0.18	0.25	0.51	0.92
26	0.10	0.14	0.15	0.19	0.27	0.53	0.96
27	0.11	0.14	0.16	0.20	0.28	0.55	1.00
28	0.11	0.15	0.17	0.21	0.30	0.57	1.04
29	0.12	0.16	0.18	0.23	0.32	0.60	1.08
30	0.13	0.17	0.20	0.24	0.33	0.62	1.12
31	0.14	0.19	0.21	0.26	0.35	0.65	1.17
32	0.14	0.20	0.22	0.27	0.37	0.68	1.22
33	0.15	0.21	0.24	0.29	0.39	0.71	1.27
34	0.16	0.23	0.25	0.31	0.41	0.74	1.32
35	0.17	0.24	0.27	0.33	0.43	0.77	1.38
36	0.19	0.26	0.29	0.35	0.46	0.81	1.45
37	0.20	0.27	0.30	0.37	0.48	0.85	1.51
38	0.21	0.29	0.32	0.39	0.51	0.89	1.58
39	0.23	0.31	0.34	0.41	0.54	0.93	1.66
40	0.24	0.32	0.36	0.44	0.56	0.98	1.74
41	0.25	0.34	0.38	0.47	0.59	1.03	1.82
42	0.27	0.37	0.41	0.50	0.63	1.07	1.91
43	0.29	0.39	0.44	0.52	0.66	1.13	2.01
44	0.31	0.41	0.46	0.56	0.70	1.19	2.12
45	0.33	0.44	0.49	0.59	0.74	1.25	2.23
46	0.35	0.47	0.52	0.62	0.78	1.31	2.34
47	0.38	0.50	0.55	0.66	0.82	1.37	2.45
48	0.41	0.53	0.58	0.70	0.86	1.44	2.59
49	0.43	0.56	0.62	0.74	0.90	1.50	2.72
50	0.46	0.59	0.65	0.77	0.94	1.57	2.84
51	0.48	0.62	0.68	0.81	0.98	1.63	2.95
52	0.50	0.65	0.71	0.84	1.01	1.67	3.04
53	0.52	0.67	0.73	0.86	1.03	1.72	3.13
54	0.54	0.69	0.75	0.89	1.05	1.75	3.18
55	0.55	0.70	0.76	0.90	1.05	1.76	3.20
56	0.55	0.71	0.76	0.90	1.04	1.75	3.17
57	0.54	0.69	0.75	0.88	1.02	1.71	3.11
58	0.53	0.67	0.72	0.85	0.98	1.64	2.98
59	0.50	0.63	0.68	0.80	0.91	1.54	2.79
60	0.45	0.58	0.63	0.74	0.83	1.40	2.52
61	0.40	0.51	0.55	0.65	0.71	1.22	2.19
62	0.33	0.42	0.45	0.53	0.58	1.00	1.77

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.78	1.09	1.22	1.52	2.27	4.58	8.33
26	0.80	1.12	1.26	1.56	2.33	4.65	8.44
27	0.82	1.15	1.29	1.60	2.38	4.72	8.53
28	0.84	1.18	1.33	1.65	2.44	4.77	8.62
29	0.87	1.22	1.37	1.71	2.49	4.81	8.67
30	0.89	1.26	1.41	1.75	2.54	4.86	8.72
31	0.92	1.29	1.45	1.81	2.59	4.88	8.76
32	0.95	1.33	1.49	1.86	2.63	4.91	8.78
33	0.98	1.37	1.53	1.90	2.66	4.92	8.78
34	0.99	1.40	1.57	1.95	2.70	4.94	8.78
35	1.02	1.43	1.60	1.99	2.73	4.94	8.77
36	1.04	1.45	1.63	2.03	2.76	4.93	8.74
37	1.06	1.48	1.66	2.06	2.78	4.91	8.71
38	1.08	1.50	1.68	2.08	2.79	4.89	8.66
39	1.09	1.52	1.71	2.10	2.80	4.87	8.61
40	1.11	1.53	1.72	2.12	2.80	4.83	8.54
41	1.12	1.54	1.73	2.13	2.80	4.78	8.46
42	1.12	1.55	1.73	2.13	2.78	4.73	8.37
43	1.13	1.56	1.73	2.13	2.77	4.67	8.27
44	1.14	1.56	1.73	2.12	2.74	4.58	8.15
45	1.14	1.56	1.73	2.10	2.70	4.50	8.01
46	1.14	1.54	1.71	2.07	2.65	4.40	7.84
47	1.14	1.52	1.68	2.03	2.59	4.28	7.63
48	1.12	1.49	1.64	1.98	2.50	4.13	7.38
49	1.10	1.45	1.59	1.91	2.40	3.96	7.10
50	1.06	1.40	1.53	1.84	2.29	3.77	6.78
51	1.02	1.34	1.46	1.74	2.17	3.56	6.42
52	0.98	1.27	1.39	1.65	2.03	3.34	6.03
53	0.91	1.18	1.28	1.53	1.86	3.07	5.55
54	0.84	1.09	1.18	1.40	1.68	2.78	5.05
55	0.77	0.98	1.07	1.27	1.50	2.49	4.53
56	0.69	0.89	0.96	1.13	1.33	2.21	4.01
57	0.62	0.79	0.84	0.99	1.15	1.93	3.52
58	0.53	0.68	0.74	0.87	1.00	1.68	3.05
59	0.47	0.60	0.64	0.76	0.86	1.44	2.62
60	0.40	0.52	0.55	0.66	0.73	1.24	2.23
61	0.35	0.45	0.48	0.57	0.63	1.07	1.91
62	0.31	0.39	0.42	0.50	0.54	0.94	1.66
63	0.29	0.38	0.40	0.47	0.52	0.88	1.57
64	0.29	0.38	0.40	0.47	0.51	0.87	1.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.83	1.16	1.30	1.62	2.42	4.89	8.89
26	0.85	1.19	1.34	1.66	2.48	4.96	9.00
27	0.87	1.23	1.38	1.71	2.54	5.03	9.10
28	0.90	1.26	1.42	1.76	2.60	5.09	9.19
29	0.93	1.30	1.46	1.82	2.66	5.13	9.25
30	0.95	1.34	1.50	1.87	2.71	5.18	9.30
31	0.98	1.38	1.55	1.93	2.76	5.21	9.34
32	1.01	1.42	1.59	1.98	2.80	5.24	9.36
33	1.04	1.46	1.63	2.03	2.84	5.25	9.37
34	1.06	1.49	1.67	2.08	2.88	5.27	9.37
35	1.09	1.52	1.71	2.12	2.91	5.27	9.35
36	1.11	1.55	1.74	2.16	2.94	5.26	9.32
37	1.13	1.58	1.77	2.20	2.96	5.24	9.29
38	1.15	1.60	1.79	2.22	2.98	5.22	9.24
39	1.16	1.62	1.82	2.24	2.99	5.19	9.18
40	1.18	1.63	1.83	2.26	2.99	5.15	9.11
41	1.19	1.64	1.85	2.27	2.99	5.10	9.02
42	1.19	1.65	1.85	2.27	2.97	5.04	8.93
43	1.21	1.66	1.85	2.27	2.95	4.98	8.82
44	1.22	1.66	1.85	2.26	2.92	4.89	8.69
45	1.22	1.66	1.84	2.24	2.88	4.80	8.54
46	1.22	1.64	1.82	2.21	2.83	4.69	8.36
47	1.22	1.62	1.79	2.16	2.76	4.56	8.14
48	1.19	1.59	1.75	2.11	2.67	4.40	7.87
49	1.17	1.55	1.70	2.04	2.56	4.22	7.57
50	1.13	1.49	1.63	1.96	2.44	4.02	7.23
51	1.09	1.43	1.56	1.86	2.31	3.80	6.85
52	1.04	1.35	1.48	1.76	2.16	3.56	6.43
53	0.97	1.26	1.37	1.63	1.98	3.27	5.92
54	0.90	1.16	1.26	1.49	1.79	2.97	5.39
55	0.82	1.05	1.14	1.35	1.60	2.66	4.83
56	0.74	0.95	1.02	1.20	1.42	2.36	4.28
57	0.66	0.84	0.90	1.06	1.23	2.06	3.75
58	0.57	0.73	0.79	0.93	1.07	1.79	3.25
59	0.50	0.64	0.68	0.81	0.92	1.54	2.79
60	0.43	0.55	0.59	0.70	0.78	1.32	2.38
61	0.37	0.48	0.51	0.61	0.67	1.14	2.04
62	0.33	0.42	0.45	0.53	0.58	1.00	1.77
63	0.31	0.40	0.43	0.50	0.55	0.94	1.67
64	0.31	0.40	0.43	0.50	0.54	0.93	1.65

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.83	1.17	1.31	1.63	2.44	4.89	8.88
26	0.86	1.21	1.36	1.69	2.50	4.98	9.02
27	0.89	1.25	1.40	1.74	2.57	5.06	9.15
28	0.92	1.29	1.44	1.80	2.63	5.14	9.26
29	0.95	1.33	1.50	1.87	2.70	5.20	9.37
30	0.98	1.38	1.55	1.92	2.77	5.27	9.45
31	1.01	1.43	1.59	1.99	2.83	5.32	9.53
32	1.05	1.46	1.65	2.04	2.89	5.36	9.58
33	1.08	1.51	1.70	2.11	2.94	5.41	9.64
34	1.11	1.56	1.74	2.17	2.99	5.44	9.68
35	1.14	1.59	1.79	2.22	3.04	5.48	9.70
36	1.17	1.63	1.83	2.27	3.08	5.49	9.72
37	1.20	1.67	1.88	2.33	3.12	5.50	9.73
38	1.22	1.71	1.91	2.36	3.15	5.51	9.75
39	1.25	1.73	1.94	2.40	3.18	5.51	9.74
40	1.27	1.76	1.98	2.44	3.20	5.50	9.73
41	1.28	1.78	2.01	2.47	3.22	5.49	9.71
42	1.30	1.80	2.03	2.48	3.23	5.47	9.68
43	1.33	1.83	2.04	2.49	3.23	5.45	9.64
44	1.36	1.85	2.05	2.50	3.23	5.40	9.58
45	1.37	1.86	2.06	2.50	3.22	5.34	9.51
46	1.39	1.87	2.06	2.49	3.19	5.28	9.40
47	1.40	1.86	2.05	2.48	3.14	5.18	9.26
48	1.39	1.85	2.03	2.44	3.08	5.07	9.08
49	1.37	1.82	2.00	2.39	3.00	4.93	8.85
50	1.35	1.78	1.95	2.33	2.90	4.77	8.58
51	1.32	1.73	1.89	2.26	2.78	4.58	8.26
52	1.28	1.67	1.82	2.17	2.65	4.36	7.88
53	1.22	1.58	1.73	2.04	2.48	4.09	7.40
54	1.15	1.48	1.61	1.91	2.30	3.79	6.86
55	1.08	1.38	1.50	1.77	2.10	3.48	6.31
56	0.99	1.27	1.37	1.62	1.90	3.16	5.73
57	0.91	1.15	1.25	1.47	1.70	2.83	5.15
58	0.82	1.04	1.12	1.31	1.50	2.52	4.58
59	0.72	0.93	0.99	1.17	1.31	2.22	4.02
60	0.64	0.82	0.87	1.03	1.14	1.94	3.51
61	0.55	0.71	0.77	0.91	0.99	1.70	3.04
62	0.49	0.63	0.68	0.79	0.86	1.48	2.63
63	0.43	0.55	0.59	0.69	0.76	1.30	2.29
64	0.38	0.49	0.53	0.62	0.69	1.17	2.03
65	0.36	0.45	0.48	0.56	0.67	1.11	1.88
66	0.33	0.42	0.45	0.54	0.68	1.10	1.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.89	1.25	1.40	1.74	2.60	5.22	9.47
26	0.92	1.29	1.45	1.80	2.67	5.31	9.62
27	0.95	1.33	1.49	1.86	2.74	5.40	9.76
28	0.98	1.38	1.54	1.92	2.81	5.48	9.88
29	1.01	1.42	1.60	1.99	2.88	5.55	9.99
30	1.04	1.47	1.65	2.05	2.95	5.62	10.08
31	1.08	1.52	1.70	2.12	3.02	5.67	10.16
32	1.12	1.56	1.76	2.18	3.08	5.72	10.22
33	1.15	1.61	1.81	2.25	3.14	5.77	10.28
34	1.18	1.66	1.86	2.31	3.19	5.80	10.32
35	1.22	1.70	1.91	2.37	3.24	5.84	10.35
36	1.25	1.74	1.95	2.42	3.29	5.86	10.37
37	1.28	1.78	2.00	2.48	3.33	5.87	10.38
38	1.30	1.82	2.04	2.52	3.36	5.88	10.40
39	1.33	1.85	2.07	2.56	3.39	5.88	10.39
40	1.35	1.88	2.11	2.60	3.41	5.87	10.38
41	1.37	1.90	2.14	2.63	3.43	5.86	10.36
42	1.39	1.92	2.16	2.65	3.44	5.83	10.32
43	1.42	1.95	2.18	2.66	3.44	5.81	10.28
44	1.45	1.97	2.19	2.67	3.44	5.76	10.22
45	1.46	1.98	2.20	2.67	3.43	5.70	10.14
46	1.48	1.99	2.20	2.66	3.40	5.63	10.03
47	1.49	1.98	2.19	2.64	3.35	5.53	9.88
48	1.48	1.97	2.16	2.60	3.29	5.41	9.68
49	1.46	1.94	2.13	2.55	3.20	5.26	9.44
50	1.44	1.90	2.08	2.49	3.09	5.09	9.15
51	1.41	1.85	2.02	2.41	2.97	4.88	8.81
52	1.37	1.78	1.94	2.31	2.83	4.65	8.41
53	1.30	1.69	1.84	2.18	2.64	4.36	7.89
54	1.23	1.58	1.72	2.04	2.45	4.04	7.32
55	1.15	1.47	1.60	1.89	2.24	3.71	6.73
56	1.06	1.35	1.46	1.73	2.03	3.37	6.11
57	0.97	1.23	1.33	1.57	1.81	3.02	5.49
58	0.87	1.11	1.19	1.40	1.60	2.69	4.88
59	0.77	0.99	1.06	1.25	1.40	2.37	4.29
60	0.68	0.87	0.93	1.10	1.22	2.07	3.74
61	0.59	0.76	0.82	0.97	1.06	1.81	3.24
62	0.52	0.67	0.72	0.84	0.92	1.58	2.80
63	0.46	0.59	0.63	0.74	0.81	1.39	2.44
64	0.41	0.52	0.56	0.66	0.74	1.25	2.17
65	0.38	0.48	0.51	0.60	0.71	1.18	2.00
66	0.35	0.45	0.48	0.58	0.72	1.17	1.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.92	1.28	1.43	1.79	2.65		
26	0.95	1.33	1.49	1.85	2.74		
27	0.98	1.38	1.54	1.92	2.81		
28	1.01	1.43	1.59	1.99	2.90		
29	1.05	1.48	1.66	2.06	2.98		
30	1.10	1.54	1.72	2.14	3.06		
31	1.13	1.59	1.78	2.21	3.14		
32	1.17	1.65	1.85	2.30	3.22		
33	1.22	1.71	1.90	2.37	3.29		
34	1.26	1.76	1.97	2.45	3.37		
35	1.29	1.81	2.03	2.52	3.43		
36	1.34	1.87	2.09	2.60	3.50		
37	1.37	1.91	2.15	2.66	3.56		
38	1.42	1.96	2.20	2.72	3.62		
39	1.45	2.01	2.26	2.78	3.68		
40	1.48	2.05	2.31	2.83	3.72		
41	1.52	2.09	2.35	2.89	3.76		
42	1.55	2.13	2.39	2.93	3.80		
43	1.59	2.18	2.44	2.97	3.83		
44	1.63	2.21	2.47	3.01	3.84		
45	1.66	2.25	2.49	3.04	3.84		
46	1.70	2.28	2.52	3.05	3.83		
47	1.72	2.30	2.53	3.06	3.82		
48	1.73	2.30	2.53	3.05	3.77		
49	1.73	2.30	2.52	3.03	3.70		
50	1.73	2.28	2.49	2.98	3.62		
51	1.72	2.25	2.46	2.93	3.51		
52	1.69	2.20	2.40	2.86	3.38		
53	1.64	2.13	2.31	2.75	3.21		
54	1.58	2.03	2.20	2.62	3.01		
55	1.51	1.93	2.09	2.48	2.80		
56	1.43	1.82	1.97	2.33	2.60		
57	1.34	1.71	1.84	2.17	2.38		
58	1.25	1.59	1.71	2.02	2.18		
59	1.15	1.47	1.58	1.87	1.99		
60	1.06	1.35	1.45	1.72	1.80		
61	0.97	1.24	1.33	1.57	1.62		
62	0.87	1.13	1.21	1.43	1.45		
63	0.78	1.00	1.08	1.28	1.28		
64	0.69	0.90	0.97	1.13	1.13		
65	0.61	0.80	0.85	1.00	0.98		
66	0.54	0.70	0.76	0.90	0.87		
67	0.49	0.64	0.68	0.81	0.78		
68	0.44	0.58	0.63	0.74	0.70		
69	0.42	0.55	0.59	0.70	0.67		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.98	1.37	1.53	1.91	2.83		
26	1.01	1.42	1.59	1.97	2.92		
27	1.05	1.47	1.64	2.05	3.00		
28	1.08	1.52	1.70	2.12	3.09		
29	1.12	1.58	1.77	2.20	3.18		
30	1.17	1.64	1.83	2.28	3.26		
31	1.21	1.70	1.90	2.36	3.35		
32	1.25	1.76	1.97	2.45	3.43		
33	1.30	1.82	2.03	2.53	3.51		
34	1.34	1.88	2.10	2.61	3.59		
35	1.38	1.93	2.17	2.69	3.66		
36	1.43	1.99	2.23	2.77	3.73		
37	1.46	2.04	2.29	2.84	3.80		
38	1.51	2.09	2.35	2.90	3.86		
39	1.55	2.14	2.41	2.97	3.92		
40	1.58	2.19	2.46	3.02	3.97		
41	1.62	2.23	2.51	3.08	4.01		
42	1.65	2.27	2.55	3.12	4.05		
43	1.70	2.32	2.60	3.17	4.08		
44	1.74	2.36	2.63	3.21	4.10		
45	1.77	2.40	2.66	3.24	4.10		
46	1.81	2.43	2.69	3.25	4.09		
47	1.83	2.45	2.70	3.26	4.07		
48	1.85	2.45	2.70	3.25	4.02		
49	1.85	2.45	2.69	3.23	3.95		
50	1.85	2.43	2.66	3.18	3.86		
51	1.83	2.40	2.62	3.13	3.74		
52	1.80	2.35	2.56	3.05	3.61		
53	1.75	2.27	2.46	2.93	3.42		
54	1.68	2.17	2.35	2.79	3.21		
55	1.61	2.06	2.23	2.64	2.99		
56	1.52	1.94	2.10	2.48	2.77		
57	1.43	1.82	1.96	2.31	2.54		
58	1.33	1.70	1.82	2.15	2.32		
59	1.23	1.57	1.69	1.99	2.12		
60	1.13	1.44	1.55	1.83	1.92		
61	1.03	1.32	1.42	1.67	1.73		
62	0.93	1.20	1.29	1.52	1.55		
63	0.83	1.07	1.15	1.36	1.37		
64	0.74	0.96	1.03	1.21	1.20		
65	0.65	0.85	0.91	1.07	1.05		
66	0.58	0.75	0.81	0.96	0.93		
67	0.52	0.68	0.73	0.86	0.83		
68	0.47	0.62	0.67	0.79	0.75		
69	0.45	0.59	0.63	0.75	0.71		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.51	2.11	2.36	2.93			
26	1.57	2.19	2.46	3.05			
27	1.62	2.28	2.55	3.17			
28	1.69	2.37	2.65	3.30			
29	1.75	2.47	2.77	3.44			
30	1.83	2.57	2.88	3.58			
31	1.90	2.67	2.99	3.73			
32	1.98	2.78	3.11	3.88			
33	2.05	2.89	3.23	4.02			
34	2.14	2.99	3.36	4.18			
35	2.21	3.10	3.48	4.33			
36	2.30	3.21	3.60	4.47			
37	2.37	3.31	3.72	4.61			
38	2.46	3.41	3.83	4.74			
39	2.52	3.51	3.95	4.87			
40	2.60	3.60	4.04	4.98			
41	2.66	3.68	4.13	5.09			
42	2.72	3.75	4.21	5.18			
43	2.78	3.83	4.28	5.24			
44	2.85	3.89	4.33	5.29			
45	2.91	3.94	4.37	5.32			
46	2.94	3.97	4.39	5.32			
47	2.97	3.97	4.38	5.30			
48	2.96	3.95	4.34	5.23			
49	2.94	3.89	4.28	5.14			
50	2.90	3.82	4.18	5.02			
51	2.84	3.72	4.06	4.86			
52	2.76	3.59	3.92	4.67			
53	2.63	3.42	3.72	4.43			
54	2.50	3.23	3.50	4.15			
55	2.34	3.01	3.25	3.86			
56	2.18	2.78	3.01	3.55			
57	2.01	2.55	2.75	3.24			
58	1.81	2.31	2.48	2.93			
59	1.62	2.07	2.23	2.63			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.61	2.25	2.52	3.13			
26	1.67	2.34	2.62	3.25			
27	1.73	2.43	2.72	3.38			
28	1.80	2.53	2.83	3.52			
29	1.87	2.63	2.95	3.67			
30	1.95	2.74	3.07	3.82			
31	2.03	2.85	3.19	3.98			
32	2.11	2.96	3.32	4.14			
33	2.19	3.08	3.45	4.29			
34	2.28	3.19	3.58	4.46			
35	2.36	3.31	3.71	4.62			
36	2.45	3.42	3.84	4.77			
37	2.53	3.53	3.97	4.92			
38	2.62	3.64	4.09	5.06			
39	2.69	3.74	4.21	5.19			
40	2.77	3.84	4.31	5.31			
41	2.84	3.93	4.41	5.43			
42	2.90	4.00	4.49	5.52			
43	2.97	4.08	4.57	5.59			
44	3.04	4.15	4.62	5.64			
45	3.10	4.20	4.66	5.67			
46	3.14	4.23	4.68	5.67			
47	3.17	4.23	4.67	5.65			
48	3.16	4.21	4.63	5.58			
49	3.14	4.15	4.56	5.48			
50	3.09	4.07	4.46	5.35			
51	3.03	3.97	4.33	5.18			
52	2.94	3.83	4.18	4.98			
53	2.81	3.65	3.97	4.72			
54	2.67	3.44	3.73	4.43			
55	2.50	3.21	3.47	4.12			
56	2.33	2.97	3.21	3.79			
57	2.14	2.72	2.93	3.46			
58	1.93	2.46	2.65	3.13			
59	1.73	2.21	2.38	2.80			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.15	0.16	0.20	0.29	0.58	1.05
26	0.11	0.16	0.18	0.22	0.30	0.61	1.10
27	0.12	0.17	0.19	0.23	0.32	0.63	1.14
28	0.13	0.18	0.20	0.25	0.34	0.66	1.19
29	0.13	0.19	0.21	0.26	0.36	0.68	1.24
30	0.14	0.20	0.23	0.28	0.38	0.71	1.29
31	0.16	0.22	0.24	0.29	0.40	0.75	1.34
32	0.16	0.23	0.26	0.31	0.42	0.78	1.40
33	0.18	0.25	0.28	0.33	0.45	0.82	1.45
34	0.19	0.26	0.29	0.35	0.48	0.85	1.52
35	0.20	0.28	0.30	0.37	0.49	0.89	1.59
36	0.22	0.29	0.32	0.40	0.52	0.93	1.66
37	0.23	0.30	0.35	0.42	0.55	0.98	1.73
38	0.25	0.33	0.37	0.45	0.58	1.02	1.81
39	0.26	0.35	0.39	0.48	0.62	1.07	1.90
40	0.28	0.37	0.42	0.50	0.65	1.12	2.00
41	0.29	0.39	0.45	0.53	0.68	1.18	2.09
42	0.31	0.42	0.48	0.57	0.72	1.24	2.19
43	0.33	0.45	0.50	0.60	0.76	1.29	2.31
44	0.36	0.48	0.53	0.64	0.81	1.36	2.43
45	0.38	0.50	0.56	0.67	0.85	1.43	2.56
46	0.41	0.53	0.60	0.71	0.89	1.49	2.68
47	0.44	0.57	0.63	0.75	0.93	1.57	2.81
48	0.47	0.61	0.67	0.80	0.99	1.64	2.96
49	0.49	0.65	0.70	0.85	1.04	1.72	3.11
50	0.52	0.67	0.74	0.88	1.07	1.80	3.25
51	0.55	0.71	0.78	0.92	1.12	1.86	3.37
52	0.57	0.74	0.81	0.96	1.15	1.92	3.48
53	0.60	0.77	0.84	0.99	1.18	1.97	3.57
54	0.62	0.79	0.86	1.01	1.20	2.00	3.63
55	0.63	0.80	0.86	1.02	1.20	2.00	3.65
56	0.63	0.80	0.86	1.02	1.19	1.99	3.61
57	0.62	0.79	0.85	1.01	1.16	1.94	3.52
58	0.60	0.76	0.82	0.97	1.10	1.86	3.38
59	0.56	0.72	0.77	0.91	1.04	1.74	3.15
60	0.51	0.66	0.70	0.84	0.93	1.58	2.85
61	0.45	0.58	0.62	0.73	0.81	1.37	2.47
62	0.36	0.48	0.50	0.60	0.65	1.11	1.98

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.16	0.17	0.21	0.31	0.61	1.11
26	0.12	0.17	0.19	0.23	0.32	0.64	1.16
27	0.13	0.18	0.20	0.24	0.34	0.66	1.20
28	0.14	0.19	0.21	0.26	0.36	0.69	1.25
29	0.14	0.20	0.22	0.27	0.38	0.72	1.30
30	0.15	0.21	0.24	0.29	0.40	0.75	1.36
31	0.17	0.23	0.25	0.31	0.42	0.79	1.41
32	0.17	0.24	0.27	0.33	0.44	0.82	1.47
33	0.19	0.26	0.29	0.35	0.47	0.86	1.53
34	0.20	0.27	0.30	0.37	0.50	0.89	1.60
35	0.21	0.29	0.32	0.39	0.52	0.94	1.67
36	0.23	0.31	0.34	0.42	0.55	0.98	1.75
37	0.24	0.32	0.37	0.44	0.58	1.03	1.82
38	0.26	0.35	0.39	0.47	0.61	1.07	1.91
39	0.27	0.37	0.41	0.50	0.65	1.13	2.00
40	0.29	0.39	0.44	0.53	0.68	1.18	2.10
41	0.31	0.41	0.47	0.56	0.72	1.24	2.20
42	0.33	0.44	0.50	0.60	0.76	1.30	2.31
43	0.35	0.47	0.53	0.63	0.80	1.36	2.43
44	0.38	0.50	0.56	0.67	0.85	1.43	2.56
45	0.40	0.53	0.59	0.71	0.89	1.50	2.69
46	0.43	0.56	0.63	0.75	0.94	1.57	2.82
47	0.46	0.60	0.66	0.79	0.98	1.65	2.96
48	0.49	0.64	0.71	0.84	1.04	1.73	3.12
49	0.52	0.68	0.74	0.89	1.09	1.81	3.27
50	0.55	0.71	0.78	0.93	1.13	1.89	3.42
51	0.58	0.75	0.82	0.97	1.18	1.96	3.55
52	0.60	0.78	0.85	1.01	1.21	2.02	3.66
53	0.63	0.81	0.88	1.04	1.24	2.07	3.76
54	0.65	0.83	0.90	1.06	1.26	2.10	3.82
55	0.66	0.84	0.91	1.07	1.26	2.11	3.84
56	0.66	0.84	0.91	1.07	1.25	2.09	3.80
57	0.65	0.83	0.89	1.06	1.22	2.04	3.71
58	0.63	0.80	0.86	1.02	1.16	1.96	3.56
59	0.59	0.76	0.81	0.96	1.09	1.83	3.32
60	0.54	0.69	0.74	0.88	0.98	1.66	3.00
61	0.47	0.61	0.65	0.77	0.85	1.44	2.60
62	0.38	0.50	0.53	0.63	0.68	1.17	2.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.17	1.66	1.85	2.30	3.46	7.03	12.78
26	1.20	1.68	1.89	2.35	3.52	7.08	12.86
27	1.22	1.72	1.92	2.41	3.58	7.12	12.89
28	1.25	1.76	1.97	2.45	3.64	7.14	12.91
29	1.28	1.79	2.02	2.51	3.68	7.15	12.90
30	1.30	1.83	2.05	2.57	3.73	7.15	12.87
31	1.33	1.88	2.10	2.62	3.76	7.15	12.81
32	1.36	1.91	2.15	2.67	3.80	7.12	12.74
33	1.38	1.94	2.18	2.72	3.83	7.09	12.65
34	1.41	1.98	2.22	2.77	3.85	7.05	12.54
35	1.43	2.01	2.25	2.80	3.86	6.99	12.42
36	1.45	2.03	2.28	2.83	3.87	6.93	12.28
37	1.46	2.05	2.30	2.86	3.87	6.85	12.13
38	1.48	2.06	2.32	2.88	3.86	6.77	11.98
39	1.49	2.07	2.33	2.88	3.84	6.68	11.81
40	1.50	2.07	2.33	2.88	3.81	6.58	11.63
41	1.50	2.07	2.33	2.87	3.77	6.47	11.42
42	1.49	2.07	2.32	2.85	3.74	6.34	11.21
43	1.50	2.06	2.30	2.82	3.68	6.21	10.99
44	1.50	2.04	2.28	2.79	3.62	6.06	10.74
45	1.50	2.03	2.26	2.75	3.53	5.89	10.47
46	1.49	2.00	2.21	2.68	3.44	5.71	10.18
47	1.46	1.96	2.16	2.62	3.34	5.51	9.83
48	1.43	1.91	2.09	2.53	3.20	5.27	9.44
49	1.39	1.84	2.02	2.42	3.05	5.02	9.01
50	1.33	1.76	1.92	2.31	2.89	4.75	8.54
51	1.28	1.67	1.82	2.18	2.71	4.45	8.03
52	1.21	1.57	1.71	2.04	2.52	4.13	7.48
53	1.12	1.45	1.58	1.88	2.28	3.76	6.84
54	1.03	1.32	1.43	1.70	2.05	3.39	6.16
55	0.93	1.19	1.30	1.53	1.82	3.02	5.49
56	0.83	1.06	1.15	1.35	1.60	2.65	4.82
57	0.73	0.93	1.01	1.18	1.38	2.30	4.18
58	0.64	0.81	0.88	1.04	1.18	1.99	3.61
59	0.55	0.70	0.76	0.89	1.01	1.70	3.08
60	0.47	0.60	0.65	0.77	0.85	1.45	2.62
61	0.41	0.52	0.56	0.66	0.73	1.24	2.23
62	0.35	0.46	0.49	0.58	0.63	1.08	1.92
63	0.33	0.43	0.46	0.55	0.60	1.02	1.82
64	0.33	0.43	0.46	0.55	0.59	1.01	1.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.27	1.79	2.00	2.49	3.74	7.60	13.82
26	1.30	1.82	2.04	2.54	3.81	7.65	13.90
27	1.32	1.86	2.08	2.60	3.87	7.70	13.94
28	1.35	1.90	2.13	2.65	3.93	7.72	13.96
29	1.38	1.94	2.18	2.71	3.98	7.73	13.95
30	1.41	1.98	2.22	2.78	4.03	7.73	13.91
31	1.44	2.03	2.27	2.83	4.07	7.73	13.85
32	1.47	2.07	2.32	2.89	4.11	7.70	13.77
33	1.49	2.10	2.36	2.94	4.14	7.67	13.68
34	1.52	2.14	2.40	2.99	4.16	7.62	13.56
35	1.55	2.17	2.43	3.03	4.17	7.56	13.43
36	1.57	2.19	2.46	3.06	4.18	7.49	13.28
37	1.58	2.22	2.49	3.09	4.18	7.41	13.11
38	1.60	2.23	2.51	3.11	4.17	7.32	12.95
39	1.61	2.24	2.52	3.11	4.15	7.22	12.77
40	1.62	2.24	2.52	3.11	4.12	7.11	12.57
41	1.62	2.24	2.52	3.10	4.08	6.99	12.35
42	1.61	2.24	2.51	3.08	4.04	6.85	12.12
43	1.62	2.23	2.49	3.05	3.98	6.71	11.88
44	1.62	2.21	2.47	3.02	3.91	6.55	11.61
45	1.62	2.19	2.44	2.97	3.82	6.37	11.32
46	1.61	2.16	2.39	2.90	3.72	6.17	11.00
47	1.58	2.12	2.34	2.83	3.61	5.96	10.63
48	1.55	2.06	2.26	2.73	3.46	5.70	10.21
49	1.50	1.99	2.18	2.62	3.30	5.43	9.74
50	1.44	1.90	2.08	2.50	3.12	5.13	9.23
51	1.38	1.81	1.97	2.36	2.93	4.81	8.68
52	1.31	1.70	1.85	2.21	2.72	4.47	8.09
53	1.21	1.57	1.71	2.03	2.47	4.07	7.39
54	1.11	1.43	1.55	1.84	2.22	3.67	6.66
55	1.01	1.29	1.40	1.65	1.97	3.26	5.93
56	0.90	1.15	1.24	1.46	1.73	2.87	5.21
57	0.79	1.01	1.09	1.28	1.49	2.49	4.52
58	0.69	0.88	0.95	1.12	1.28	2.15	3.90
59	0.59	0.76	0.82	0.96	1.09	1.84	3.33
60	0.51	0.65	0.70	0.83	0.92	1.57	2.83
61	0.44	0.56	0.61	0.71	0.79	1.34	2.41
62	0.38	0.50	0.53	0.63	0.68	1.17	2.08
63	0.36	0.47	0.50	0.59	0.65	1.10	1.97
64	0.36	0.47	0.50	0.59	0.64	1.09	1.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.29	1.79	2.02	2.51	3.76	7.59	13.78
26	1.31	1.84	2.06	2.56	3.83	7.67	13.89
27	1.34	1.88	2.11	2.63	3.90	7.72	13.98
28	1.37	1.93	2.16	2.70	3.98	7.78	14.04
29	1.41	1.98	2.22	2.77	4.04	7.82	14.07
30	1.44	2.03	2.28	2.84	4.11	7.84	14.09
31	1.48	2.08	2.33	2.90	4.16	7.86	14.08
32	1.52	2.13	2.39	2.98	4.22	7.87	14.05
33	1.54	2.17	2.44	3.04	4.26	7.86	14.00
34	1.58	2.22	2.49	3.10	4.30	7.84	13.95
35	1.62	2.27	2.54	3.15	4.34	7.82	13.88
36	1.65	2.30	2.58	3.21	4.37	7.79	13.79
37	1.67	2.33	2.62	3.26	4.38	7.74	13.69
38	1.69	2.37	2.65	3.28	4.39	7.70	13.60
39	1.71	2.39	2.68	3.31	4.40	7.63	13.49
40	1.74	2.41	2.70	3.33	4.39	7.57	13.36
41	1.75	2.42	2.72	3.35	4.38	7.48	13.22
42	1.76	2.42	2.73	3.35	4.36	7.39	13.07
43	1.78	2.44	2.73	3.35	4.33	7.30	12.92
44	1.79	2.45	2.73	3.33	4.29	7.19	12.75
45	1.80	2.44	2.72	3.30	4.24	7.06	12.54
46	1.81	2.43	2.69	3.27	4.17	6.91	12.30
47	1.80	2.41	2.65	3.22	4.09	6.73	12.03
48	1.79	2.38	2.61	3.15	3.97	6.54	11.69
49	1.75	2.32	2.54	3.06	3.84	6.31	11.30
50	1.71	2.26	2.47	2.96	3.68	6.05	10.87
51	1.67	2.17	2.38	2.84	3.51	5.76	10.38
52	1.60	2.08	2.27	2.70	3.31	5.44	9.83
53	1.51	1.96	2.13	2.53	3.07	5.06	9.15
54	1.42	1.82	1.98	2.35	2.82	4.65	8.43
55	1.31	1.68	1.82	2.16	2.55	4.23	7.68
56	1.20	1.54	1.66	1.95	2.29	3.80	6.91
57	1.08	1.38	1.49	1.76	2.04	3.39	6.16
58	0.96	1.23	1.32	1.56	1.79	2.99	5.43
59	0.85	1.09	1.17	1.38	1.54	2.61	4.74
60	0.74	0.95	1.03	1.21	1.34	2.27	4.10
61	0.65	0.83	0.90	1.05	1.16	1.97	3.53
62	0.56	0.73	0.78	0.93	1.01	1.72	3.06
63	0.50	0.65	0.69	0.81	0.90	1.53	2.69
64	0.46	0.58	0.63	0.74	0.83	1.42	2.45
65	0.43	0.56	0.59	0.70	0.82	1.38	2.34
66	0.43	0.55	0.59	0.70	0.88	1.42	2.39

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.39	1.94	2.18	2.71	4.06	8.20	14.90
26	1.42	1.99	2.23	2.77	4.14	8.29	15.02
27	1.45	2.03	2.28	2.84	4.22	8.35	15.11
28	1.48	2.09	2.34	2.92	4.30	8.41	15.18
29	1.52	2.14	2.40	2.99	4.37	8.45	15.21
30	1.56	2.19	2.46	3.07	4.44	8.48	15.23
31	1.60	2.25	2.52	3.14	4.50	8.50	15.22
32	1.64	2.30	2.58	3.22	4.56	8.51	15.19
33	1.67	2.35	2.64	3.29	4.61	8.50	15.14
34	1.71	2.40	2.69	3.35	4.65	8.48	15.08
35	1.75	2.45	2.75	3.41	4.69	8.45	15.00
36	1.78	2.49	2.79	3.47	4.72	8.42	14.91
37	1.81	2.52	2.83	3.52	4.74	8.37	14.80
38	1.83	2.56	2.87	3.55	4.75	8.32	14.70
39	1.85	2.58	2.90	3.58	4.76	8.25	14.58
40	1.88	2.60	2.92	3.60	4.75	8.18	14.44
41	1.89	2.62	2.94	3.62	4.74	8.09	14.29
42	1.90	2.62	2.95	3.62	4.71	7.99	14.13
43	1.92	2.64	2.95	3.62	4.68	7.89	13.97
44	1.94	2.65	2.95	3.60	4.64	7.77	13.78
45	1.95	2.64	2.94	3.57	4.58	7.63	13.56
46	1.96	2.63	2.91	3.53	4.51	7.47	13.30
47	1.95	2.61	2.87	3.48	4.42	7.28	13.00
48	1.93	2.57	2.82	3.40	4.29	7.07	12.64
49	1.89	2.51	2.75	3.31	4.15	6.82	12.22
50	1.85	2.44	2.67	3.20	3.98	6.54	11.75
51	1.80	2.35	2.57	3.07	3.79	6.23	11.22
52	1.73	2.25	2.45	2.92	3.58	5.88	10.63
53	1.63	2.12	2.30	2.73	3.32	5.47	9.89
54	1.53	1.97	2.14	2.54	3.05	5.03	9.11
55	1.42	1.82	1.97	2.33	2.76	4.57	8.30
56	1.30	1.66	1.79	2.11	2.48	4.11	7.47
57	1.17	1.49	1.61	1.90	2.20	3.67	6.66
58	1.04	1.33	1.43	1.69	1.93	3.23	5.87
59	0.92	1.18	1.26	1.49	1.67	2.82	5.12
60	0.80	1.03	1.11	1.31	1.45	2.45	4.43
61	0.70	0.90	0.97	1.14	1.25	2.13	3.82
62	0.61	0.79	0.84	1.00	1.09	1.86	3.31
63	0.54	0.70	0.75	0.88	0.97	1.65	2.91
64	0.50	0.63	0.68	0.80	0.90	1.53	2.65
65	0.47	0.60	0.64	0.76	0.89	1.49	2.53
66	0.47	0.59	0.64	0.76	0.95	1.54	2.58

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.42	1.99	2.23	2.77	4.13		
26	1.45	2.04	2.28	2.85	4.24		
27	1.49	2.10	2.35	2.92	4.33		
28	1.54	2.16	2.41	3.01	4.41		
29	1.57	2.22	2.49	3.10	4.50		
30	1.62	2.28	2.56	3.19	4.59		
31	1.67	2.35	2.64	3.28	4.67		
32	1.71	2.41	2.71	3.38	4.75		
33	1.76	2.48	2.78	3.46	4.82		
34	1.80	2.53	2.85	3.54	4.88		
35	1.85	2.60	2.90	3.62	4.95		
36	1.90	2.65	2.97	3.69	5.00		
37	1.93	2.70	3.03	3.76	5.05		
38	1.97	2.75	3.09	3.82	5.09		
39	2.01	2.79	3.14	3.88	5.12		
40	2.04	2.83	3.18	3.91	5.15		
41	2.07	2.86	3.21	3.95	5.16		
42	2.09	2.89	3.25	3.98	5.17		
43	2.14	2.92	3.27	4.01	5.16		
44	2.17	2.96	3.29	4.02	5.15		
45	2.20	2.98	3.31	4.02	5.12		
46	2.22	2.99	3.31	4.01	5.06		
47	2.24	2.99	3.29	3.99	4.99		
48	2.24	2.98	3.27	3.94	4.88		
49	2.22	2.94	3.23	3.88	4.76		
50	2.20	2.90	3.17	3.79	4.62		
51	2.16	2.83	3.10	3.70	4.44		
52	2.12	2.75	3.00	3.57	4.24		
53	2.04	2.63	2.86	3.40	3.99		
54	1.93	2.50	2.71	3.21	3.71		
55	1.83	2.35	2.54	3.02	3.43		
56	1.72	2.20	2.38	2.80	3.14		
57	1.60	2.04	2.19	2.59	2.85		
58	1.48	1.89	2.04	2.40	2.60		
59	1.36	1.74	1.87	2.20	2.35		
60	1.24	1.59	1.71	2.02	2.12		
61	1.13	1.45	1.56	1.83	1.90		
62	1.03	1.31	1.41	1.66	1.69		
63	0.92	1.17	1.26	1.49	1.49		
64	0.80	1.05	1.12	1.32	1.30		
65	0.71	0.93	0.99	1.17	1.15		
66	0.63	0.82	0.88	1.05	1.01		
67	0.56	0.74	0.80	0.93	0.90		
68	0.52	0.68	0.73	0.86	0.82		
69	0.49	0.64	0.68	0.82	0.77		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.53	2.15	2.41	2.99	4.47		
26	1.57	2.21	2.47	3.08	4.58		
27	1.61	2.27	2.54	3.16	4.68		
28	1.66	2.33	2.61	3.25	4.77		
29	1.70	2.40	2.69	3.35	4.87		
30	1.75	2.47	2.77	3.45	4.96		
31	1.80	2.54	2.85	3.55	5.05		
32	1.85	2.61	2.93	3.65	5.13		
33	1.90	2.68	3.00	3.74	5.21		
34	1.95	2.74	3.08	3.83	5.28		
35	2.00	2.81	3.14	3.91	5.35		
36	2.05	2.87	3.21	3.99	5.41		
37	2.09	2.92	3.28	4.06	5.46		
38	2.13	2.97	3.34	4.13	5.50		
39	2.17	3.02	3.39	4.19	5.54		
40	2.21	3.06	3.44	4.23	5.57		
41	2.24	3.09	3.47	4.27	5.58		
42	2.26	3.12	3.51	4.30	5.59		
43	2.31	3.16	3.54	4.33	5.58		
44	2.35	3.20	3.56	4.35	5.57		
45	2.38	3.22	3.58	4.35	5.53		
46	2.40	3.23	3.58	4.34	5.47		
47	2.42	3.23	3.56	4.31	5.39		
48	2.42	3.22	3.53	4.26	5.28		
49	2.40	3.18	3.49	4.19	5.15		
50	2.38	3.13	3.43	4.10	4.99		
51	2.34	3.06	3.35	4.00	4.80		
52	2.29	2.97	3.24	3.86	4.58		
53	2.20	2.84	3.09	3.68	4.31		
54	2.09	2.70	2.93	3.47	4.01		
55	1.98	2.54	2.75	3.26	3.71		
56	1.86	2.38	2.57	3.03	3.39		
57	1.73	2.21	2.37	2.80	3.08		
58	1.60	2.04	2.20	2.59	2.81		
59	1.47	1.88	2.02	2.38	2.54		
60	1.34	1.72	1.85	2.18	2.29		
61	1.22	1.57	1.69	1.98	2.05		
62	1.11	1.42	1.52	1.79	1.83		
63	0.99	1.27	1.36	1.61	1.61		
64	0.87	1.13	1.21	1.43	1.41		
65	0.77	1.00	1.07	1.26	1.24		
66	0.68	0.89	0.95	1.13	1.09		
67	0.61	0.80	0.86	1.01	0.97		
68	0.56	0.73	0.79	0.93	0.89		
69	0.53	0.69	0.74	0.89	0.83		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.12	2.96	3.32	4.13			
26	2.17	3.05	3.42	4.26			
27	2.24	3.15	3.52	4.39			
28	2.31	3.26	3.64	4.54			
29	2.39	3.37	3.77	4.70			
30	2.47	3.48	3.89	4.87			
31	2.55	3.59	4.02	5.02			
32	2.64	3.71	4.15	5.19			
33	2.72	3.83	4.29	5.35			
34	2.80	3.94	4.42	5.51			
35	2.89	4.05	4.55	5.66			
36	2.97	4.16	4.67	5.81			
37	3.04	4.26	4.78	5.94			
38	3.12	4.36	4.89	6.07			
39	3.19	4.45	5.00	6.18			
40	3.26	4.52	5.08	6.27			
41	3.30	4.59	5.15	6.35			
42	3.35	4.63	5.21	6.40			
43	3.41	4.69	5.24	6.43			
44	3.46	4.72	5.26	6.44			
45	3.49	4.74	5.26	6.41			
46	3.51	4.73	5.24	6.35			
47	3.51	4.70	5.18	6.27			
48	3.47	4.63	5.09	6.14			
49	3.41	4.52	4.97	5.98			
50	3.33	4.39	4.81	5.77			
51	3.24	4.25	4.63	5.55			
52	3.12	4.06	4.43	5.28			
53	2.95	3.83	4.16	4.96			
54	2.78	3.58	3.89	4.61			
55	2.57	3.31	3.58	4.25			
56	2.38	3.03	3.27	3.87			
57	2.16	2.75	2.96	3.50			
58	1.93	2.47	2.65	3.13			
59	1.72	2.19	2.36	2.78			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.29	3.20	3.59	4.46			
26	2.35	3.30	3.70	4.60			
27	2.42	3.41	3.81	4.75			
28	2.50	3.52	3.94	4.91			
29	2.58	3.64	4.08	5.08			
30	2.67	3.76	4.21	5.26			
31	2.76	3.88	4.35	5.43			
32	2.85	4.01	4.49	5.61			
33	2.94	4.14	4.64	5.78			
34	3.03	4.26	4.78	5.96			
35	3.12	4.38	4.92	6.12			
36	3.21	4.50	5.05	6.28			
37	3.29	4.61	5.17	6.42			
38	3.37	4.71	5.29	6.56			
39	3.45	4.81	5.40	6.68			
40	3.52	4.89	5.49	6.78			
41	3.57	4.96	5.57	6.86			
42	3.62	5.01	5.63	6.92			
43	3.69	5.07	5.67	6.95			
44	3.74	5.10	5.69	6.96			
45	3.77	5.12	5.69	6.93			
46	3.79	5.11	5.66	6.87			
47	3.79	5.08	5.60	6.78			
48	3.75	5.00	5.50	6.64			
49	3.69	4.89	5.37	6.46			
50	3.60	4.75	5.20	6.24			
51	3.50	4.59	5.01	6.00			
52	3.37	4.39	4.79	5.71			
53	3.19	4.14	4.50	5.36			
54	3.00	3.87	4.20	4.98			
55	2.78	3.58	3.87	4.59			
56	2.57	3.28	3.54	4.18			
57	2.34	2.97	3.20	3.78			
58	2.09	2.67	2.87	3.38			
59	1.86	2.37	2.55	3.01			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.87	7.68	8.50	10.22	12.85	21.92	38.09
26	6.06	7.94	8.80	10.59	13.28	22.47	39.04
27	6.27	8.24	9.13	11.00	13.72	23.05	40.03
28	6.49	8.55	9.49	11.43	14.20	23.64	41.02
29	6.74	8.89	9.86	11.89	14.70	24.26	42.05
30	7.00	9.24	10.26	12.38	15.22	24.90	43.13
31	7.27	9.61	10.67	12.88	15.75	25.56	44.25
32	7.56	10.00	11.12	13.41	16.32	26.27	45.44
33	7.86	10.40	11.57	13.96	16.91	26.99	46.68
34	8.17	10.82	12.04	14.53	17.51	27.75	48.00
35	8.51	11.26	12.54	15.12	18.15	28.56	49.42
36	8.86	11.72	13.06	15.74	18.81	29.42	50.93
37	9.23	12.21	13.61	16.39	19.49	30.34	52.57
38	9.61	12.71	14.17	17.06	20.21	31.30	54.35
39	10.01	13.24	14.76	17.76	20.94	32.36	56.27
40	10.44	13.80	15.40	18.49	21.71	33.46	58.33
41	10.89	14.40	16.07	19.27	22.51	34.64	60.56
42	11.37	15.02	16.77	20.09	23.35	35.91	62.96
43	11.98	15.75	17.52	20.95	24.24	37.26	65.57
44	12.61	16.52	18.32	21.88	25.17	38.71	68.36
45	13.30	17.34	19.16	22.84	26.15	40.24	71.33
46	14.03	18.22	20.05	23.87	27.18	41.87	74.49
47	14.80	19.15	21.00	24.95	28.28	43.58	77.83
48	15.63	20.16	22.06	26.18	29.52	45.54	81.63
49	16.49	21.20	23.17	27.46	30.80	47.55	85.53
50	17.38	22.29	24.31	28.77	32.13	49.61	89.48
51	18.29	23.40	25.46	30.10	33.49	51.67	93.39
52	19.21	24.51	26.61	31.43	34.85	53.71	97.21
53	20.25	25.77	27.91	32.93	36.43	55.97	101.27
54	21.24	26.96	29.14	34.35	37.94	58.08	104.98
55	22.16	28.06	30.27	35.65	39.31	59.96	108.18
56	22.98	29.03	31.24	36.77	40.49	61.48	110.67
57	23.65	29.79	31.99	37.63	41.39	62.57	112.29
58	24.07	30.28	32.48	38.18	41.96	63.11	112.86
59	24.26	30.47	32.67	38.37	42.11	63.03	112.21
60	24.19	30.34	32.47	38.14	41.80	62.21	110.15
61	23.79	29.81	31.86	37.42	40.95	60.57	106.54
62	23.04	28.84	30.80	36.17	39.49	58.00	101.16

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.08	7.96	8.81	10.59	13.32	22.71	39.47
26	6.28	8.23	9.12	10.97	13.76	23.29	40.46
27	6.50	8.54	9.46	11.40	14.22	23.89	41.48
28	6.73	8.86	9.83	11.84	14.71	24.50	42.51
29	6.98	9.21	10.22	12.32	15.23	25.14	43.58
30	7.25	9.57	10.63	12.83	15.77	25.80	44.69
31	7.53	9.96	11.06	13.35	16.32	26.49	45.86
32	7.83	10.36	11.52	13.90	16.91	27.22	47.09
33	8.14	10.78	11.99	14.47	17.52	27.97	48.37
34	8.47	11.21	12.48	15.06	18.15	28.76	49.74
35	8.82	11.67	12.99	15.67	18.81	29.60	51.21
36	9.18	12.15	13.53	16.31	19.49	30.49	52.78
37	9.56	12.65	14.10	16.98	20.20	31.44	54.48
38	9.96	13.17	14.68	17.68	20.94	32.44	56.32
39	10.37	13.72	15.30	18.40	21.70	33.53	58.31
40	10.82	14.30	15.96	19.16	22.50	34.67	60.45
41	11.29	14.92	16.65	19.97	23.33	35.90	62.76
42	11.78	15.56	17.38	20.82	24.20	37.21	65.24
43	12.41	16.32	18.16	21.71	25.12	38.61	67.95
44	13.07	17.12	18.98	22.67	26.08	40.11	70.84
45	13.78	17.97	19.86	23.67	27.10	41.70	73.92
46	14.54	18.88	20.78	24.74	28.17	43.39	77.19
47	15.34	19.84	21.76	25.86	29.31	45.16	80.65
48	16.20	20.89	22.86	27.13	30.59	47.19	84.59
49	17.09	21.97	24.01	28.46	31.92	49.27	88.63
50	18.01	23.10	25.19	29.81	33.30	51.41	92.73
51	18.95	24.25	26.38	31.19	34.70	53.54	96.78
52	19.91	25.40	27.58	32.57	36.11	55.66	100.74
53	20.98	26.70	28.92	34.12	37.75	58.00	104.94
54	22.01	27.94	30.20	35.60	39.32	60.19	108.79
55	22.96	29.08	31.37	36.94	40.74	62.13	112.10
56	23.81	30.08	32.37	38.10	41.96	63.71	114.68
57	24.51	30.87	33.15	38.99	42.89	64.84	116.36
58	24.94	31.38	33.66	39.56	43.48	65.40	116.95
59	25.14	31.58	33.85	39.76	43.64	65.32	116.28
60	25.07	31.44	33.65	39.52	43.32	64.47	114.15
61	24.65	30.89	33.02	38.78	42.44	62.77	110.40
62	23.88	29.89	31.92	37.48	40.92	60.10	104.83

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.90	3.64	3.98	4.69	6.44	12.31	21.60
26	3.01	3.77	4.13	4.87	6.67	12.65	22.18
27	3.12	3.93	4.29	5.09	6.93	13.02	22.79
28	3.24	4.09	4.49	5.32	7.21	13.41	23.45
29	3.38	4.28	4.70	5.58	7.51	13.84	24.15
30	3.52	4.48	4.92	5.86	7.83	14.29	24.92
31	3.69	4.70	5.17	6.15	8.16	14.78	25.74
32	3.86	4.94	5.44	6.48	8.52	15.30	26.61
33	4.04	5.18	5.71	6.81	8.91	15.85	27.55
34	4.25	5.45	6.01	7.17	9.31	16.45	28.56
35	4.46	5.73	6.33	7.55	9.75	17.09	29.66
36	4.69	6.04	6.68	7.96	10.20	17.78	30.85
37	4.93	6.36	7.03	8.39	10.69	18.51	32.13
38	5.19	6.70	7.42	8.84	11.21	19.30	33.52
39	5.46	7.06	7.84	9.33	11.76	20.14	35.02
40	5.76	7.45	8.27	9.84	12.36	21.05	36.64
41	6.08	7.87	8.73	10.39	12.99	22.02	38.40
42	6.42	8.31	9.24	10.98	13.66	23.05	40.28
43	6.83	8.83	9.78	11.60	14.40	24.17	42.32
44	7.29	9.37	10.34	12.27	15.17	25.37	44.53
45	7.76	9.96	10.96	12.98	15.99	26.64	46.88
46	8.28	10.59	11.61	13.73	16.85	27.99	49.38
47	8.83	11.25	12.30	14.53	17.75	29.42	52.05
48	9.43	11.99	13.09	15.43	18.74	31.04	55.10
49	10.06	12.76	13.90	16.38	19.76	32.73	58.26
50	10.70	13.55	14.74	17.34	20.81	34.45	61.48
51	11.38	14.37	15.58	18.32	21.83	36.17	64.70
52	12.05	15.18	16.44	19.30	22.84	37.89	67.89
53	12.78	16.09	17.39	20.40	23.92	39.77	71.34
54	13.44	16.95	18.28	21.44	24.93	41.52	74.57
55	14.07	17.74	19.10	22.40	25.82	43.11	77.40
56	14.62	18.43	19.79	23.22	26.55	44.42	79.73
57	15.07	18.99	20.35	23.86	27.07	45.39	81.41
58	15.34	19.36	20.73	24.30	27.36	45.96	82.29
59	15.47	19.52	20.88	24.48	27.36	46.04	82.22
60	15.41	19.45	20.80	24.37	27.02	45.57	81.08
61	15.15	19.13	20.41	23.91	26.33	44.46	78.72
62	14.65	18.49	19.71	23.08	25.22	42.64	75.00

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.01	3.77	4.12	4.86	6.67	12.76	22.38
26	3.12	3.91	4.28	5.05	6.91	13.11	22.98
27	3.23	4.07	4.45	5.27	7.18	13.49	23.62
28	3.36	4.24	4.65	5.51	7.47	13.90	24.30
29	3.50	4.44	4.87	5.78	7.78	14.34	25.03
30	3.65	4.64	5.10	6.07	8.11	14.81	25.82
31	3.82	4.87	5.36	6.37	8.46	15.32	26.67
32	4.00	5.12	5.64	6.71	8.83	15.86	27.58
33	4.19	5.37	5.92	7.06	9.23	16.43	28.55
34	4.40	5.65	6.23	7.43	9.65	17.05	29.60
35	4.62	5.94	6.56	7.82	10.10	17.71	30.74
36	4.86	6.26	6.92	8.25	10.57	18.42	31.97
37	5.11	6.59	7.29	8.69	11.08	19.18	33.30
38	5.38	6.94	7.69	9.16	11.62	20.00	34.74
39	5.66	7.32	8.12	9.67	12.19	20.87	36.29
40	5.97	7.72	8.57	10.20	12.81	21.81	37.97
41	6.30	8.16	9.05	10.77	13.46	22.82	39.79
42	6.65	8.61	9.57	11.38	14.16	23.89	41.74
43	7.08	9.15	10.13	12.02	14.92	25.05	43.86
44	7.55	9.71	10.72	12.71	15.72	26.29	46.14
45	8.04	10.32	11.36	13.45	16.57	27.61	48.58
46	8.58	10.97	12.03	14.23	17.46	29.00	51.17
47	9.15	11.66	12.75	15.06	18.39	30.49	53.94
48	9.77	12.42	13.56	15.99	19.42	32.17	57.10
49	10.42	13.22	14.40	16.97	20.48	33.92	60.37
50	11.09	14.04	15.27	17.97	21.56	35.70	63.71
51	11.79	14.89	16.15	18.98	22.62	37.48	67.05
52	12.49	15.73	17.04	20.00	23.67	39.26	70.35
53	13.24	16.67	18.02	21.14	24.79	41.21	73.93
54	13.93	17.56	18.94	22.22	25.83	43.03	77.27
55	14.58	18.38	19.79	23.21	26.76	44.67	80.21
56	15.15	19.10	20.51	24.06	27.51	46.03	82.62
57	15.62	19.68	21.09	24.73	28.05	47.04	84.36
58	15.90	20.06	21.48	25.18	28.35	47.63	85.27
59	16.03	20.23	21.64	25.37	28.35	47.71	85.20
60	15.97	20.16	21.55	25.25	28.00	47.22	84.02
61	15.70	19.82	21.15	24.78	27.28	46.07	81.57
62	15.18	19.16	20.43	23.92	26.13	44.19	77.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.49	3.06	3.33	3.89	5.54	10.95	19.11
26	2.58	3.17	3.45	4.05	5.75	11.29	19.70
27	2.66	3.30	3.60	4.24	5.99	11.66	20.30
28	2.77	3.45	3.76	4.43	6.24	12.03	20.96
29	2.89	3.61	3.94	4.64	6.51	12.46	21.65
30	3.01	3.77	4.13	4.88	6.80	12.89	22.40
31	3.15	3.97	4.34	5.13	7.11	13.37	23.20
32	3.29	4.16	4.56	5.40	7.45	13.87	24.05
33	3.45	4.37	4.81	5.68	7.79	14.41	24.95
34	3.62	4.59	5.06	5.99	8.16	14.98	25.93
35	3.80	4.83	5.33	6.31	8.56	15.58	26.99
36	4.00	5.10	5.61	6.66	8.98	16.25	28.13
37	4.21	5.37	5.92	7.03	9.43	16.95	29.36
38	4.42	5.65	6.24	7.41	9.91	17.70	30.69
39	4.65	5.96	6.59	7.83	10.42	18.50	32.12
40	4.90	6.29	6.96	8.26	10.96	19.36	33.65
41	5.17	6.64	7.36	8.72	11.54	20.28	35.32
42	5.45	7.02	7.78	9.22	12.16	21.27	37.10
43	5.81	7.45	8.24	9.75	12.82	22.34	39.04
44	6.20	7.91	8.72	10.32	13.53	23.47	41.13
45	6.60	8.41	9.24	10.91	14.27	24.67	43.35
46	7.03	8.95	9.79	11.55	15.06	25.95	45.71
47	7.51	9.51	10.38	12.24	15.87	27.29	48.23
48	8.01	10.13	11.04	13.00	16.79	28.83	51.11
49	8.54	10.78	11.72	13.79	17.72	30.42	54.08
50	9.09	11.45	12.44	14.61	18.66	32.04	57.11
51	9.65	12.14	13.15	15.43	19.60	33.66	60.14
52	10.22	12.82	13.88	16.26	20.52	35.26	63.12
53	10.84	13.58	14.66	17.18	21.50	37.01	66.35
54	11.43	14.30	15.41	18.06	22.41	38.64	69.35
55	11.97	14.97	16.10	18.86	23.21	40.10	72.00
56	12.45	15.55	16.68	19.53	23.85	41.28	74.14
57	12.83	16.00	17.13	20.07	24.31	42.14	75.66
58	13.09	16.30	17.43	20.42	24.53	42.60	76.42
59	13.19	16.41	17.54	20.54	24.49	42.60	76.28
60	13.14	16.34	17.44	20.42	24.13	42.04	75.11
61	12.91	16.03	17.09	20.00	23.43	40.87	72.78
62	12.48	15.46	16.46	19.26	22.34	39.01	69.15

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.58	3.17	3.45	4.03	5.74	11.35	19.80
26	2.67	3.29	3.58	4.20	5.96	11.70	20.41
27	2.76	3.42	3.73	4.39	6.21	12.08	21.04
28	2.87	3.57	3.90	4.59	6.47	12.47	21.72
29	2.99	3.74	4.08	4.81	6.75	12.91	22.44
30	3.12	3.91	4.28	5.06	7.05	13.36	23.21
31	3.26	4.11	4.50	5.32	7.37	13.85	24.04
32	3.41	4.31	4.73	5.60	7.72	14.37	24.92
33	3.58	4.53	4.98	5.89	8.07	14.93	25.86
34	3.75	4.76	5.24	6.21	8.46	15.52	26.87
35	3.94	5.01	5.52	6.54	8.87	16.15	27.97
36	4.14	5.28	5.81	6.90	9.31	16.84	29.15
37	4.36	5.56	6.13	7.28	9.77	17.56	30.42
38	4.58	5.86	6.47	7.68	10.27	18.34	31.80
39	4.82	6.18	6.83	8.11	10.80	19.17	33.28
40	5.08	6.52	7.21	8.56	11.36	20.06	34.87
41	5.36	6.88	7.63	9.04	11.96	21.02	36.60
42	5.65	7.27	8.06	9.55	12.60	22.04	38.45
43	6.02	7.72	8.54	10.10	13.29	23.15	40.46
44	6.42	8.20	9.04	10.69	14.02	24.32	42.62
45	6.84	8.72	9.58	11.31	14.79	25.56	44.92
46	7.29	9.27	10.15	11.97	15.61	26.89	47.37
47	7.78	9.85	10.76	12.68	16.45	28.28	49.98
48	8.30	10.50	11.44	13.47	17.40	29.88	52.96
49	8.85	11.17	12.15	14.29	18.36	31.52	56.04
50	9.42	11.87	12.89	15.14	19.34	33.20	59.18
51	10.00	12.58	13.63	15.99	20.31	34.88	62.32
52	10.59	13.29	14.38	16.85	21.26	36.54	65.41
53	11.23	14.07	15.19	17.80	22.28	38.35	68.76
54	11.84	14.82	15.97	18.71	23.22	40.04	71.87
55	12.40	15.51	16.68	19.54	24.05	41.55	74.61
56	12.90	16.11	17.28	20.24	24.72	42.78	76.83
57	13.30	16.58	17.75	20.80	25.19	43.67	78.40
58	13.56	16.89	18.06	21.16	25.42	44.15	79.19
59	13.67	17.01	18.18	21.29	25.38	44.14	79.05
60	13.62	16.93	18.07	21.16	25.01	43.56	77.83
61	13.38	16.61	17.71	20.73	24.28	42.35	75.42
62	12.93	16.02	17.06	19.96	23.15	40.43	71.66

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.27	2.75	2.98	3.47	4.88	9.51	16.46
26	2.34	2.87	3.11	3.63	5.10	9.85	17.05
27	2.43	2.98	3.24	3.79	5.32	10.21	17.66
28	2.54	3.13	3.40	3.98	5.56	10.60	18.32
29	2.64	3.27	3.56	4.19	5.81	10.99	19.00
30	2.76	3.43	3.74	4.40	6.08	11.43	19.72
31	2.89	3.60	3.94	4.63	6.38	11.88	20.50
32	3.02	3.78	4.14	4.88	6.69	12.36	21.34
33	3.17	3.98	4.36	5.14	7.02	12.87	22.20
34	3.32	4.19	4.59	5.43	7.36	13.42	23.15
35	3.49	4.41	4.84	5.73	7.73	14.01	24.15
36	3.67	4.65	5.11	6.05	8.13	14.63	25.23
37	3.86	4.90	5.40	6.39	8.55	15.30	26.40
38	4.06	5.17	5.70	6.76	8.99	16.00	27.66
39	4.28	5.45	6.02	7.13	9.47	16.76	29.00
40	4.52	5.76	6.37	7.54	9.98	17.57	30.46
41	4.77	6.09	6.74	7.97	10.52	18.43	32.01
42	5.03	6.44	7.13	8.43	11.10	19.36	33.68
43	5.36	6.84	7.56	8.93	11.72	20.35	35.49
44	5.70	7.27	8.00	9.45	12.37	21.40	37.43
45	6.08	7.73	8.48	10.01	13.07	22.52	39.50
46	6.48	8.22	8.99	10.60	13.79	23.71	41.70
47	6.92	8.74	9.53	11.22	14.55	24.96	44.02
48	7.38	9.31	10.14	11.93	15.39	26.38	46.69
49	7.87	9.92	10.78	12.66	16.25	27.86	49.44
50	8.38	10.54	11.44	13.41	17.13	29.35	52.23
51	8.90	11.17	12.09	14.18	17.99	30.84	55.02
52	9.42	11.79	12.76	14.94	18.83	32.32	57.76
53	9.99	12.49	13.47	15.78	19.73	33.92	60.73
54	10.52	13.14	14.16	16.58	20.56	35.42	63.47
55	11.02	13.75	14.77	17.30	21.29	36.73	65.87
56	11.45	14.27	15.30	17.92	21.87	37.80	67.81
57	11.80	14.68	15.71	18.39	22.27	38.56	69.15
58	12.01	14.94	15.97	18.69	22.46	38.96	69.79
59	12.10	15.03	16.06	18.79	22.39	38.90	69.59
60	12.03	14.94	15.94	18.64	22.03	38.34	68.42
61	11.81	14.63	15.58	18.23	21.35	37.21	66.18
62	11.39	14.08	14.98	17.51	20.30	35.43	62.73

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.35	2.85	3.09	3.60	5.06	9.86	17.06
26	2.43	2.97	3.22	3.76	5.28	10.21	17.67
27	2.52	3.09	3.36	3.93	5.51	10.58	18.30
28	2.63	3.24	3.52	4.12	5.76	10.98	18.98
29	2.74	3.39	3.69	4.34	6.02	11.39	19.69
30	2.86	3.55	3.88	4.56	6.30	11.84	20.44
31	2.99	3.73	4.08	4.80	6.61	12.31	21.24
32	3.13	3.92	4.29	5.06	6.93	12.81	22.11
33	3.28	4.12	4.52	5.33	7.27	13.34	23.01
34	3.44	4.34	4.76	5.63	7.63	13.91	23.99
35	3.62	4.57	5.02	5.94	8.01	14.52	25.03
36	3.80	4.82	5.30	6.27	8.42	15.16	26.15
37	4.00	5.08	5.60	6.62	8.86	15.85	27.36
38	4.21	5.36	5.91	7.00	9.32	16.58	28.66
39	4.44	5.65	6.24	7.39	9.81	17.37	30.05
40	4.68	5.97	6.60	7.81	10.34	18.21	31.56
41	4.94	6.31	6.98	8.26	10.90	19.10	33.17
42	5.21	6.67	7.39	8.74	11.50	20.06	34.90
43	5.55	7.09	7.83	9.25	12.14	21.09	36.78
44	5.91	7.53	8.29	9.79	12.82	22.18	38.79
45	6.30	8.01	8.79	10.37	13.54	23.34	40.93
46	6.72	8.52	9.32	10.98	14.29	24.57	43.21
47	7.17	9.06	9.88	11.63	15.08	25.87	45.62
48	7.65	9.65	10.51	12.36	15.95	27.34	48.38
49	8.16	10.28	11.17	13.12	16.84	28.87	51.23
50	8.68	10.92	11.85	13.90	17.75	30.41	54.12
51	9.22	11.57	12.53	14.69	18.64	31.96	57.02
52	9.76	12.22	13.22	15.48	19.51	33.49	59.86
53	10.35	12.94	13.96	16.35	20.45	35.15	62.93
54	10.90	13.62	14.67	17.18	21.31	36.70	65.77
55	11.42	14.25	15.31	17.93	22.06	38.06	68.26
56	11.87	14.79	15.86	18.57	22.66	39.17	70.27
57	12.23	15.21	16.28	19.06	23.08	39.96	71.66
58	12.45	15.48	16.55	19.37	23.27	40.37	72.32
59	12.54	15.58	16.64	19.47	23.20	40.31	72.11
60	12.47	15.48	16.52	19.32	22.83	39.73	70.90
61	12.24	15.16	16.15	18.89	22.12	38.56	68.58
62	11.80	14.59	15.52	18.15	21.04	36.72	65.00

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.05	2.44	2.64	3.06	4.24	8.08	13.79
26	2.12	2.55	2.76	3.20	4.43	8.40	14.36
27	2.20	2.66	2.89	3.36	4.63	8.74	14.95
28	2.29	2.79	3.02	3.52	4.85	9.11	15.58
29	2.38	2.91	3.17	3.71	5.09	9.49	16.23
30	2.49	3.06	3.33	3.90	5.34	9.89	16.92
31	2.61	3.21	3.51	4.11	5.61	10.32	17.65
32	2.73	3.38	3.70	4.34	5.89	10.77	18.42
33	2.86	3.56	3.89	4.58	6.19	11.24	19.24
34	3.00	3.74	4.10	4.83	6.50	11.74	20.11
35	3.15	3.95	4.32	5.10	6.83	12.27	21.04
36	3.31	4.16	4.56	5.38	7.19	12.84	22.03
37	3.48	4.39	4.83	5.69	7.58	13.45	23.09
38	3.67	4.63	5.10	6.01	7.98	14.09	24.22
39	3.86	4.88	5.38	6.36	8.41	14.78	25.45
40	4.06	5.15	5.69	6.73	8.86	15.51	26.75
41	4.28	5.45	6.02	7.11	9.35	16.29	28.15
42	4.52	5.76	6.37	7.52	9.86	17.11	29.64
43	4.82	6.12	6.75	7.96	10.42	18.01	31.27
44	5.12	6.50	7.15	8.42	11.00	18.94	33.00
45	5.46	6.91	7.58	8.93	11.62	19.95	34.84
46	5.82	7.34	8.03	9.45	12.27	21.00	36.79
47	6.21	7.81	8.50	10.01	12.94	22.11	38.85
48	6.61	8.32	9.05	10.63	13.69	23.36	41.21
49	7.04	8.85	9.61	11.28	14.46	24.67	43.63
50	7.50	9.39	10.19	11.95	15.22	25.98	46.09
51	7.95	9.95	10.77	12.61	15.98	27.29	48.54
52	8.41	10.50	11.35	13.28	16.71	28.57	50.93
53	8.92	11.12	11.99	14.01	17.51	29.96	53.50
54	9.38	11.69	12.57	14.71	18.22	31.26	55.87
55	9.81	12.21	13.10	15.33	18.85	32.39	57.93
56	10.18	12.65	13.56	15.86	19.34	33.30	59.57
57	10.48	13.01	13.91	16.26	19.68	33.93	60.69
58	10.65	13.21	14.12	16.50	19.81	34.24	61.17
59	10.72	13.28	14.17	16.56	19.72	34.14	60.92
60	10.65	13.17	14.04	16.41	19.38	33.60	59.81
61	10.43	12.87	13.71	16.02	18.75	32.54	57.75
62	10.04	12.37	13.15	15.35	17.79	30.93	54.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.12	2.53	2.74	3.17	4.39	8.37	14.29
26	2.20	2.64	2.86	3.32	4.59	8.70	14.88
27	2.28	2.76	2.99	3.48	4.80	9.06	15.49
28	2.37	2.89	3.13	3.65	5.03	9.44	16.14
29	2.47	3.02	3.29	3.84	5.27	9.83	16.82
30	2.58	3.17	3.45	4.04	5.53	10.25	17.53
31	2.70	3.33	3.64	4.26	5.81	10.69	18.29
32	2.83	3.50	3.83	4.50	6.10	11.16	19.09
33	2.96	3.69	4.03	4.75	6.41	11.65	19.94
34	3.11	3.88	4.25	5.00	6.74	12.17	20.84
35	3.26	4.09	4.48	5.29	7.08	12.72	21.80
36	3.43	4.31	4.73	5.58	7.45	13.31	22.83
37	3.61	4.55	5.00	5.90	7.85	13.94	23.93
38	3.80	4.80	5.28	6.23	8.27	14.60	25.10
39	4.00	5.06	5.58	6.59	8.71	15.32	26.37
40	4.21	5.34	5.90	6.97	9.18	16.07	27.72
41	4.44	5.65	6.24	7.37	9.69	16.88	29.17
42	4.68	5.97	6.60	7.79	10.22	17.73	30.72
43	4.99	6.34	6.99	8.25	10.80	18.66	32.40
44	5.31	6.74	7.41	8.73	11.40	19.63	34.20
45	5.66	7.16	7.85	9.25	12.04	20.67	36.10
46	6.03	7.61	8.32	9.79	12.71	21.76	38.12
47	6.43	8.09	8.81	10.37	13.41	22.91	40.26
48	6.85	8.62	9.38	11.02	14.19	24.21	42.70
49	7.30	9.17	9.96	11.69	14.98	25.56	45.21
50	7.77	9.73	10.56	12.38	15.77	26.92	47.76
51	8.24	10.31	11.16	13.07	16.56	28.28	50.30
52	8.71	10.88	11.76	13.76	17.32	29.61	52.78
53	9.24	11.52	12.42	14.52	18.14	31.05	55.44
54	9.72	12.11	13.03	15.24	18.88	32.39	57.90
55	10.17	12.65	13.58	15.89	19.53	33.56	60.03
56	10.55	13.11	14.05	16.44	20.04	34.51	61.73
57	10.86	13.48	14.41	16.85	20.39	35.16	62.89
58	11.04	13.69	14.63	17.10	20.53	35.48	63.39
59	11.11	13.76	14.68	17.16	20.44	35.38	63.13
60	11.04	13.65	14.55	17.01	20.08	34.82	61.98
61	10.81	13.34	14.21	16.60	19.43	33.72	59.84
62	10.40	12.82	13.63	15.91	18.44	32.05	56.59

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.11	13.57	15.11	18.38	23.46	40.01	69.93
26	10.46	14.08	15.68	19.09	24.28	41.13	71.83
27	10.84	14.61	16.27	19.84	25.12	42.22	73.67
28	11.24	15.16	16.90	20.61	25.96	43.28	75.47
29	11.65	15.73	17.54	21.40	26.83	44.35	77.23
30	12.07	16.32	18.20	22.22	27.69	45.37	78.95
31	12.51	16.92	18.88	23.05	28.57	46.40	80.65
32	12.96	17.53	19.56	23.88	29.44	47.41	82.33
33	13.40	18.14	20.24	24.71	30.32	48.40	83.99
34	13.86	18.74	20.93	25.53	31.20	49.38	85.65
35	14.32	19.35	21.61	26.35	32.07	50.36	87.34
36	14.78	19.96	22.31	27.17	32.93	51.34	89.05
37	15.25	20.58	22.99	27.99	33.77	52.33	90.81
38	15.72	21.19	23.68	28.79	34.58	53.33	92.67
39	16.19	21.78	24.36	29.57	35.38	54.35	94.58
40	16.65	22.39	25.05	30.36	36.14	55.37	96.55
41	17.13	23.00	25.73	31.13	36.89	56.38	98.57
42	17.60	23.60	26.41	31.90	37.61	57.41	100.63
43	18.23	24.31	27.10	32.67	38.33	58.48	102.87
44	18.86	25.02	27.80	33.43	39.02	59.55	105.11
45	19.49	25.73	28.48	34.18	39.67	60.58	107.35
46	20.13	26.43	29.15	34.90	40.29	61.59	109.54
47	20.76	27.11	29.79	35.61	40.86	62.54	111.67
48	21.35	27.78	30.45	36.31	41.38	63.50	113.87
49	21.91	28.41	31.07	36.98	41.84	64.38	115.88
50	22.45	28.99	31.64	37.59	42.26	65.14	117.65
51	22.95	29.54	32.17	38.13	42.60	65.77	119.10
52	23.40	30.00	32.59	38.59	42.87	66.23	120.16
53	23.78	30.39	32.95	38.94	43.13	66.46	120.55
54	24.09	30.69	33.19	39.18	43.30	66.47	120.43
55	24.33	30.88	33.33	39.29	43.35	66.27	119.82
56	24.49	30.97	33.35	39.27	43.26	65.83	118.68
57	24.54	30.95	33.24	39.10	43.04	65.11	116.99
58	24.01	30.21	32.40	38.09	41.84	62.99	112.54
59	23.47	29.46	31.57	37.07	40.66	60.87	108.04
60	23.01	28.83	30.85	36.20	39.64	59.00	104.03
61	22.71	28.43	30.38	35.66	39.00	57.65	101.04
62	22.69	28.40	30.32	35.61	38.87	57.10	99.59
63	23.54	29.53	31.54	37.06	40.45	59.08	103.02
64	24.74	31.08	33.24	39.09	42.66	62.02	108.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.64	14.28	15.90	19.35	24.69	42.12	73.61
26	11.01	14.82	16.50	20.09	25.56	43.29	75.61
27	11.41	15.38	17.13	20.88	26.44	44.44	77.55
28	11.83	15.96	17.79	21.69	27.33	45.56	79.44
29	12.26	16.56	18.46	22.53	28.24	46.68	81.29
30	12.71	17.18	19.16	23.39	29.15	47.76	83.10
31	13.17	17.81	19.87	24.26	30.07	48.84	84.89
32	13.64	18.45	20.59	25.14	30.99	49.90	86.66
33	14.11	19.09	21.31	26.01	31.92	50.95	88.41
34	14.59	19.73	22.03	26.87	32.84	51.98	90.16
35	15.07	20.37	22.75	27.74	33.76	53.01	91.94
36	15.56	21.01	23.48	28.60	34.66	54.04	93.74
37	16.05	21.66	24.20	29.46	35.55	55.08	95.59
38	16.55	22.30	24.93	30.30	36.40	56.14	97.55
39	17.04	22.93	25.64	31.13	37.24	57.21	99.56
40	17.53	23.57	26.37	31.96	38.04	58.28	101.63
41	18.03	24.21	27.08	32.77	38.83	59.35	103.76
42	18.53	24.84	27.80	33.58	39.59	60.43	105.93
43	19.19	25.59	28.53	34.39	40.35	61.56	108.28
44	19.85	26.34	29.26	35.19	41.07	62.68	110.64
45	20.52	27.08	29.98	35.98	41.76	63.77	113.00
46	21.19	27.82	30.68	36.74	42.41	64.83	115.31
47	21.85	28.54	31.36	37.48	43.01	65.83	117.55
48	22.47	29.24	32.05	38.22	43.56	66.84	119.86
49	23.06	29.90	32.71	38.93	44.04	67.77	121.98
50	23.63	30.52	33.31	39.57	44.48	68.57	123.84
51	24.16	31.09	33.86	40.14	44.84	69.23	125.37
52	24.63	31.58	34.31	40.62	45.13	69.72	126.48
53	25.03	31.99	34.68	40.99	45.40	69.96	126.89
54	25.36	32.30	34.94	41.24	45.58	69.97	126.77
55	25.61	32.51	35.08	41.36	45.63	69.76	126.13
56	25.78	32.60	35.10	41.34	45.54	69.29	124.93
57	25.83	32.58	34.99	41.16	45.30	68.54	123.15
58	25.27	31.80	34.11	40.09	44.04	66.31	118.46
59	24.70	31.01	33.23	39.02	42.80	64.07	113.73
60	24.22	30.35	32.47	38.11	41.73	62.10	109.51
61	23.91	29.93	31.98	37.54	41.05	60.68	106.36
62	23.88	29.89	31.92	37.48	40.92	60.10	104.83
63	24.78	31.08	33.20	39.01	42.58	62.19	108.44
64	26.04	32.72	34.99	41.15	44.91	65.28	114.05

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.77	6.24	6.90	8.32	11.83	23.10	41.17
26	4.94	6.49	7.17	8.66	12.27	23.75	42.28
27	5.13	6.75	7.47	9.03	12.74	24.42	43.38
28	5.34	7.04	7.80	9.44	13.23	25.09	44.51
29	5.57	7.35	8.15	9.87	13.74	25.78	45.65
30	5.80	7.69	8.52	10.34	14.26	26.50	46.83
31	6.05	8.04	8.91	10.82	14.80	27.23	48.02
32	6.33	8.41	9.32	11.31	15.35	27.98	49.26
33	6.60	8.78	9.76	11.84	15.93	28.75	50.52
34	6.90	9.18	10.19	12.37	16.52	29.54	51.84
35	7.20	9.59	10.65	12.92	17.13	30.35	53.20
36	7.51	10.00	11.13	13.49	17.75	31.19	54.62
37	7.85	10.44	11.62	14.08	18.38	32.04	56.10
38	8.19	10.89	12.12	14.67	19.03	32.95	57.67
39	8.54	11.34	12.64	15.27	19.68	33.88	59.30
40	8.89	11.81	13.17	15.88	20.35	34.83	60.99
41	9.26	12.29	13.71	16.51	21.03	35.80	62.75
42	9.64	12.79	14.26	17.15	21.74	36.78	64.57
43	10.12	13.35	14.85	17.82	22.49	37.84	66.53
44	10.61	13.94	15.44	18.49	23.24	38.89	68.52
45	11.12	14.53	16.03	19.16	23.98	39.96	70.54
46	11.63	15.11	16.63	19.83	24.71	41.00	72.55
47	12.14	15.70	17.21	20.49	25.41	42.04	74.55
48	12.65	16.30	17.83	21.18	26.10	43.10	76.65
49	13.15	16.88	18.43	21.84	26.72	44.11	78.66
50	13.63	17.44	18.99	22.46	27.28	45.03	80.50
51	14.10	17.96	19.51	23.03	27.76	45.86	82.14
52	14.52	18.42	19.98	23.54	28.14	46.53	83.51
53	14.89	18.82	20.37	23.95	28.36	46.99	84.41
54	15.21	19.15	20.67	24.28	28.45	47.26	84.96
55	15.39	19.39	20.88	24.51	28.43	47.36	85.14
56	15.50	19.54	21.00	24.63	28.29	47.25	84.92
57	15.55	19.61	21.01	24.65	28.03	46.95	84.27
58	15.23	19.19	20.56	24.09	27.16	45.60	81.50
59	14.90	18.77	20.07	23.52	26.27	44.22	78.68
60	14.61	18.41	19.66	23.03	25.51	43.04	76.19
61	14.43	18.19	19.41	22.73	24.99	42.22	74.44
62	14.42	18.20	19.41	22.72	24.82	41.98	73.83
63	14.96	18.95	20.21	23.69	25.82	43.58	76.82
64	15.71	19.97	21.32	25.02	27.26	45.88	81.22

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.02	6.57	7.26	8.76	12.45	24.32	43.34
26	5.20	6.83	7.55	9.12	12.92	25.00	44.50
27	5.40	7.11	7.86	9.51	13.41	25.70	45.66
28	5.62	7.41	8.21	9.94	13.93	26.41	46.85
29	5.86	7.74	8.58	10.39	14.46	27.14	48.05
30	6.11	8.09	8.97	10.88	15.01	27.89	49.29
31	6.37	8.46	9.38	11.39	15.58	28.66	50.55
32	6.66	8.85	9.81	11.91	16.16	29.45	51.85
33	6.95	9.24	10.27	12.46	16.77	30.26	53.18
34	7.26	9.66	10.73	13.02	17.39	31.09	54.57
35	7.58	10.09	11.21	13.60	18.03	31.95	56.00
36	7.91	10.53	11.72	14.20	18.68	32.83	57.49
37	8.26	10.99	12.23	14.82	19.35	33.73	59.05
38	8.62	11.46	12.76	15.44	20.03	34.68	60.70
39	8.99	11.94	13.30	16.07	20.72	35.66	62.42
40	9.36	12.43	13.86	16.72	21.42	36.66	64.20
41	9.75	12.94	14.43	17.38	22.14	37.68	66.05
42	10.15	13.46	15.01	18.05	22.88	38.72	67.97
43	10.65	14.05	15.63	18.76	23.67	39.83	70.03
44	11.17	14.67	16.25	19.46	24.46	40.94	72.13
45	11.70	15.29	16.87	20.17	25.24	42.06	74.25
46	12.24	15.91	17.50	20.87	26.01	43.16	76.37
47	12.78	16.53	18.12	21.57	26.75	44.25	78.47
48	13.32	17.16	18.77	22.29	27.47	45.37	80.68
49	13.84	17.77	19.40	22.99	28.13	46.43	82.80
50	14.35	18.36	19.99	23.64	28.72	47.40	84.74
51	14.84	18.90	20.54	24.24	29.22	48.27	86.46
52	15.28	19.39	21.03	24.78	29.62	48.98	87.90
53	15.67	19.81	21.44	25.21	29.85	49.46	88.85
54	16.01	20.16	21.76	25.56	29.95	49.75	89.43
55	16.20	20.41	21.98	25.80	29.93	49.85	89.62
56	16.32	20.57	22.10	25.93	29.78	49.74	89.39
57	16.37	20.64	22.12	25.95	29.51	49.42	88.71
58	16.03	20.20	21.64	25.36	28.59	48.00	85.79
59	15.68	19.76	21.13	24.76	27.65	46.55	82.82
60	15.38	19.38	20.69	24.24	26.85	45.30	80.20
61	15.19	19.15	20.43	23.93	26.30	44.44	78.36
62	15.18	19.16	20.43	23.92	26.13	44.19	77.72
63	15.75	19.95	21.27	24.94	27.18	45.87	80.86
64	16.54	21.02	22.44	26.34	28.69	48.29	85.49

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.11	5.34	5.89	7.08	10.54	21.48	38.22
26	4.27	5.55	6.12	7.37	10.94	22.12	39.29
27	4.43	5.78	6.37	7.70	11.36	22.76	40.38
28	4.61	6.03	6.66	8.04	11.81	23.42	41.48
29	4.80	6.29	6.95	8.41	12.27	24.08	42.58
30	5.00	6.57	7.28	8.80	12.74	24.77	43.71
31	5.22	6.88	7.61	9.21	13.23	25.47	44.86
32	5.44	7.18	7.96	9.63	13.75	26.18	46.05
33	5.68	7.51	8.32	10.07	14.26	26.92	47.25
34	5.93	7.84	8.69	10.53	14.80	27.66	48.50
35	6.18	8.18	9.08	10.99	15.35	28.43	49.79
36	6.46	8.54	9.48	11.48	15.92	29.22	51.13
37	6.73	8.91	9.90	11.97	16.49	30.04	52.52
38	7.02	9.28	10.32	12.46	17.08	30.88	53.99
39	7.31	9.67	10.75	12.97	17.68	31.74	55.51
40	7.61	10.06	11.20	13.49	18.29	32.62	57.09
41	7.92	10.46	11.65	14.01	18.91	33.53	58.71
42	8.24	10.87	12.11	14.54	19.54	34.44	60.39
43	8.64	11.34	12.60	15.10	20.22	35.41	62.20
44	9.04	11.83	13.09	15.66	20.89	36.38	64.03
45	9.46	12.31	13.58	16.21	21.56	37.34	65.86
46	9.89	12.81	14.07	16.76	22.20	38.29	67.70
47	10.32	13.29	14.55	17.30	22.82	39.22	69.50
48	10.74	13.78	15.06	17.86	23.42	40.18	71.38
49	11.13	14.25	15.53	18.39	23.96	41.07	73.16
50	11.53	14.70	15.99	18.89	24.44	41.88	74.78
51	11.90	15.11	16.41	19.34	24.85	42.59	76.21
52	12.25	15.49	16.78	19.74	25.17	43.16	77.39
53	12.54	15.80	17.07	20.05	25.33	43.51	78.11
54	12.79	16.05	17.31	20.30	25.39	43.70	78.52
55	12.95	16.23	17.45	20.47	25.35	43.73	78.57
56	13.06	16.33	17.54	20.55	25.19	43.56	78.28
57	13.13	16.38	17.54	20.55	24.94	43.22	77.62
58	12.87	16.03	17.14	20.07	24.17	41.91	75.04
59	12.62	15.68	16.75	19.59	23.40	40.60	72.44
60	12.39	15.38	16.41	19.19	22.71	39.46	70.17
61	12.26	15.20	16.21	18.95	22.20	38.67	68.60
62	12.28	15.22	16.21	18.96	21.99	38.41	68.08
63	12.77	15.85	16.88	19.77	22.69	39.82	70.85
64	13.42	16.69	17.80	20.87	23.74	41.90	74.94

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.33	5.62	6.20	7.45	11.09	22.61	40.23
26	4.49	5.84	6.44	7.76	11.52	23.28	41.36
27	4.66	6.08	6.71	8.10	11.96	23.96	42.50
28	4.85	6.35	7.01	8.46	12.43	24.65	43.66
29	5.05	6.62	7.32	8.85	12.92	25.35	44.82
30	5.26	6.92	7.66	9.26	13.41	26.07	46.01
31	5.49	7.24	8.01	9.69	13.93	26.81	47.22
32	5.73	7.56	8.38	10.14	14.47	27.56	48.47
33	5.98	7.90	8.76	10.60	15.01	28.34	49.74
34	6.24	8.25	9.15	11.08	15.58	29.12	51.05
35	6.51	8.61	9.56	11.57	16.16	29.93	52.41
36	6.80	8.99	9.98	12.08	16.76	30.76	53.82
37	7.08	9.38	10.42	12.60	17.36	31.62	55.28
38	7.39	9.77	10.86	13.12	17.98	32.50	56.83
39	7.69	10.18	11.32	13.65	18.61	33.41	58.43
40	8.01	10.59	11.79	14.20	19.25	34.34	60.09
41	8.34	11.01	12.26	14.75	19.91	35.29	61.80
42	8.67	11.44	12.75	15.31	20.57	36.25	63.57
43	9.09	11.94	13.26	15.89	21.28	37.27	65.47
44	9.52	12.45	13.78	16.48	21.99	38.29	67.40
45	9.96	12.96	14.29	17.06	22.69	39.31	69.33
46	10.41	13.48	14.81	17.64	23.37	40.31	71.26
47	10.86	13.99	15.32	18.21	24.02	41.28	73.16
48	11.30	14.50	15.85	18.80	24.65	42.29	75.14
49	11.72	15.00	16.35	19.36	25.22	43.23	77.01
50	12.14	15.47	16.83	19.88	25.73	44.08	78.72
51	12.53	15.91	17.27	20.36	26.16	44.83	80.22
52	12.89	16.30	17.66	20.78	26.49	45.43	81.46
53	13.20	16.63	17.97	21.11	26.66	45.80	82.22
54	13.46	16.89	18.22	21.37	26.73	46.00	82.65
55	13.63	17.08	18.37	21.55	26.68	46.03	82.71
56	13.75	17.19	18.46	21.63	26.52	45.85	82.40
57	13.82	17.24	18.46	21.63	26.25	45.49	81.70
58	13.55	16.87	18.04	21.13	25.44	44.12	78.99
59	13.28	16.50	17.63	20.62	24.63	42.74	76.25
60	13.04	16.19	17.27	20.20	23.90	41.54	73.86
61	12.91	16.00	17.06	19.95	23.37	40.70	72.21
62	12.93	16.02	17.06	19.96	23.15	40.43	71.66
63	13.44	16.68	17.77	20.81	23.88	41.92	74.58
64	14.13	17.57	18.74	21.97	24.99	44.10	78.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.81	4.92	5.42	6.50	9.63	19.53	34.65
26	3.94	5.11	5.63	6.76	10.01	20.14	35.68
27	4.09	5.33	5.87	7.07	10.41	20.75	36.72
28	4.27	5.56	6.13	7.39	10.82	21.38	37.76
29	4.44	5.80	6.40	7.72	11.25	22.00	38.81
30	4.63	6.06	6.70	8.09	11.69	22.65	39.87
31	4.83	6.34	7.01	8.46	12.14	23.30	40.95
32	5.04	6.62	7.32	8.85	12.61	23.97	42.06
33	5.25	6.92	7.66	9.26	13.09	24.64	43.18
34	5.48	7.22	8.00	9.67	13.59	25.34	44.33
35	5.72	7.53	8.35	10.10	14.09	26.03	45.51
36	5.96	7.86	8.72	10.54	14.60	26.75	46.72
37	6.20	8.19	9.09	10.98	15.12	27.48	47.98
38	6.47	8.53	9.47	11.44	15.66	28.24	49.30
39	6.73	8.87	9.87	11.89	16.20	29.02	50.66
40	7.00	9.23	10.26	12.36	16.74	29.81	52.07
41	7.28	9.60	10.67	12.83	17.29	30.60	53.51
42	7.56	9.96	11.09	13.30	17.85	31.42	55.00
43	7.91	10.37	11.51	13.79	18.45	32.26	56.58
44	8.28	10.80	11.94	14.28	19.04	33.10	58.18
45	8.65	11.24	12.38	14.76	19.62	33.93	59.76
46	9.03	11.67	12.81	15.25	20.18	34.75	61.34
47	9.40	12.09	13.22	15.71	20.71	35.54	62.88
48	9.77	12.50	13.65	16.19	21.21	36.33	64.46
49	10.11	12.91	14.06	16.63	21.66	37.07	65.93
50	10.45	13.29	14.45	17.05	22.05	37.73	67.28
51	10.76	13.64	14.80	17.43	22.38	38.29	68.44
52	11.06	13.96	15.11	17.77	22.62	38.75	69.37
53	11.31	14.21	15.35	18.01	22.73	39.00	69.91
54	11.51	14.42	15.54	18.21	22.76	39.11	70.18
55	11.65	14.56	15.66	18.34	22.70	39.10	70.17
56	11.74	14.66	15.72	18.41	22.54	38.94	69.87
57	11.81	14.70	15.72	18.41	22.32	38.64	69.29
58	11.60	14.41	15.41	18.03	21.69	37.56	67.15
59	11.40	14.14	15.09	17.65	21.04	36.50	65.02
60	11.24	13.92	14.84	17.34	20.50	35.60	63.19
61	11.16	13.80	14.70	17.19	20.12	35.00	62.02
62	11.21	13.86	14.74	17.24	19.99	34.88	61.75
63	11.65	14.42	15.36	17.97	20.63	36.18	64.30
64	12.25	15.20	16.20	18.98	21.58	38.06	67.98

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.01	5.18	5.70	6.84	10.14	20.56	36.47
26	4.15	5.38	5.93	7.12	10.54	21.20	37.56
27	4.31	5.61	6.18	7.44	10.96	21.84	38.65
28	4.49	5.85	6.45	7.78	11.39	22.50	39.75
29	4.67	6.11	6.74	8.13	11.84	23.16	40.85
30	4.87	6.38	7.05	8.52	12.30	23.84	41.97
31	5.08	6.67	7.38	8.91	12.78	24.53	43.11
32	5.30	6.97	7.71	9.32	13.27	25.23	44.27
33	5.53	7.28	8.06	9.75	13.78	25.94	45.45
34	5.77	7.60	8.42	10.18	14.30	26.67	46.66
35	6.02	7.93	8.79	10.63	14.83	27.40	47.90
36	6.27	8.27	9.18	11.09	15.37	28.16	49.18
37	6.53	8.62	9.57	11.56	15.92	28.93	50.51
38	6.81	8.98	9.97	12.04	16.48	29.73	51.89
39	7.08	9.34	10.39	12.52	17.05	30.55	53.33
40	7.37	9.72	10.80	13.01	17.62	31.38	54.81
41	7.66	10.10	11.23	13.50	18.20	32.21	56.33
42	7.96	10.48	11.67	14.00	18.79	33.07	57.89
43	8.33	10.92	12.12	14.52	19.42	33.96	59.56
44	8.72	11.37	12.57	15.03	20.04	34.84	61.24
45	9.11	11.83	13.03	15.54	20.65	35.72	62.91
46	9.50	12.28	13.48	16.05	21.24	36.58	64.57
47	9.89	12.73	13.92	16.54	21.80	37.41	66.19
48	10.28	13.16	14.37	17.04	22.33	38.24	67.85
49	10.64	13.59	14.80	17.51	22.80	39.02	69.40
50	11.00	13.99	15.21	17.95	23.21	39.72	70.82
51	11.33	14.36	15.58	18.35	23.56	40.31	72.04
52	11.64	14.69	15.90	18.70	23.81	40.79	73.02
53	11.90	14.96	16.16	18.96	23.93	41.05	73.59
54	12.12	15.18	16.36	19.17	23.96	41.17	73.87
55	12.26	15.33	16.48	19.31	23.89	41.16	73.86
56	12.36	15.43	16.55	19.38	23.73	40.99	73.55
57	12.43	15.47	16.55	19.38	23.49	40.67	72.94
58	12.21	15.17	16.22	18.98	22.83	39.54	70.68
59	12.00	14.88	15.88	18.58	22.15	38.42	68.44
60	11.83	14.65	15.62	18.25	21.58	37.47	66.52
61	11.75	14.53	15.47	18.09	21.18	36.84	65.28
62	11.80	14.59	15.52	18.15	21.04	36.72	65.00
63	12.26	15.18	16.17	18.92	21.72	38.08	67.68
64	12.89	16.00	17.05	19.98	22.72	40.06	71.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.42	4.39	4.82	5.77	8.50	17.13	30.23
26	3.54	4.56	5.02	6.01	8.84	17.67	31.16
27	3.68	4.75	5.23	6.27	9.20	18.22	32.10
28	3.82	4.95	5.45	6.56	9.57	18.77	33.02
29	3.98	5.17	5.69	6.86	9.94	19.33	33.96
30	4.14	5.40	5.95	7.17	10.32	19.89	34.89
31	4.31	5.63	6.21	7.50	10.72	20.46	35.83
32	4.49	5.88	6.49	7.84	11.12	21.04	36.78
33	4.67	6.13	6.77	8.18	11.53	21.62	37.74
34	4.87	6.39	7.07	8.54	11.95	22.20	38.72
35	5.07	6.66	7.37	8.90	12.38	22.80	39.71
36	5.28	6.94	7.69	9.27	12.82	23.40	40.72
37	5.49	7.21	8.00	9.64	13.25	24.00	41.76
38	5.71	7.50	8.32	10.02	13.70	24.62	42.85
39	5.93	7.79	8.65	10.40	14.14	25.26	43.95
40	6.15	8.08	8.98	10.79	14.58	25.89	45.08
41	6.38	8.38	9.31	11.17	15.04	26.52	46.24
42	6.61	8.67	9.64	11.56	15.49	27.16	47.41
43	6.90	9.02	9.99	11.96	15.96	27.82	48.64
44	7.20	9.37	10.34	12.35	16.43	28.47	49.88
45	7.51	9.71	10.68	12.73	16.88	29.10	51.09
46	7.80	10.05	11.02	13.11	17.31	29.72	52.29
47	8.10	10.38	11.35	13.47	17.72	30.30	53.45
48	8.38	10.71	11.68	13.82	18.07	30.86	54.57
49	8.65	11.01	11.98	14.16	18.39	31.37	55.62
50	8.92	11.30	12.27	14.47	18.67	31.83	56.57
51	9.17	11.57	12.54	14.75	18.90	32.22	57.41
52	9.40	11.82	12.78	15.01	19.07	32.55	58.09
53	9.61	12.05	13.00	15.24	19.17	32.78	58.58
54	9.81	12.24	13.18	15.42	19.22	32.92	58.87
55	9.95	12.39	13.31	15.56	19.20	32.97	59.00
56	10.06	12.50	13.40	15.67	19.13	32.94	58.92
57	10.15	12.58	13.44	15.72	19.01	32.79	58.63
58	10.02	12.41	13.24	15.48	18.57	32.05	57.12
59	9.90	12.24	13.04	15.24	18.14	31.33	55.65
60	9.81	12.11	12.90	15.06	17.77	30.74	54.44
61	9.79	12.07	12.85	15.00	17.55	30.41	53.72
62	9.88	12.18	12.95	15.11	17.52	30.45	53.76
63	10.26	12.66	13.48	15.76	18.08	31.58	55.97
64	10.77	13.33	14.19	16.61	18.89	33.17	59.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.60	4.62	5.07	6.07	8.95	18.03	31.82
26	3.73	4.80	5.28	6.33	9.31	18.60	32.80
27	3.87	5.00	5.50	6.60	9.68	19.18	33.79
28	4.02	5.21	5.74	6.90	10.07	19.76	34.76
29	4.19	5.44	5.99	7.22	10.46	20.35	35.75
30	4.36	5.68	6.26	7.55	10.86	20.94	36.73
31	4.54	5.93	6.54	7.89	11.28	21.54	37.72
32	4.73	6.19	6.83	8.25	11.71	22.15	38.72
33	4.92	6.45	7.13	8.61	12.14	22.76	39.73
34	5.13	6.73	7.44	8.99	12.58	23.37	40.76
35	5.34	7.01	7.76	9.37	13.03	24.00	41.80
36	5.56	7.30	8.09	9.76	13.49	24.63	42.86
37	5.78	7.59	8.42	10.15	13.95	25.26	43.96
38	6.01	7.89	8.76	10.55	14.42	25.92	45.10
39	6.24	8.20	9.10	10.95	14.88	26.59	46.26
40	6.47	8.51	9.45	11.36	15.35	27.25	47.45
41	6.72	8.82	9.80	11.76	15.83	27.92	48.67
42	6.96	9.13	10.15	12.17	16.30	28.59	49.90
43	7.26	9.49	10.52	12.59	16.80	29.28	51.20
44	7.58	9.86	10.88	13.00	17.29	29.97	52.50
45	7.90	10.22	11.24	13.40	17.77	30.63	53.78
46	8.21	10.58	11.60	13.80	18.22	31.28	55.04
47	8.53	10.93	11.95	14.18	18.65	31.89	56.26
48	8.82	11.27	12.29	14.55	19.02	32.48	57.44
49	9.11	11.59	12.61	14.90	19.36	33.02	58.55
50	9.39	11.89	12.92	15.23	19.65	33.50	59.55
51	9.65	12.18	13.20	15.53	19.89	33.92	60.43
52	9.89	12.44	13.45	15.80	20.07	34.26	61.15
53	10.12	12.68	13.68	16.04	20.18	34.50	61.66
54	10.33	12.88	13.87	16.23	20.23	34.65	61.97
55	10.47	13.04	14.01	16.38	20.21	34.71	62.10
56	10.59	13.16	14.10	16.49	20.14	34.67	62.02
57	10.68	13.24	14.15	16.55	20.01	34.52	61.72
58	10.55	13.06	13.94	16.29	19.55	33.74	60.13
59	10.42	12.88	13.73	16.04	19.09	32.98	58.58
60	10.33	12.75	13.58	15.85	18.71	32.36	57.30
61	10.31	12.71	13.53	15.79	18.47	32.01	56.55
62	10.40	12.82	13.63	15.91	18.44	32.05	56.59
63	10.80	13.33	14.19	16.59	19.03	33.24	58.92
64	11.34	14.03	14.94	17.48	19.88	34.92	62.24

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.42	13.99	15.58	18.95	24.13	41.10	71.81
26	10.80	14.54	16.20	19.72	25.01	42.30	73.87
27	11.21	15.11	16.84	20.52	25.92	43.50	75.91
28	11.65	15.71	17.52	21.36	26.84	44.68	77.89
29	12.09	16.34	18.21	22.23	27.78	45.86	79.86
30	12.56	16.99	18.94	23.11	28.74	47.03	81.81
31	13.04	17.64	19.68	24.03	29.71	48.19	83.76
32	13.54	18.32	20.44	24.96	30.69	49.35	85.71
33	14.04	18.99	21.20	25.88	31.67	50.51	87.67
34	14.55	19.68	21.98	26.81	32.67	51.67	89.65
35	15.08	20.38	22.76	27.74	33.67	52.85	91.68
36	15.61	21.08	23.56	28.69	34.67	54.04	93.77
37	16.15	21.79	24.36	29.64	35.66	55.25	95.94
38	16.70	22.51	25.17	30.58	36.64	56.51	98.24
39	17.26	23.24	25.98	31.53	37.60	57.79	100.64
40	17.82	23.97	26.82	32.49	38.57	59.10	103.13
41	18.40	24.72	27.66	33.45	39.52	60.44	105.74
42	18.99	25.48	28.52	34.43	40.47	61.82	108.44
43	19.76	26.36	29.40	35.43	41.44	63.27	111.37
44	20.55	27.27	30.31	36.44	42.39	64.73	114.38
45	21.35	28.20	31.21	37.45	43.34	66.23	117.45
46	22.17	29.13	32.13	38.48	44.27	67.73	120.56
47	23.01	30.08	33.05	39.49	45.19	69.23	123.67
48	23.83	31.04	34.03	40.58	46.12	70.80	127.02
49	24.64	31.98	34.99	41.65	47.03	72.34	130.27
50	25.45	32.91	35.92	42.68	47.91	73.81	133.33
51	26.23	33.79	36.81	43.66	48.74	75.15	136.12
52	26.97	34.63	37.64	44.57	49.50	76.35	138.54
53	27.71	35.46	38.46	45.48	50.37	77.48	140.54
54	28.38	36.20	39.17	46.26	51.12	78.37	142.00
55	28.95	36.80	39.74	46.87	51.72	78.96	142.80
56	29.39	37.26	40.13	47.29	52.11	79.20	142.86
57	29.70	37.53	40.32	47.47	52.24	79.02	142.08
58	29.74	37.51	40.27	47.38	52.08	78.38	140.35
59	29.59	37.26	39.96	46.97	51.58	77.20	137.60
60	29.21	36.72	39.32	46.22	50.67	75.43	133.70
61	28.55	35.85	38.36	45.08	49.33	73.01	128.56
62	27.63	34.67	37.03	43.51	47.51	69.88	122.11
63	26.38	33.07	35.31	41.48	45.14	66.01	114.22
64	24.82	31.07	33.17	38.95	42.21	61.29	104.80
65	22.93	28.66	30.57	35.89	38.63	55.70	93.77
66	20.71	25.80	27.48	32.26	34.38	49.16	81.01

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.97	14.73	16.40	19.95	25.40	43.26	75.59
26	11.37	15.31	17.05	20.76	26.33	44.53	77.76
27	11.80	15.91	17.73	21.60	27.28	45.79	79.90
28	12.26	16.54	18.44	22.48	28.25	47.03	81.99
29	12.73	17.20	19.17	23.40	29.24	48.27	84.06
30	13.22	17.88	19.94	24.33	30.25	49.50	86.12
31	13.73	18.57	20.72	25.29	31.27	50.73	88.17
32	14.25	19.28	21.52	26.27	32.30	51.95	90.22
33	14.78	19.99	22.32	27.24	33.34	53.17	92.28
34	15.32	20.72	23.14	28.22	34.39	54.39	94.37
35	15.87	21.45	23.96	29.20	35.44	55.63	96.51
36	16.43	22.19	24.80	30.20	36.49	56.88	98.70
37	17.00	22.94	25.64	31.20	37.54	58.16	100.99
38	17.58	23.69	26.49	32.19	38.57	59.48	103.41
39	18.17	24.46	27.35	33.19	39.58	60.83	105.94
40	18.76	25.23	28.23	34.20	40.60	62.21	108.56
41	19.37	26.02	29.12	35.21	41.60	63.62	111.30
42	19.99	26.82	30.02	36.24	42.60	65.07	114.15
43	20.80	27.75	30.95	37.29	43.62	66.60	117.23
44	21.63	28.71	31.90	38.36	44.62	68.14	120.40
45	22.47	29.68	32.85	39.42	45.62	69.72	123.63
46	23.34	30.66	33.82	40.50	46.60	71.29	126.90
47	24.22	31.66	34.79	41.57	47.57	72.87	130.18
48	25.08	32.67	35.82	42.72	48.55	74.53	133.71
49	25.94	33.66	36.83	43.84	49.51	76.15	137.13
50	26.79	34.64	37.81	44.93	50.43	77.69	140.35
51	27.61	35.57	38.75	45.96	51.30	79.11	143.28
52	28.39	36.45	39.62	46.92	52.11	80.37	145.83
53	29.17	37.33	40.48	47.87	53.02	81.56	147.94
54	29.87	38.10	41.23	48.69	53.81	82.49	149.47
55	30.47	38.74	41.83	49.34	54.44	83.12	150.32
56	30.94	39.22	42.24	49.78	54.85	83.37	150.38
57	31.26	39.50	42.44	49.97	54.99	83.18	149.56
58	31.31	39.48	42.39	49.87	54.82	82.50	147.74
59	31.15	39.22	42.06	49.44	54.29	81.26	144.84
60	30.75	38.65	41.39	48.65	53.34	79.40	140.74
61	30.05	37.74	40.38	47.45	51.93	76.85	135.33
62	29.08	36.49	38.98	45.80	50.01	73.56	128.54
63	27.77	34.81	37.17	43.66	47.52	69.48	120.23
64	26.13	32.71	34.92	41.00	44.43	64.52	110.32
65	24.14	30.17	32.18	37.78	40.66	58.63	98.70
66	21.80	27.16	28.93	33.96	36.19	51.75	85.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.94	6.48	7.15	8.64	12.24	23.83	42.45
26	5.13	6.75	7.46	9.01	12.72	24.54	43.66
27	5.34	7.03	7.79	9.41	13.23	25.27	44.89
28	5.57	7.35	8.14	9.86	13.77	26.03	46.15
29	5.81	7.70	8.53	10.34	14.32	26.81	47.44
30	6.08	8.06	8.94	10.84	14.90	27.62	48.77
31	6.36	8.45	9.38	11.37	15.49	28.44	50.15
32	6.66	8.85	9.83	11.93	16.12	29.30	51.58
33	6.97	9.28	10.31	12.50	16.77	30.19	53.06
34	7.30	9.72	10.80	13.11	17.43	31.11	54.60
35	7.65	10.18	11.32	13.73	18.13	32.06	56.20
36	8.01	10.66	11.87	14.37	18.84	33.05	57.89
37	8.38	11.15	12.43	15.05	19.57	34.09	59.68
38	8.77	11.67	13.01	15.73	20.33	35.17	61.57
39	9.18	12.21	13.60	16.44	21.10	36.29	63.56
40	9.60	12.76	14.23	17.17	21.91	37.46	65.65
41	10.04	13.33	14.88	17.92	22.74	38.67	67.83
42	10.50	13.93	15.54	18.70	23.60	39.93	70.13
43	11.07	14.61	16.25	19.50	24.53	41.27	72.61
44	11.66	15.32	16.99	20.34	25.48	42.65	75.17
45	12.27	16.06	17.73	21.19	26.44	44.05	77.81
46	12.91	16.81	18.50	22.07	27.40	45.48	80.52
47	13.57	17.58	19.28	22.94	28.36	46.92	83.28
48	14.24	18.37	20.10	23.88	29.34	48.47	86.27
49	14.91	19.17	20.94	24.81	30.28	49.99	89.22
50	15.57	19.95	21.75	25.73	31.17	51.46	92.06
51	16.23	20.71	22.52	26.61	31.98	52.85	94.74
52	16.85	21.44	23.27	27.43	32.71	54.10	97.17
53	17.48	22.14	23.98	28.22	33.33	55.25	99.35
54	18.03	22.77	24.61	28.92	33.82	56.20	101.14
55	18.43	23.29	25.11	29.49	34.16	56.92	102.45
56	18.74	23.69	25.48	29.93	34.33	57.36	103.20
57	18.96	23.96	25.71	30.18	34.31	57.48	103.30
58	19.00	24.04	25.76	30.24	34.08	57.24	102.68
59	18.91	23.94	25.63	30.08	33.60	56.58	101.25
60	18.67	23.64	25.28	29.67	32.87	55.49	98.92
61	18.26	23.12	24.70	28.98	31.86	53.90	95.63
62	17.66	22.37	23.87	27.99	30.56	51.78	91.27
63	16.84	21.34	22.75	26.68	28.95	49.09	85.77
64	15.81	20.02	21.34	25.00	26.98	45.78	79.03
65	14.55	18.41	19.60	22.95	24.66	41.81	70.99
66	13.04	16.47	17.51	20.50	21.96	37.15	61.57

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.20	6.82	7.53	9.09	12.88	25.08	44.68
26	5.40	7.10	7.85	9.48	13.39	25.83	45.96
27	5.62	7.40	8.20	9.91	13.93	26.60	47.25
28	5.86	7.74	8.57	10.38	14.49	27.40	48.58
29	6.12	8.10	8.98	10.88	15.07	28.22	49.94
30	6.40	8.48	9.41	11.41	15.68	29.07	51.34
31	6.69	8.89	9.87	11.97	16.31	29.94	52.79
32	7.01	9.32	10.35	12.56	16.97	30.84	54.29
33	7.34	9.77	10.85	13.16	17.65	31.78	55.85
34	7.68	10.23	11.37	13.80	18.35	32.75	57.47
35	8.05	10.72	11.92	14.45	19.08	33.75	59.16
36	8.43	11.22	12.49	15.13	19.83	34.79	60.94
37	8.82	11.74	13.08	15.84	20.60	35.88	62.82
38	9.23	12.28	13.69	16.56	21.40	37.02	64.81
39	9.66	12.85	14.32	17.30	22.21	38.20	66.90
40	10.11	13.43	14.98	18.07	23.06	39.43	69.10
41	10.57	14.03	15.66	18.86	23.94	40.71	71.40
42	11.05	14.66	16.36	19.68	24.84	42.03	73.82
43	11.65	15.38	17.11	20.53	25.82	43.44	76.43
44	12.27	16.13	17.88	21.41	26.82	44.89	79.13
45	12.92	16.90	18.66	22.31	27.83	46.37	81.91
46	13.59	17.69	19.47	23.23	28.84	47.87	84.76
47	14.28	18.50	20.29	24.15	29.85	49.39	87.66
48	14.99	19.34	21.16	25.14	30.88	51.02	90.81
49	15.69	20.18	22.04	26.12	31.87	52.62	93.92
50	16.39	21.00	22.89	27.08	32.81	54.17	96.91
51	17.08	21.80	23.71	28.01	33.66	55.63	99.73
52	17.74	22.57	24.49	28.87	34.43	56.95	102.28
53	18.40	23.31	25.24	29.70	35.08	58.16	104.58
54	18.98	23.97	25.90	30.44	35.60	59.16	106.46
55	19.40	24.52	26.43	31.04	35.96	59.92	107.84
56	19.73	24.94	26.82	31.50	36.14	60.38	108.63
57	19.96	25.22	27.06	31.77	36.12	60.51	108.74
58	20.00	25.30	27.12	31.83	35.87	60.25	108.08
59	19.90	25.20	26.98	31.66	35.37	59.56	106.58
60	19.65	24.88	26.61	31.23	34.60	58.41	104.13
61	19.22	24.34	26.00	30.50	33.54	56.74	100.66
62	18.59	23.55	25.13	29.46	32.17	54.51	96.07
63	17.73	22.46	23.95	28.08	30.47	51.67	90.28
64	16.64	21.07	22.46	26.32	28.40	48.19	83.19
65	15.32	19.38	20.63	24.16	25.96	44.01	74.73
66	13.73	17.34	18.43	21.58	23.12	39.10	64.81

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.27	5.55	6.12	7.35	10.92	22.19	39.47
26	4.43	5.78	6.37	7.68	11.36	22.89	40.65
27	4.61	6.03	6.66	8.03	11.83	23.60	41.86
28	4.81	6.30	6.96	8.41	12.31	24.33	43.08
29	5.02	6.59	7.29	8.82	12.82	25.09	44.34
30	5.24	6.91	7.64	9.24	13.34	25.86	45.63
31	5.48	7.23	8.01	9.69	13.89	26.66	46.95
32	5.74	7.58	8.40	10.17	14.46	27.48	48.32
33	6.00	7.94	8.81	10.66	15.05	28.33	49.73
34	6.28	8.32	9.23	11.17	15.66	29.20	51.20
35	6.57	8.70	9.67	11.70	16.29	30.12	52.73
36	6.88	9.11	10.13	12.26	16.94	31.05	54.34
37	7.20	9.54	10.60	12.82	17.61	32.02	56.02
38	7.53	9.98	11.10	13.40	18.31	33.05	57.80
39	7.88	10.42	11.60	13.99	19.02	34.11	59.67
40	8.23	10.89	12.13	14.61	19.75	35.20	61.63
41	8.60	11.37	12.67	15.24	20.51	36.34	63.68
42	8.99	11.88	13.23	15.89	21.29	37.51	65.82
43	9.46	12.45	13.83	16.58	22.14	38.75	68.12
44	9.97	13.04	14.44	17.28	22.99	40.02	70.50
45	10.48	13.65	15.07	17.99	23.85	41.33	72.95
46	11.01	14.28	15.70	18.72	24.72	42.65	75.44
47	11.56	14.92	16.35	19.45	25.57	43.97	77.97
48	12.11	15.58	17.03	20.22	26.44	45.38	80.70
49	12.66	16.24	17.72	20.99	27.27	46.77	83.39
50	13.21	16.88	18.38	21.73	28.05	48.09	85.96
51	13.76	17.51	19.02	22.44	28.77	49.32	88.36
52	14.27	18.10	19.62	23.10	29.39	50.45	90.53
53	14.76	18.66	20.19	23.73	29.92	51.42	92.42
54	15.21	19.15	20.68	24.28	30.32	52.22	93.93
55	15.56	19.56	21.07	24.73	30.59	52.80	95.02
56	15.85	19.87	21.36	25.06	30.71	53.13	95.60
57	16.05	20.08	21.53	25.26	30.67	53.16	95.63
58	16.10	20.14	21.57	25.30	30.43	52.88	95.02
59	16.06	20.06	21.47	25.17	30.00	52.24	93.72
60	15.89	19.84	21.19	24.84	29.36	51.21	91.65
61	15.60	19.44	20.75	24.31	28.46	49.75	88.75
62	15.16	18.86	20.10	23.55	27.33	47.83	84.97
63	14.54	18.06	19.25	22.54	25.94	45.41	80.21
64	13.76	17.06	18.16	21.26	24.26	42.47	74.43
65	12.80	15.83	16.83	19.70	22.28	38.96	67.55
66	11.64	14.35	15.25	17.83	19.98	34.86	59.52

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.49	5.84	6.44	7.74	11.49	23.36	41.55
26	4.66	6.08	6.71	8.08	11.96	24.09	42.79
27	4.85	6.35	7.01	8.45	12.45	24.84	44.06
28	5.06	6.63	7.33	8.85	12.96	25.61	45.35
29	5.28	6.94	7.67	9.28	13.49	26.41	46.67
30	5.52	7.27	8.04	9.73	14.04	27.22	48.03
31	5.77	7.61	8.43	10.20	14.62	28.06	49.42
32	6.04	7.98	8.84	10.70	15.22	28.93	50.86
33	6.32	8.36	9.27	11.22	15.84	29.82	52.35
34	6.61	8.76	9.72	11.76	16.48	30.74	53.89
35	6.92	9.16	10.18	12.32	17.15	31.70	55.51
36	7.24	9.59	10.66	12.90	17.83	32.68	57.20
37	7.58	10.04	11.16	13.49	18.54	33.71	58.97
38	7.93	10.50	11.68	14.10	19.27	34.79	60.84
39	8.29	10.97	12.21	14.73	20.02	35.90	62.81
40	8.66	11.46	12.77	15.38	20.79	37.05	64.87
41	9.05	11.97	13.34	16.04	21.59	38.25	67.03
42	9.46	12.50	13.93	16.73	22.41	39.48	69.28
43	9.96	13.10	14.56	17.45	23.30	40.79	71.71
44	10.49	13.73	15.20	18.19	24.20	42.13	74.21
45	11.03	14.37	15.86	18.94	25.11	43.50	76.79
46	11.59	15.03	16.53	19.70	26.02	44.89	79.41
47	12.17	15.71	17.21	20.47	26.92	46.28	82.07
48	12.75	16.40	17.93	21.28	27.83	47.77	84.95
49	13.33	17.09	18.65	22.09	28.71	49.23	87.78
50	13.91	17.77	19.35	22.87	29.53	50.62	90.48
51	14.48	18.43	20.02	23.62	30.28	51.92	93.01
52	15.02	19.05	20.65	24.32	30.94	53.10	95.29
53	15.54	19.64	21.25	24.98	31.49	54.13	97.28
54	16.01	20.16	21.77	25.56	31.92	54.97	98.87
55	16.38	20.59	22.18	26.03	32.20	55.58	100.02
56	16.68	20.92	22.48	26.38	32.33	55.93	100.63
57	16.89	21.14	22.66	26.59	32.28	55.96	100.66
58	16.95	21.20	22.71	26.63	32.03	55.66	100.02
59	16.91	21.12	22.60	26.49	31.58	54.99	98.65
60	16.73	20.88	22.31	26.15	30.90	53.90	96.47
61	16.42	20.46	21.84	25.59	29.96	52.37	93.42
62	15.96	19.85	21.16	24.79	28.77	50.35	89.44
63	15.31	19.01	20.26	23.73	27.30	47.80	84.43
64	14.48	17.96	19.12	22.38	25.54	44.70	78.35
65	13.47	16.66	17.72	20.74	23.45	41.01	71.11
66	12.25	15.11	16.05	18.77	21.03	36.69	62.65

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.95	5.12	5.63	6.76	9.99	20.23	35.85
26	4.10	5.33	5.87	7.06	10.42	20.89	36.99
27	4.28	5.57	6.14	7.39	10.85	21.57	38.15
28	4.46	5.81	6.42	7.74	11.31	22.26	39.32
29	4.66	6.09	6.73	8.12	11.78	22.97	40.51
30	4.86	6.37	7.05	8.51	12.26	23.70	41.71
31	5.08	6.68	7.39	8.93	12.78	24.44	42.96
32	5.32	7.00	7.75	9.38	13.30	25.21	44.24
33	5.56	7.33	8.12	9.82	13.84	26.00	45.55
34	5.81	7.68	8.51	10.30	14.40	26.81	46.91
35	6.09	8.04	8.91	10.78	14.99	27.65	48.33
36	6.37	8.41	9.33	11.29	15.58	28.50	49.80
37	6.65	8.79	9.77	11.80	16.20	29.39	51.33
38	6.95	9.19	10.21	12.32	16.82	30.32	52.94
39	7.27	9.60	10.68	12.86	17.47	31.27	54.64
40	7.59	10.02	11.15	13.42	18.14	32.26	56.41
41	7.92	10.45	11.65	13.99	18.82	33.29	58.24
42	8.27	10.91	12.15	14.58	19.51	34.33	60.15
43	8.70	11.42	12.68	15.19	20.27	35.44	62.21
44	9.15	11.96	13.22	15.82	21.03	36.57	64.32
45	9.60	12.50	13.78	16.45	21.80	37.72	66.47
46	10.08	13.05	14.35	17.08	22.56	38.86	68.66
47	10.56	13.62	14.92	17.73	23.30	40.01	70.86
48	11.05	14.19	15.51	18.40	24.05	41.22	73.22
49	11.53	14.77	16.10	19.07	24.77	42.41	75.51
50	12.02	15.32	16.67	19.70	25.43	43.53	77.70
51	12.47	15.86	17.22	20.31	26.02	44.56	79.72
52	12.92	16.36	17.73	20.87	26.54	45.49	81.52
53	13.34	16.82	18.19	21.38	26.93	46.24	82.99
54	13.71	17.23	18.59	21.81	27.24	46.84	84.14
55	13.99	17.57	18.91	22.17	27.42	47.26	84.94
56	14.23	17.82	19.14	22.45	27.48	47.50	85.36
57	14.41	18.00	19.29	22.61	27.44	47.51	85.35
58	14.48	18.07	19.34	22.68	27.25	47.29	84.87
59	14.47	18.04	19.29	22.61	26.91	46.83	83.89
60	14.37	17.90	19.12	22.40	26.44	46.08	82.38
61	14.19	17.65	18.83	22.06	25.80	45.05	80.28
62	13.91	17.27	18.41	21.56	25.01	43.71	77.58
63	13.50	16.75	17.83	20.88	24.04	42.05	74.20
64	12.98	16.07	17.11	20.03	22.90	40.02	70.14
65	12.34	15.26	16.23	18.98	21.56	37.65	65.35
66	11.57	14.27	15.16	17.74	20.03	34.87	59.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.16	5.39	5.93	7.12	10.52	21.29	37.74
26	4.32	5.61	6.18	7.43	10.97	21.99	38.94
27	4.50	5.86	6.46	7.78	11.42	22.70	40.16
28	4.69	6.12	6.76	8.15	11.90	23.43	41.39
29	4.90	6.41	7.08	8.55	12.40	24.18	42.64
30	5.12	6.71	7.42	8.96	12.91	24.95	43.91
31	5.35	7.03	7.78	9.40	13.45	25.73	45.22
32	5.60	7.37	8.16	9.87	14.00	26.54	46.57
33	5.85	7.72	8.55	10.34	14.57	27.37	47.95
34	6.12	8.08	8.96	10.84	15.16	28.22	49.38
35	6.41	8.46	9.38	11.35	15.78	29.10	50.87
36	6.70	8.85	9.82	11.88	16.40	30.00	52.42
37	7.00	9.25	10.28	12.42	17.05	30.94	54.03
38	7.32	9.67	10.75	12.97	17.71	31.92	55.73
39	7.65	10.10	11.24	13.54	18.39	32.92	57.52
40	7.99	10.55	11.74	14.13	19.09	33.96	59.38
41	8.34	11.00	12.26	14.73	19.81	35.04	61.31
42	8.70	11.48	12.79	15.35	20.54	36.14	63.32
43	9.16	12.02	13.35	15.99	21.34	37.30	65.48
44	9.63	12.59	13.92	16.65	22.14	38.49	67.70
45	10.11	13.16	14.51	17.32	22.95	39.70	69.97
46	10.61	13.74	15.10	17.98	23.75	40.90	72.27
47	11.12	14.34	15.70	18.66	24.53	42.12	74.59
48	11.63	14.94	16.33	19.37	25.32	43.39	77.07
49	12.14	15.55	16.95	20.07	26.07	44.64	79.48
50	12.65	16.13	17.55	20.74	26.77	45.82	81.79
51	13.13	16.69	18.13	21.38	27.39	46.90	83.92
52	13.60	17.22	18.66	21.97	27.94	47.88	85.81
53	14.04	17.71	19.15	22.50	28.35	48.67	87.36
54	14.43	18.14	19.57	22.96	28.67	49.31	88.57
55	14.73	18.49	19.90	23.34	28.86	49.75	89.41
56	14.98	18.76	20.15	23.63	28.93	50.00	89.85
57	15.17	18.95	20.31	23.80	28.88	50.01	89.84
58	15.24	19.02	20.36	23.87	28.68	49.78	89.34
59	15.23	18.99	20.31	23.80	28.33	49.29	88.31
60	15.13	18.84	20.13	23.58	27.83	48.51	86.72
61	14.94	18.58	19.82	23.22	27.16	47.42	84.51
62	14.64	18.18	19.38	22.69	26.33	46.01	81.66
63	14.21	17.63	18.77	21.98	25.31	44.26	78.11
64	13.66	16.92	18.01	21.08	24.10	42.13	73.83
65	12.99	16.06	17.08	19.98	22.69	39.63	68.79
66	12.18	15.02	15.96	18.67	21.08	36.71	62.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.55	4.57	5.03	6.01	8.85	17.77	31.36
26	3.69	4.76	5.23	6.28	9.22	18.37	32.40
27	3.84	4.97	5.47	6.57	9.61	18.98	33.43
28	4.00	5.20	5.72	6.89	10.01	19.61	34.49
29	4.17	5.43	5.99	7.21	10.43	20.24	35.54
30	4.35	5.68	6.27	7.56	10.86	20.88	36.61
31	4.55	5.95	6.57	7.93	11.31	21.54	37.70
32	4.75	6.22	6.88	8.31	11.76	22.20	38.81
33	4.96	6.51	7.20	8.70	12.23	22.88	39.95
34	5.18	6.80	7.53	9.10	12.72	23.57	41.11
35	5.42	7.12	7.89	9.52	13.21	24.28	42.30
36	5.65	7.43	8.25	9.95	13.72	25.00	43.55
37	5.89	7.76	8.61	10.39	14.24	25.75	44.82
38	6.15	8.09	8.99	10.83	14.76	26.52	46.17
39	6.41	8.44	9.38	11.29	15.30	27.32	47.58
40	6.68	8.80	9.78	11.76	15.86	28.13	49.02
41	6.95	9.16	10.18	12.24	16.42	28.96	50.51
42	7.25	9.53	10.60	12.72	16.99	29.80	52.06
43	7.60	9.96	11.04	13.21	17.60	30.69	53.70
44	7.97	10.39	11.49	13.72	18.22	31.59	55.39
45	8.35	10.83	11.93	14.23	18.84	32.48	57.10
46	8.74	11.29	12.39	14.74	19.44	33.37	58.81
47	9.13	11.74	12.83	15.25	20.03	34.26	60.51
48	9.51	12.19	13.30	15.77	20.59	35.17	62.28
49	9.89	12.64	13.76	16.28	21.12	36.04	64.00
50	10.27	13.06	14.20	16.77	21.60	36.86	65.62
51	10.63	13.47	14.62	17.22	22.04	37.61	67.10
52	10.97	13.86	15.00	17.65	22.40	38.27	68.40
53	11.29	14.19	15.33	18.00	22.65	38.75	69.35
54	11.57	14.50	15.63	18.32	22.83	39.12	70.09
55	11.80	14.74	15.86	18.58	22.92	39.39	70.59
56	11.99	14.95	16.05	18.80	22.96	39.55	70.88
57	12.14	15.12	16.19	18.96	22.94	39.60	70.94
58	12.25	15.23	16.28	19.07	22.85	39.53	70.75
59	12.30	15.29	16.33	19.11	22.71	39.36	70.33
60	12.32	15.30	16.33	19.11	22.51	39.08	69.66
61	12.31	15.27	16.27	19.04	22.24	38.68	68.75
62	12.26	15.18	16.17	18.91	21.94	38.18	67.59
63	12.15	15.03	16.00	18.72	21.57	37.56	66.18
64	11.99	14.83	15.78	18.46	21.17	36.83	64.51
65	11.80	14.57	15.49	18.13	20.72	35.99	62.57
66	11.56	14.26	15.16	17.73	20.23	35.03	60.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.74	4.81	5.29	6.33	9.32	18.71	33.01
26	3.88	5.01	5.51	6.61	9.71	19.34	34.10
27	4.04	5.23	5.76	6.92	10.12	19.98	35.19
28	4.21	5.47	6.02	7.25	10.54	20.64	36.30
29	4.39	5.72	6.30	7.59	10.98	21.30	37.41
30	4.58	5.98	6.60	7.96	11.43	21.98	38.54
31	4.79	6.26	6.92	8.35	11.90	22.67	39.68
32	5.00	6.55	7.24	8.75	12.38	23.37	40.85
33	5.22	6.85	7.58	9.16	12.87	24.08	42.05
34	5.45	7.16	7.93	9.58	13.39	24.81	43.27
35	5.70	7.49	8.30	10.02	13.91	25.56	44.53
36	5.95	7.82	8.68	10.47	14.44	26.32	45.84
37	6.20	8.17	9.06	10.94	14.99	27.11	47.18
38	6.47	8.52	9.46	11.40	15.54	27.92	48.60
39	6.75	8.88	9.87	11.88	16.11	28.76	50.08
40	7.03	9.26	10.29	12.38	16.69	29.61	51.60
41	7.32	9.64	10.72	12.88	17.28	30.48	53.17
42	7.63	10.03	11.16	13.39	17.88	31.37	54.80
43	8.00	10.48	11.62	13.91	18.53	32.30	56.53
44	8.39	10.94	12.09	14.44	19.18	33.25	58.31
45	8.79	11.40	12.56	14.98	19.83	34.19	60.10
46	9.20	11.88	13.04	15.52	20.46	35.13	61.90
47	9.61	12.36	13.51	16.05	21.08	36.06	63.69
48	10.01	12.83	14.00	16.60	21.67	37.02	65.56
49	10.41	13.30	14.48	17.14	22.23	37.94	67.37
50	10.81	13.75	14.95	17.65	22.74	38.80	69.07
51	11.19	14.18	15.39	18.13	23.20	39.59	70.63
52	11.55	14.59	15.79	18.58	23.58	40.28	72.00
53	11.88	14.94	16.14	18.95	23.84	40.79	73.00
54	12.18	15.26	16.45	19.28	24.03	41.18	73.78
55	12.42	15.52	16.69	19.56	24.13	41.46	74.31
56	12.62	15.74	16.89	19.79	24.17	41.63	74.61
57	12.78	15.92	17.04	19.96	24.15	41.68	74.67
58	12.89	16.03	17.14	20.07	24.05	41.61	74.47
59	12.95	16.09	17.19	20.12	23.90	41.43	74.03
60	12.97	16.11	17.19	20.12	23.69	41.14	73.33
61	12.96	16.07	17.13	20.04	23.41	40.72	72.37
62	12.91	15.98	17.02	19.91	23.09	40.19	71.15
63	12.79	15.82	16.84	19.71	22.71	39.54	69.66
64	12.62	15.61	16.61	19.43	22.28	38.77	67.90
65	12.42	15.34	16.31	19.08	21.81	37.88	65.86
66	12.17	15.01	15.96	18.66	21.29	36.87	63.54

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.84	14.56	16.23	19.73	25.03		
26	11.27	15.16	16.90	20.57	26.00		
27	11.72	15.80	17.60	21.45	27.00		
28	12.20	16.46	18.35	22.38	28.03		
29	12.70	17.16	19.13	23.34	29.07		
30	13.22	17.88	19.95	24.34	30.14		
31	13.77	18.63	20.79	25.37	31.23		
32	14.34	19.39	21.65	26.41	32.33		
33	14.92	20.17	22.52	27.47	33.43		
34	15.49	20.96	23.42	28.55	34.54		
35	16.11	21.77	24.33	29.64	35.66		
36	16.74	22.61	25.27	30.76	36.79		
37	17.39	23.46	26.23	31.90	37.93		
38	18.05	24.33	27.21	33.05	39.07		
39	18.73	25.21	28.22	34.22	40.23		
40	19.44	26.13	29.25	35.43	41.39		
41	20.17	27.08	30.32	36.66	42.57		
42	20.93	28.06	31.43	37.92	43.77		
43	21.89	29.20	32.58	39.24	44.96		
44	22.89	30.38	33.77	40.60	46.18		
45	23.93	31.62	35.01	42.01	47.41		
46	25.02	32.89	36.29	43.45	48.66		
47	26.16	34.22	37.62	44.96	49.91		
48	27.32	35.61	39.06	46.60	51.25		
49	28.51	37.04	40.55	48.27	52.58		
50	29.73	38.48	42.04	49.96	53.89		
51	30.96	39.94	43.53	51.65	55.17		
52	32.19	41.40	45.02	53.34	56.38		
53	33.52	42.97	46.63	55.17	57.65		
54	34.80	44.48	48.15	56.91	58.80		
55	36.01	45.88	49.55	58.50	59.77		
56	37.10	47.12	50.78	59.90	60.55		
57	38.03	48.17	51.78	61.04	61.07		
58	38.49	48.67	52.26	61.54	61.00		
59	38.77	48.93	52.48	61.75	60.65		
60	38.86	48.94	52.45	61.68	60.04		
61	38.77	48.75	52.17	61.35	59.19		
62	38.45	48.34	51.68	60.77	58.11		
63	37.41	47.08	50.36	59.24	56.17		
64	36.35	45.79	49.00	57.68	54.23		
65	35.36	44.63	47.79	56.31	52.45		
66	34.60	43.76	46.88	55.31	51.04		
67	34.19	43.33	46.46	54.88	50.19		
68	34.25	43.50	46.70	55.24	50.08		
69	34.90	44.44	47.76	56.58	50.90		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.41	15.33	17.08	20.77	26.35		
26	11.86	15.96	17.79	21.65	27.37		
27	12.34	16.63	18.53	22.58	28.42		
28	12.84	17.33	19.32	23.56	29.50		
29	13.37	18.06	20.14	24.57	30.60		
30	13.92	18.82	21.00	25.62	31.73		
31	14.49	19.61	21.88	26.70	32.87		
32	15.09	20.41	22.79	27.80	34.03		
33	15.70	21.23	23.71	28.92	35.19		
34	16.31	22.06	24.65	30.05	36.36		
35	16.96	22.92	25.61	31.20	37.54		
36	17.62	23.80	26.60	32.38	38.73		
37	18.30	24.69	27.61	33.58	39.93		
38	19.00	25.61	28.64	34.79	41.13		
39	19.72	26.54	29.70	36.02	42.35		
40	20.46	27.51	30.79	37.29	43.57		
41	21.23	28.51	31.92	38.59	44.81		
42	22.03	29.54	33.08	39.92	46.07		
43	23.04	30.74	34.29	41.31	47.33		
44	24.09	31.98	35.55	42.74	48.61		
45	25.19	33.28	36.85	44.22	49.91		
46	26.34	34.62	38.20	45.74	51.22		
47	27.54	36.02	39.60	47.33	52.54		
48	28.76	37.48	41.12	49.05	53.95		
49	30.01	38.99	42.68	50.81	55.35		
50	31.29	40.51	44.25	52.59	56.73		
51	32.59	42.04	45.82	54.37	58.07		
52	33.88	43.58	47.39	56.15	59.35		
53	35.28	45.23	49.08	58.07	60.68		
54	36.63	46.82	50.68	59.90	61.89		
55	37.90	48.29	52.16	61.58	62.92		
56	39.05	49.60	53.45	63.05	63.74		
57	40.03	50.70	54.51	64.25	64.28		
58	40.52	51.23	55.01	64.78	64.21		
59	40.81	51.50	55.24	65.00	63.84		
60	40.91	51.52	55.21	64.93	63.20		
61	40.81	51.32	54.92	64.58	62.30		
62	40.47	50.88	54.40	63.97	61.17		
63	39.38	49.56	53.01	62.36	59.13		
64	38.26	48.20	51.58	60.72	57.08		
65	37.22	46.98	50.30	59.27	55.21		
66	36.42	46.06	49.35	58.22	53.73		
67	35.99	45.61	48.91	57.77	52.83		
68	36.05	45.79	49.16	58.15	52.72		
69	36.74	46.78	50.27	59.56	53.58		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.18	6.80	7.51	9.07	12.79		
26	5.39	7.10	7.85	9.49	13.33		
27	5.62	7.42	8.22	9.95	13.89		
28	5.88	7.78	8.62	10.44	14.49		
29	6.16	8.16	9.05	10.97	15.11		
30	6.46	8.58	9.51	11.53	15.76		
31	6.78	9.02	10.00	12.13	16.44		
32	7.13	9.47	10.53	12.77	17.16		
33	7.49	9.96	11.08	13.43	17.91		
34	7.86	10.47	11.65	14.13	18.68		
35	8.26	11.00	12.25	14.85	19.48		
36	8.68	11.57	12.88	15.61	20.33		
37	9.13	12.15	13.55	16.40	21.20		
38	9.60	12.77	14.23	17.21	22.13		
39	10.08	13.41	14.95	18.06	23.08		
40	10.59	14.08	15.71	18.95	24.07		
41	11.13	14.78	16.51	19.87	25.10		
42	11.69	15.53	17.35	20.85	26.15		
43	12.40	16.38	18.23	21.87	27.26		
44	13.13	17.27	19.15	22.94	28.40		
45	13.91	18.21	20.12	24.05	29.55		
46	14.73	19.19	21.14	25.21	30.74		
47	15.60	20.23	22.19	26.43	31.94		
48	16.49	21.32	23.35	27.74	33.22		
49	17.42	22.45	24.53	29.09	34.49		
50	18.38	23.59	25.73	30.45	35.74		
51	19.34	24.75	26.93	31.82	36.95		
52	20.32	25.90	28.12	33.17	38.10		
53	21.35	27.11	29.38	34.61	39.23		
54	22.33	28.28	30.58	35.97	40.24		
55	23.15	29.34	31.65	37.21	41.11		
56	23.90	30.28	32.59	38.31	41.79		
57	24.52	31.07	33.36	39.22	42.26		
58	24.82	31.46	33.75	39.66	42.24		
59	24.98	31.69	33.95	39.88	41.99		
60	25.01	31.74	33.98	39.90	41.53		
61	24.92	31.64	33.83	39.73	40.87		
62	24.70	31.39	33.54	39.39	40.05		
63	24.03	30.59	32.69	38.41	38.63		
64	23.31	29.75	31.82	37.40	37.19		
65	22.67	28.99	31.02	36.50	35.86		
66	22.14	28.41	30.42	35.83	34.79		
67	21.85	28.12	30.12	35.54	34.09		
68	21.85	28.22	30.26	35.74	33.89		
69	22.23	28.80	30.92	36.58	34.33		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.45	7.16	7.91	9.55	13.46		
26	5.67	7.47	8.26	9.99	14.03		
27	5.92	7.81	8.65	10.47	14.62		
28	6.19	8.19	9.07	10.99	15.25		
29	6.48	8.59	9.53	11.55	15.90		
30	6.80	9.03	10.01	12.14	16.59		
31	7.14	9.49	10.53	12.77	17.31		
32	7.50	9.97	11.08	13.44	18.06		
33	7.88	10.48	11.66	14.14	18.85		
34	8.27	11.02	12.26	14.87	19.66		
35	8.69	11.58	12.89	15.63	20.51		
36	9.14	12.18	13.56	16.43	21.40		
37	9.61	12.79	14.26	17.26	22.32		
38	10.10	13.44	14.98	18.12	23.29		
39	10.61	14.12	15.74	19.01	24.29		
40	11.15	14.82	16.54	19.95	25.34		
41	11.72	15.56	17.38	20.92	26.42		
42	12.31	16.35	18.26	21.95	27.53		
43	13.05	17.24	19.19	23.02	28.69		
44	13.82	18.18	20.16	24.15	29.89		
45	14.64	19.17	21.18	25.32	31.11		
46	15.51	20.20	22.25	26.54	32.36		
47	16.42	21.29	23.36	27.82	33.62		
48	17.36	22.44	24.58	29.20	34.97		
49	18.34	23.63	25.82	30.62	36.31		
50	19.35	24.83	27.08	32.05	37.62		
51	20.36	26.05	28.35	33.49	38.89		
52	21.39	27.26	29.60	34.92	40.10		
53	22.47	28.54	30.93	36.43	41.29		
54	23.50	29.77	32.19	37.86	42.36		
55	24.37	30.88	33.32	39.17	43.27		
56	25.16	31.87	34.31	40.33	43.99		
57	25.81	32.71	35.12	41.28	44.48		
58	26.13	33.12	35.53	41.75	44.46		
59	26.29	33.36	35.74	41.98	44.20		
60	26.33	33.41	35.77	42.00	43.72		
61	26.23	33.31	35.61	41.82	43.02		
62	26.00	33.04	35.30	41.46	42.16		
63	25.29	32.20	34.41	40.43	40.66		
64	24.54	31.32	33.49	39.37	39.15		
65	23.86	30.52	32.65	38.42	37.75		
66	23.31	29.91	32.02	37.72	36.62		
67	23.00	29.60	31.71	37.41	35.88		
68	23.00	29.70	31.85	37.62	35.67		
69	23.40	30.32	32.55	38.51	36.14		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.47	5.83	6.43	7.74	11.44		
26	4.66	6.09	6.73	8.09	11.93		
27	4.86	6.37	7.04	8.49	12.45		
28	5.08	6.68	7.38	8.92	13.00		
29	5.32	7.01	7.75	9.38	13.57		
30	5.59	7.35	8.15	9.85	14.16		
31	5.85	7.73	8.57	10.37	14.78		
32	6.15	8.13	9.02	10.92	15.44		
33	6.45	8.54	9.48	11.48	16.12		
34	6.77	8.98	9.98	12.07	16.83		
35	7.12	9.43	10.49	12.68	17.58		
36	7.48	9.92	11.03	13.34	18.35		
37	7.86	10.41	11.59	14.00	19.15		
38	8.25	10.93	12.18	14.71	20.00		
39	8.66	11.48	12.80	15.43	20.87		
40	9.10	12.05	13.43	16.18	21.78		
41	9.56	12.65	14.11	16.97	22.72		
42	10.03	13.28	14.82	17.79	23.69		
43	10.63	14.00	15.57	18.66	24.71		
44	11.26	14.75	16.35	19.56	25.75		
45	11.91	15.55	17.17	20.50	26.81		
46	12.61	16.38	18.02	21.48	27.88		
47	13.33	17.24	18.91	22.49	28.98		
48	14.09	18.16	19.87	23.60	30.13		
49	14.87	19.10	20.86	24.72	31.28		
50	15.67	20.05	21.86	25.86	32.41		
51	16.46	21.01	22.86	26.99	33.50		
52	17.27	21.96	23.85	28.10	34.51		
53	18.13	22.97	24.88	29.28	35.52		
54	18.93	23.92	25.85	30.39	36.41		
55	19.65	24.79	26.72	31.40	37.15		
56	20.29	25.55	27.47	32.28	37.74		
57	20.83	26.18	28.09	33.00	38.12		
58	21.09	26.47	28.37	33.32	38.05		
59	21.22	26.60	28.49	33.44	37.77		
60	21.25	26.61	28.46	33.40	37.31		
61	21.19	26.49	28.31	33.21	36.68		
62	21.01	26.26	28.03	32.90	35.92		
63	20.48	25.60	27.34	32.10	34.68		
64	19.93	24.93	26.64	31.28	33.42		
65	19.43	24.33	26.00	30.58	32.29		
66	19.05	23.88	25.55	30.07	31.39		
67	18.85	23.67	25.35	29.88	30.82		
68	18.91	23.80	25.50	30.10	30.71		
69	19.28	24.32	26.10	30.85	31.18		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.71	6.14	6.77	8.15	12.04		
26	4.91	6.41	7.08	8.52	12.56		
27	5.12	6.70	7.41	8.94	13.10		
28	5.35	7.03	7.77	9.39	13.68		
29	5.60	7.38	8.16	9.87	14.28		
30	5.88	7.74	8.58	10.37	14.91		
31	6.16	8.14	9.02	10.92	15.56		
32	6.47	8.56	9.49	11.49	16.25		
33	6.79	8.99	9.98	12.08	16.97		
34	7.13	9.45	10.50	12.70	17.72		
35	7.49	9.93	11.04	13.35	18.50		
36	7.87	10.44	11.61	14.04	19.32		
37	8.27	10.96	12.20	14.74	20.16		
38	8.68	11.51	12.82	15.48	21.05		
39	9.12	12.08	13.47	16.24	21.97		
40	9.58	12.68	14.14	17.03	22.93		
41	10.06	13.32	14.85	17.86	23.92		
42	10.56	13.98	15.60	18.73	24.94		
43	11.19	14.74	16.39	19.64	26.01		
44	11.85	15.53	17.21	20.59	27.10		
45	12.54	16.37	18.07	21.58	28.22		
46	13.27	17.24	18.97	22.61	29.35		
47	14.03	18.15	19.90	23.67	30.51		
48	14.83	19.12	20.92	24.84	31.72		
49	15.65	20.11	21.96	26.02	32.93		
50	16.49	21.11	23.01	27.22	34.12		
51	17.33	22.12	24.06	28.41	35.26		
52	18.18	23.12	25.10	29.58	36.33		
53	19.08	24.18	26.19	30.82	37.39		
54	19.93	25.18	27.21	31.99	38.33		
55	20.68	26.09	28.13	33.05	39.11		
56	21.36	26.89	28.92	33.98	39.73		
57	21.93	27.56	29.57	34.74	40.13		
58	22.20	27.86	29.86	35.07	40.05		
59	22.34	28.00	29.99	35.20	39.76		
60	22.37	28.01	29.96	35.16	39.27		
61	22.30	27.88	29.80	34.96	38.61		
62	22.12	27.64	29.50	34.63	37.81		
63	21.56	26.95	28.78	33.79	36.50		
64	20.98	26.24	28.04	32.93	35.18		
65	20.45	25.61	27.37	32.19	33.99		
66	20.05	25.14	26.89	31.65	33.04		
67	19.84	24.92	26.68	31.45	32.44		
68	19.90	25.05	26.84	31.68	32.33		
69	20.29	25.60	27.47	32.47	32.82		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.15	5.39	5.94	7.13	10.51		
26	4.33	5.63	6.21	7.48	10.97		
27	4.52	5.89	6.51	7.84	11.46		
28	4.72	6.18	6.83	8.24	11.97		
29	4.95	6.49	7.17	8.65	12.50		
30	5.19	6.81	7.54	9.11	13.05		
31	5.43	7.16	7.93	9.59	13.64		
32	5.71	7.52	8.34	10.09	14.25		
33	5.99	7.91	8.78	10.61	14.88		
34	6.29	8.31	9.22	11.15	15.54		
35	6.60	8.73	9.70	11.72	16.23		
36	6.94	9.17	10.19	12.32	16.94		
37	7.28	9.63	10.72	12.94	17.68		
38	7.64	10.11	11.25	13.58	18.45		
39	8.02	10.60	11.81	14.23	19.26		
40	8.42	11.13	12.40	14.92	20.09		
41	8.84	11.68	13.02	15.64	20.94		
42	9.27	12.25	13.65	16.39	21.82		
43	9.80	12.90	14.34	17.18	22.74		
44	10.37	13.59	15.04	17.99	23.67		
45	10.97	14.30	15.78	18.84	24.63		
46	11.59	15.04	16.54	19.71	25.59		
47	12.25	15.82	17.34	20.62	26.56		
48	12.92	16.63	18.19	21.59	27.59		
49	13.60	17.46	19.07	22.58	28.60		
50	14.32	18.31	19.94	23.59	29.57		
51	15.02	19.14	20.81	24.57	30.50		
52	15.71	19.97	21.67	25.54	31.37		
53	16.45	20.83	22.55	26.53	32.20		
54	17.16	21.65	23.38	27.47	32.93		
55	17.77	22.37	24.11	28.32	33.52		
56	18.30	23.00	24.73	29.04	33.95		
57	18.73	23.51	25.22	29.61	34.21		
58	18.90	23.68	25.37	29.78	34.02		
59	18.96	23.73	25.40	29.80	33.66		
60	18.93	23.66	25.31	29.68	33.15		
61	18.83	23.51	25.12	29.46	32.52		
62	18.67	23.29	24.85	29.15	31.82		
63	18.27	22.80	24.34	28.56	30.83		
64	17.88	22.33	23.84	28.00	29.89		
65	17.53	21.93	23.43	27.53	29.06		
66	17.30	21.66	23.16	27.26	28.44		
67	17.22	21.60	23.12	27.25	28.11		
68	17.36	21.82	23.37	27.58	28.16		
69	17.76	22.37	23.99	28.35	28.67		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.37	5.67	6.25	7.51	11.06		
26	4.56	5.93	6.54	7.87	11.55		
27	4.76	6.20	6.85	8.25	12.06		
28	4.97	6.51	7.19	8.67	12.60		
29	5.21	6.83	7.55	9.11	13.16		
30	5.46	7.17	7.94	9.59	13.74		
31	5.72	7.54	8.35	10.09	14.36		
32	6.01	7.92	8.78	10.62	15.00		
33	6.31	8.33	9.24	11.17	15.66		
34	6.62	8.75	9.71	11.74	16.36		
35	6.95	9.19	10.21	12.34	17.08		
36	7.30	9.65	10.73	12.97	17.83		
37	7.66	10.14	11.28	13.62	18.61		
38	8.04	10.64	11.84	14.29	19.42		
39	8.44	11.16	12.43	14.98	20.27		
40	8.86	11.72	13.05	15.71	21.15		
41	9.30	12.29	13.70	16.46	22.04		
42	9.76	12.89	14.37	17.25	22.97		
43	10.32	13.58	15.09	18.08	23.94		
44	10.92	14.30	15.83	18.94	24.92		
45	11.55	15.05	16.61	19.83	25.93		
46	12.20	15.83	17.41	20.75	26.94		
47	12.89	16.65	18.25	21.70	27.96		
48	13.60	17.51	19.15	22.73	29.04		
49	14.32	18.38	20.07	23.77	30.10		
50	15.07	19.27	20.99	24.83	31.13		
51	15.81	20.15	21.91	25.86	32.11		
52	16.54	21.02	22.81	26.88	33.02		
53	17.32	21.93	23.74	27.93	33.89		
54	18.06	22.79	24.61	28.92	34.66		
55	18.70	23.55	25.38	29.81	35.28		
56	19.26	24.21	26.03	30.57	35.74		
57	19.72	24.75	26.55	31.17	36.01		
58	19.89	24.93	26.71	31.35	35.81		
59	19.96	24.98	26.74	31.37	35.43		
60	19.93	24.91	26.64	31.24	34.89		
61	19.82	24.75	26.44	31.01	34.23		
62	19.65	24.52	26.16	30.68	33.49		
63	19.23	24.00	25.62	30.06	32.45		
64	18.82	23.50	25.09	29.47	31.46		
65	18.45	23.08	24.66	28.98	30.59		
66	18.21	22.80	24.38	28.69	29.94		
67	18.13	22.74	24.34	28.68	29.59		
68	18.27	22.97	24.60	29.03	29.64		
69	18.69	23.55	25.25	29.84	30.18		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.74	4.83	5.31	6.37	9.33		
26	3.90	5.04	5.55	6.66	9.75		
27	4.07	5.27	5.81	6.99	10.17		
28	4.25	5.53	6.10	7.34	10.63		
29	4.45	5.80	6.40	7.71	11.11		
30	4.66	6.09	6.73	8.11	11.60		
31	4.87	6.39	7.07	8.53	12.11		
32	5.11	6.72	7.43	8.97	12.64		
33	5.36	7.04	7.80	9.42	13.20		
34	5.61	7.39	8.19	9.90	13.77		
35	5.88	7.75	8.61	10.39	14.36		
36	6.17	8.13	9.03	10.91	14.97		
37	6.46	8.53	9.47	11.44	15.62		
38	6.77	8.94	9.93	11.98	16.27		
39	7.10	9.36	10.41	12.54	16.96		
40	7.43	9.80	10.91	13.13	17.66		
41	7.78	10.26	11.43	13.74	18.37		
42	8.15	10.74	11.97	14.35	19.11		
43	8.61	11.29	12.53	15.02	19.87		
44	9.08	11.87	13.12	15.69	20.64		
45	9.58	12.45	13.74	16.39	21.43		
46	10.09	13.07	14.35	17.11	22.21		
47	10.62	13.70	15.00	17.83	22.99		
48	11.17	14.35	15.69	18.62	23.79		
49	11.72	15.02	16.38	19.40	24.57		
50	12.28	15.68	17.07	20.19	25.32		
51	12.83	16.34	17.75	20.95	26.01		
52	13.39	16.98	18.40	21.69	26.64		
53	13.94	17.62	19.06	22.42	27.21		
54	14.47	18.22	19.67	23.09	27.67		
55	14.93	18.75	20.20	23.69	28.03		
56	15.31	19.20	20.63	24.21	28.28		
57	15.63	19.56	20.97	24.60	28.39		
58	15.72	19.65	21.03	24.66	28.14		
59	15.74	19.65	21.01	24.62	27.78		
60	15.70	19.58	20.92	24.51	27.33		
61	15.64	19.47	20.78	24.34	26.83		
62	15.53	19.32	20.61	24.14	26.30		
63	15.32	19.08	20.34	23.85	25.70		
64	15.14	18.86	20.12	23.61	25.16		
65	15.00	18.72	19.98	23.47	24.73		
66	14.95	18.68	19.96	23.47	24.45		
67	15.02	18.80	20.10	23.67	24.41		
68	15.24	19.11	20.46	24.12	24.62		
69	15.63	19.65	21.06	24.87	25.17		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.94	5.08	5.59	6.70	9.82		
26	4.10	5.31	5.84	7.01	10.26		
27	4.28	5.55	6.12	7.36	10.71		
28	4.47	5.82	6.42	7.73	11.19		
29	4.68	6.10	6.74	8.12	11.69		
30	4.90	6.41	7.08	8.54	12.21		
31	5.13	6.73	7.44	8.98	12.75		
32	5.38	7.07	7.82	9.44	13.31		
33	5.64	7.41	8.21	9.92	13.89		
34	5.91	7.78	8.62	10.42	14.49		
35	6.19	8.16	9.06	10.94	15.12		
36	6.49	8.56	9.50	11.48	15.76		
37	6.80	8.98	9.97	12.04	16.44		
38	7.13	9.41	10.45	12.61	17.13		
39	7.47	9.85	10.96	13.20	17.85		
40	7.82	10.32	11.48	13.82	18.59		
41	8.19	10.80	12.03	14.46	19.34		
42	8.58	11.31	12.60	15.11	20.12		
43	9.06	11.88	13.19	15.81	20.92		
44	9.56	12.49	13.81	16.52	21.73		
45	10.08	13.11	14.46	17.25	22.56		
46	10.62	13.76	15.11	18.01	23.38		
47	11.18	14.42	15.79	18.77	24.20		
48	11.76	15.11	16.52	19.60	25.04		
49	12.34	15.81	17.24	20.42	25.86		
50	12.93	16.51	17.97	21.25	26.65		
51	13.51	17.20	18.68	22.05	27.38		
52	14.09	17.87	19.37	22.83	28.04		
53	14.67	18.55	20.06	23.60	28.64		
54	15.23	19.18	20.70	24.31	29.13		
55	15.72	19.74	21.26	24.94	29.51		
56	16.12	20.21	21.72	25.48	29.77		
57	16.45	20.59	22.07	25.89	29.88		
58	16.55	20.68	22.14	25.96	29.62		
59	16.57	20.68	22.12	25.92	29.24		
60	16.53	20.61	22.02	25.80	28.77		
61	16.46	20.49	21.87	25.62	28.24		
62	16.35	20.34	21.69	25.41	27.68		
63	16.13	20.08	21.41	25.10	27.05		
64	15.94	19.85	21.18	24.85	26.48		
65	15.79	19.70	21.03	24.70	26.03		
66	15.74	19.66	21.01	24.70	25.74		
67	15.81	19.79	21.16	24.92	25.69		
68	16.04	20.12	21.54	25.39	25.92		
69	16.45	20.68	22.17	26.18	26.49		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.20	15.09	16.81	20.47			
26	11.63	15.69	17.49	21.33			
27	12.09	16.34	18.21	22.23			
28	12.58	17.02	18.98	23.18			
29	13.08	17.73	19.77	24.16			
30	13.60	18.45	20.60	25.18			
31	14.16	19.20	21.43	26.20			
32	14.71	19.96	22.29	27.26			
33	15.28	20.73	23.15	28.30			
34	15.85	21.51	24.03	29.36			
35	16.44	22.29	24.90	30.41			
36	17.02	23.07	25.78	31.46			
37	17.61	23.85	26.67	32.51			
38	18.21	24.62	27.55	33.54			
39	18.80	25.40	28.41	34.56			
40	19.39	26.16	29.29	35.56			
41	19.98	26.92	30.14	36.54			
42	20.56	27.67	30.98	37.50			
43	21.31	28.53	31.83	38.43			
44	22.05	29.37	32.64	39.34			
45	22.79	30.19	33.43	40.20			
46	23.51	30.99	34.19	41.02			
47	24.23	31.76	34.90	41.79			
48	24.86	32.46	35.61	42.54			
49	25.46	33.12	36.24	43.21			
50	26.01	33.71	36.80	43.79			
51	26.50	34.21	37.27	44.25			
52	26.90	34.61	37.62	44.59			
53	27.22	34.88	37.83	44.78			
54	27.44	35.04	37.91	44.80			
55	27.54	35.05	37.83	44.66			
56	27.53	34.90	37.59	44.32			
57	27.38	34.61	37.17	43.79			
58	26.73	33.71	36.18	42.56			
59	26.01	32.72	35.07	41.23			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.79	15.88	17.69	21.55			
26	12.24	16.52	18.41	22.45			
27	12.73	17.20	19.17	23.40			
28	13.24	17.92	19.98	24.40			
29	13.77	18.66	20.81	25.43			
30	14.32	19.42	21.68	26.50			
31	14.90	20.21	22.56	27.58			
32	15.48	21.01	23.46	28.69			
33	16.08	21.82	24.37	29.79			
34	16.68	22.64	25.29	30.90			
35	17.30	23.46	26.21	32.01			
36	17.92	24.28	27.14	33.12			
37	18.54	25.10	28.07	34.22			
38	19.17	25.92	29.00	35.31			
39	19.79	26.74	29.91	36.38			
40	20.41	27.54	30.83	37.43			
41	21.03	28.34	31.73	38.46			
42	21.64	29.13	32.61	39.47			
43	22.43	30.03	33.50	40.45			
44	23.21	30.92	34.36	41.41			
45	23.99	31.78	35.19	42.32			
46	24.75	32.62	35.99	43.18			
47	25.50	33.43	36.74	43.99			
48	26.17	34.17	37.48	44.78			
49	26.80	34.86	38.15	45.48			
50	27.38	35.48	38.74	46.09			
51	27.89	36.01	39.23	46.58			
52	28.32	36.43	39.60	46.94			
53	28.65	36.72	39.82	47.14			
54	28.88	36.88	39.90	47.16			
55	28.99	36.89	39.82	47.01			
56	28.98	36.74	39.57	46.65			
57	28.82	36.43	39.13	46.09			
58	28.14	35.48	38.08	44.80			
59	27.38	34.44	36.92	43.40			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.28	6.95	7.70	9.30			
26	5.49	7.25	8.02	9.71			
27	5.72	7.57	8.39	10.17			
28	5.97	7.92	8.78	10.66			
29	6.24	8.30	9.21	11.19			
30	6.53	8.70	9.66	11.75			
31	6.84	9.13	10.15	12.34			
32	7.17	9.59	10.65	12.96			
33	7.51	10.05	11.17	13.60			
34	7.88	10.54	11.72	14.27			
35	8.25	11.05	12.29	14.95			
36	8.64	11.56	12.88	15.66			
37	9.04	12.10	13.49	16.39			
38	9.46	12.65	14.11	17.12			
39	9.90	13.22	14.74	17.88			
40	10.34	13.80	15.40	18.64			
41	10.78	14.39	16.06	19.41			
42	11.25	14.99	16.74	20.19			
43	11.81	15.68	17.44	20.99			
44	12.40	16.36	18.14	21.78			
45	12.98	17.05	18.84	22.57			
46	13.58	17.74	19.52	23.35			
47	14.16	18.41	20.20	24.10			
48	14.73	19.08	20.88	24.86			
49	15.29	19.71	21.54	25.58			
50	15.81	20.31	22.14	26.24			
51	16.29	20.84	22.67	26.82			
52	16.72	21.31	23.12	27.29			
53	17.08	21.67	23.47	27.65			
54	17.36	21.95	23.70	27.87			
55	17.50	22.09	23.81	27.97			
56	17.55	22.13	23.79	27.92			
57	17.47	22.02	23.62	27.72			
58	17.06	21.52	23.06	27.05			
59	16.60	20.94	22.40	26.27			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.56	7.32	8.10	9.79			
26	5.78	7.63	8.44	10.22			
27	6.02	7.97	8.83	10.70			
28	6.28	8.34	9.24	11.22			
29	6.57	8.74	9.69	11.78			
30	6.87	9.16	10.17	12.37			
31	7.20	9.61	10.68	12.99			
32	7.55	10.09	11.21	13.64			
33	7.91	10.58	11.76	14.32			
34	8.29	11.09	12.34	15.02			
35	8.68	11.63	12.94	15.74			
36	9.09	12.17	13.56	16.48			
37	9.52	12.74	14.20	17.25			
38	9.96	13.32	14.85	18.02			
39	10.42	13.92	15.52	18.82			
40	10.88	14.53	16.21	19.62			
41	11.35	15.15	16.91	20.43			
42	11.84	15.78	17.62	21.25			
43	12.43	16.50	18.36	22.09			
44	13.05	17.22	19.09	22.93			
45	13.66	17.95	19.83	23.76			
46	14.29	18.67	20.55	24.58			
47	14.91	19.38	21.26	25.37			
48	15.51	20.08	21.98	26.17			
49	16.09	20.75	22.67	26.93			
50	16.64	21.38	23.30	27.62			
51	17.15	21.94	23.86	28.23			
52	17.60	22.43	24.34	28.73			
53	17.98	22.81	24.70	29.10			
54	18.27	23.10	24.95	29.34			
55	18.42	23.25	25.06	29.44			
56	18.47	23.29	25.04	29.39			
57	18.39	23.18	24.86	29.18			
58	17.96	22.65	24.27	28.47			
59	17.47	22.04	23.58	27.65			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.56	5.96	6.57	7.92			
26	4.74	6.21	6.86	8.28			
27	4.94	6.49	7.17	8.67			
28	5.16	6.79	7.51	9.10			
29	5.39	7.12	7.88	9.55			
30	5.63	7.46	8.27	10.03			
31	5.90	7.83	8.67	10.54			
32	6.18	8.21	9.11	11.06			
33	6.48	8.61	9.56	11.61			
34	6.78	9.03	10.03	12.18			
35	7.11	9.46	10.52	12.77			
36	7.44	9.90	11.01	13.37			
37	7.78	10.36	11.52	13.98			
38	8.13	10.83	12.07	14.61			
39	8.49	11.31	12.60	15.25			
40	8.87	11.80	13.16	15.89			
41	9.25	12.30	13.72	16.55			
42	9.63	12.81	14.28	17.20			
43	10.12	13.38	14.87	17.88			
44	10.60	13.96	15.46	18.54			
45	11.10	14.53	16.04	19.20			
46	11.59	15.11	16.61	19.85			
47	12.08	15.67	17.17	20.46			
48	12.56	16.21	17.73	21.09			
49	13.01	16.73	18.26	21.67			
50	13.43	17.21	18.74	22.19			
51	13.83	17.64	19.17	22.66			
52	14.17	18.01	19.53	23.04			
53	14.45	18.29	19.79	23.29			
54	14.67	18.49	19.95	23.45			
55	14.79	18.58	20.02	23.49			
56	14.84	18.59	19.97	23.42			
57	14.78	18.49	19.81	23.23			
58	14.46	18.05	19.31	22.64			
59	14.09	17.55	18.76	21.97			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.80	6.27	6.92	8.34			
26	4.99	6.54	7.22	8.72			
27	5.20	6.83	7.55	9.13			
28	5.43	7.15	7.91	9.58			
29	5.67	7.49	8.29	10.05			
30	5.93	7.85	8.70	10.56			
31	6.21	8.24	9.13	11.09			
32	6.51	8.64	9.59	11.64			
33	6.82	9.06	10.06	12.22			
34	7.14	9.50	10.56	12.82			
35	7.48	9.96	11.07	13.44			
36	7.83	10.42	11.59	14.07			
37	8.19	10.91	12.13	14.72			
38	8.56	11.40	12.70	15.38			
39	8.94	11.91	13.26	16.05			
40	9.34	12.42	13.85	16.73			
41	9.74	12.95	14.44	17.42			
42	10.14	13.48	15.03	18.11			
43	10.65	14.08	15.65	18.82			
44	11.16	14.69	16.27	19.52			
45	11.68	15.29	16.88	20.21			
46	12.20	15.90	17.48	20.89			
47	12.72	16.49	18.07	21.54			
48	13.22	17.06	18.66	22.20			
49	13.69	17.61	19.22	22.81			
50	14.14	18.12	19.73	23.36			
51	14.56	18.57	20.18	23.85			
52	14.92	18.96	20.56	24.25			
53	15.21	19.25	20.83	24.52			
54	15.44	19.46	21.00	24.68			
55	15.57	19.56	21.07	24.73			
56	15.62	19.57	21.02	24.65			
57	15.56	19.46	20.85	24.45			
58	15.22	19.00	20.33	23.83			
59	14.83	18.47	19.75	23.13			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.23	5.51	6.07	7.31			
26	4.40	5.75	6.34	7.64			
27	4.59	6.00	6.63	8.01			
28	4.79	6.29	6.94	8.40			
29	5.01	6.59	7.29	8.83			
30	5.23	6.92	7.65	9.27			
31	5.48	7.25	8.04	9.74			
32	5.75	7.61	8.44	10.23			
33	6.01	7.98	8.84	10.74			
34	6.30	8.36	9.28	11.26			
35	6.59	8.76	9.73	11.81			
36	6.90	9.17	10.19	12.36			
37	7.21	9.59	10.66	12.92			
38	7.54	10.02	11.15	13.50			
39	7.88	10.46	11.65	14.09			
40	8.21	10.91	12.15	14.68			
41	8.56	11.36	12.65	15.27			
42	8.91	11.82	13.17	15.87			
43	9.34	12.33	13.70	16.46			
44	9.79	12.85	14.22	17.06			
45	10.22	13.37	14.74	17.65			
46	10.67	13.88	15.25	18.21			
47	11.11	14.37	15.74	18.75			
48	11.51	14.85	16.23	19.29			
49	11.91	15.30	16.68	19.79			
50	12.28	15.71	17.10	20.24			
51	12.62	16.07	17.46	20.62			
52	12.91	16.39	17.76	20.93			
53	13.14	16.61	17.96	21.13			
54	13.32	16.76	18.08	21.23			
55	13.40	16.82	18.11	21.24			
56	13.43	16.81	18.05	21.16			
57	13.39	16.70	17.89	20.97			
58	13.11	16.32	17.46	20.45			
59	12.79	15.90	16.99	19.88			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.45	5.80	6.39	7.69			
26	4.63	6.05	6.67	8.04			
27	4.83	6.32	6.98	8.43			
28	5.04	6.62	7.31	8.84			
29	5.27	6.94	7.67	9.29			
30	5.51	7.28	8.05	9.76			
31	5.77	7.63	8.46	10.25			
32	6.05	8.01	8.88	10.77			
33	6.33	8.40	9.31	11.30			
34	6.63	8.80	9.77	11.85			
35	6.94	9.22	10.24	12.43			
36	7.26	9.65	10.73	13.01			
37	7.59	10.09	11.22	13.60			
38	7.94	10.55	11.74	14.21			
39	8.29	11.01	12.26	14.83			
40	8.64	11.48	12.79	15.45			
41	9.01	11.96	13.32	16.07			
42	9.38	12.44	13.86	16.70			
43	9.83	12.98	14.42	17.33			
44	10.30	13.53	14.97	17.96			
45	10.76	14.07	15.52	18.58			
46	11.23	14.61	16.05	19.17			
47	11.69	15.13	16.57	19.74			
48	12.12	15.63	17.08	20.31			
49	12.54	16.10	17.56	20.83			
50	12.93	16.54	18.00	21.31			
51	13.28	16.92	18.38	21.71			
52	13.59	17.25	18.69	22.03			
53	13.83	17.48	18.90	22.24			
54	14.02	17.64	19.03	22.35			
55	14.11	17.71	19.06	22.36			
56	14.14	17.69	19.00	22.27			
57	14.09	17.58	18.83	22.07			
58	13.80	17.18	18.38	21.53			
59	13.46	16.74	17.88	20.93			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.82	4.94	5.43	6.53			
26	3.97	5.15	5.67	6.83			
27	4.13	5.39	5.94	7.16			
28	4.31	5.64	6.22	7.51			
29	4.51	5.91	6.53	7.89			
30	4.71	6.19	6.85	8.28			
31	4.93	6.50	7.18	8.70			
32	5.16	6.80	7.53	9.13			
33	5.40	7.13	7.90	9.58			
34	5.64	7.47	8.27	10.04			
35	5.90	7.81	8.66	10.51			
36	6.17	8.17	9.07	10.99			
37	6.44	8.53	9.48	11.48			
38	6.72	8.90	9.90	11.98			
39	7.00	9.28	10.32	12.47			
40	7.30	9.66	10.75	12.98			
41	7.59	10.04	11.18	13.48			
42	7.89	10.43	11.61	13.98			
43	8.25	10.86	12.06	14.48			
44	8.62	11.30	12.49	14.97			
45	8.99	11.71	12.91	15.45			
46	9.35	12.13	13.32	15.90			
47	9.71	12.53	13.72	16.34			
48	10.03	12.90	14.10	16.75			
49	10.35	13.25	14.44	17.13			
50	10.63	13.57	14.75	17.46			
51	10.90	13.85	15.03	17.75			
52	11.13	14.09	15.26	17.97			
53	11.32	14.28	15.42	18.14			
54	11.48	14.41	15.53	18.23			
55	11.56	14.48	15.56	18.25			
56	11.61	14.48	15.53	18.19			
57	11.59	14.42	15.43	18.06			
58	11.38	14.14	15.11	17.68			
59	11.14	13.81	14.74	17.24			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.02	5.20	5.72	6.87			
26	4.18	5.42	5.97	7.19			
27	4.35	5.67	6.25	7.54			
28	4.54	5.94	6.55	7.91			
29	4.75	6.22	6.87	8.30			
30	4.96	6.52	7.21	8.72			
31	5.19	6.84	7.56	9.16			
32	5.43	7.16	7.93	9.61			
33	5.68	7.51	8.32	10.08			
34	5.94	7.86	8.71	10.57			
35	6.21	8.22	9.12	11.06			
36	6.49	8.60	9.55	11.57			
37	6.78	8.98	9.98	12.08			
38	7.07	9.37	10.42	12.61			
39	7.37	9.77	10.86	13.13			
40	7.68	10.17	11.32	13.66			
41	7.99	10.57	11.77	14.19			
42	8.30	10.98	12.22	14.72			
43	8.68	11.43	12.69	15.24			
44	9.07	11.89	13.15	15.76			
45	9.46	12.33	13.59	16.26			
46	9.84	12.77	14.02	16.74			
47	10.22	13.19	14.44	17.20			
48	10.56	13.58	14.84	17.63			
49	10.89	13.95	15.20	18.03			
50	11.19	14.28	15.53	18.38			
51	11.47	14.58	15.82	18.68			
52	11.72	14.83	16.06	18.92			
53	11.92	15.03	16.23	19.09			
54	12.08	15.17	16.35	19.19			
55	12.17	15.24	16.38	19.21			
56	12.22	15.24	16.35	19.15			
57	12.20	15.18	16.24	19.01			
58	11.98	14.88	15.90	18.61			
59	11.73	14.54	15.52	18.15			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.17	0.23	0.26	0.31	0.46	0.89	1.63
26	0.18	0.25	0.28	0.33	0.48	0.94	1.70
27	0.19	0.26	0.29	0.35	0.50	0.98	1.77
28	0.20	0.28	0.30	0.37	0.53	1.02	1.83
29	0.21	0.29	0.32	0.40	0.56	1.06	1.91
30	0.23	0.31	0.34	0.43	0.59	1.10	2.00
31	0.24	0.33	0.37	0.46	0.62	1.16	2.07
32	0.26	0.35	0.39	0.48	0.66	1.21	2.16
33	0.27	0.37	0.42	0.51	0.69	1.25	2.25
34	0.29	0.40	0.45	0.54	0.72	1.31	2.35
35	0.31	0.42	0.48	0.58	0.77	1.38	2.45
36	0.33	0.45	0.50	0.62	0.81	1.43	2.57
37	0.35	0.48	0.53	0.65	0.86	1.51	2.68
38	0.37	0.50	0.57	0.69	0.90	1.58	2.81
39	0.40	0.54	0.61	0.73	0.95	1.65	2.95
40	0.42	0.57	0.65	0.78	1.00	1.73	3.08
41	0.45	0.61	0.68	0.83	1.05	1.81	3.23
42	0.48	0.65	0.72	0.87	1.11	1.91	3.39
43	0.51	0.68	0.77	0.93	1.18	2.00	3.57
44	0.55	0.73	0.82	0.99	1.24	2.10	3.76
45	0.59	0.78	0.86	1.05	1.31	2.20	3.94
46	0.63	0.83	0.92	1.10	1.38	2.31	4.14
47	0.67	0.88	0.97	1.16	1.44	2.42	4.34
48	0.71	0.94	1.03	1.24	1.52	2.55	4.58
49	0.76	1.00	1.09	1.30	1.60	2.66	4.81
50	0.81	1.05	1.15	1.37	1.66	2.77	5.02
51	0.85	1.10	1.20	1.43	1.73	2.88	5.21
52	0.88	1.14	1.24	1.47	1.78	2.96	5.37
53	0.92	1.18	1.29	1.52	1.81	3.03	5.51
54	0.95	1.22	1.32	1.56	1.84	3.08	5.60
55	0.96	1.24	1.33	1.58	1.85	3.09	5.62
56	0.96	1.24	1.33	1.58	1.82	3.07	5.57
57	0.95	1.22	1.31	1.55	1.78	2.99	5.43
58	0.91	1.18	1.26	1.49	1.70	2.86	5.20
59	0.86	1.10	1.19	1.41	1.59	2.68	4.85
60	0.79	1.01	1.08	1.28	1.43	2.42	4.38
61	0.68	0.88	0.95	1.11	1.24	2.10	3.77
62	0.56	0.72	0.77	0.91	1.00	1.70	3.02

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.24	0.27	0.33	0.48	0.94	1.72
26	0.19	0.26	0.29	0.35	0.50	0.99	1.79
27	0.20	0.27	0.30	0.37	0.53	1.03	1.86
28	0.21	0.29	0.32	0.39	0.56	1.07	1.93
29	0.22	0.31	0.34	0.42	0.59	1.12	2.01
30	0.24	0.33	0.36	0.45	0.62	1.16	2.10
31	0.25	0.35	0.39	0.48	0.65	1.22	2.18
32	0.27	0.37	0.41	0.51	0.69	1.27	2.27
33	0.28	0.39	0.44	0.54	0.73	1.32	2.37
34	0.30	0.42	0.47	0.57	0.76	1.38	2.47
35	0.33	0.44	0.50	0.61	0.81	1.45	2.58
36	0.35	0.47	0.53	0.65	0.85	1.51	2.70
37	0.37	0.50	0.56	0.68	0.90	1.59	2.82
38	0.39	0.53	0.60	0.73	0.95	1.66	2.96
39	0.42	0.57	0.64	0.77	1.00	1.74	3.10
40	0.44	0.60	0.68	0.82	1.05	1.82	3.24
41	0.47	0.64	0.72	0.87	1.11	1.91	3.40
42	0.50	0.68	0.76	0.92	1.17	2.01	3.57
43	0.54	0.72	0.81	0.98	1.24	2.11	3.76
44	0.58	0.77	0.86	1.04	1.31	2.21	3.96
45	0.62	0.82	0.91	1.10	1.38	2.32	4.15
46	0.66	0.87	0.97	1.16	1.45	2.43	4.36
47	0.71	0.93	1.02	1.22	1.52	2.55	4.57
48	0.75	0.99	1.08	1.30	1.60	2.68	4.82
49	0.80	1.05	1.15	1.37	1.68	2.80	5.06
50	0.85	1.10	1.21	1.44	1.75	2.92	5.28
51	0.89	1.16	1.26	1.50	1.82	3.03	5.48
52	0.93	1.20	1.31	1.55	1.87	3.12	5.65
53	0.97	1.24	1.36	1.60	1.91	3.19	5.80
54	1.00	1.28	1.39	1.64	1.94	3.24	5.89
55	1.01	1.30	1.40	1.66	1.95	3.25	5.92
56	1.01	1.30	1.40	1.66	1.92	3.23	5.86
57	1.00	1.28	1.38	1.63	1.87	3.15	5.72
58	0.96	1.24	1.33	1.57	1.79	3.01	5.47
59	0.91	1.16	1.25	1.48	1.67	2.82	5.11
60	0.83	1.06	1.14	1.35	1.51	2.55	4.61
61	0.72	0.93	1.00	1.17	1.30	2.21	3.97
62	0.59	0.76	0.81	0.96	1.05	1.79	3.18

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.05	2.88	3.23	4.01	6.06	12.32	22.42
26	2.08	2.92	3.27	4.08	6.13	12.36	22.45
27	2.11	2.97	3.33	4.15	6.21	12.37	22.42
28	2.15	3.02	3.39	4.23	6.27	12.36	22.36
29	2.18	3.07	3.45	4.30	6.33	12.33	22.25
30	2.22	3.14	3.52	4.38	6.38	12.27	22.09
31	2.26	3.18	3.57	4.46	6.42	12.21	21.90
32	2.29	3.24	3.64	4.53	6.46	12.12	21.68
33	2.33	3.28	3.68	4.60	6.48	12.02	21.43
34	2.36	3.32	3.73	4.65	6.48	11.89	21.16
35	2.39	3.36	3.76	4.70	6.48	11.75	20.87
36	2.41	3.39	3.80	4.73	6.47	11.59	20.55
37	2.43	3.40	3.82	4.75	6.44	11.42	20.21
38	2.44	3.42	3.84	4.76	6.40	11.24	19.87
39	2.45	3.42	3.84	4.75	6.35	11.04	19.52
40	2.45	3.41	3.83	4.74	6.27	10.83	19.14
41	2.45	3.39	3.81	4.70	6.19	10.60	18.74
42	2.43	3.37	3.78	4.65	6.10	10.35	18.32
43	2.43	3.35	3.75	4.60	5.98	10.10	17.88
44	2.43	3.32	3.70	4.52	5.86	9.81	17.42
45	2.41	3.27	3.64	4.43	5.72	9.52	16.92
46	2.39	3.22	3.56	4.32	5.54	9.19	16.37
47	2.34	3.15	3.46	4.19	5.35	8.83	15.77
48	2.28	3.04	3.34	4.03	5.12	8.43	15.08
49	2.20	2.92	3.21	3.86	4.86	7.99	14.34
50	2.12	2.78	3.05	3.66	4.58	7.53	13.53
51	2.02	2.64	2.89	3.44	4.27	7.03	12.68
52	1.90	2.48	2.70	3.22	3.96	6.51	11.78
53	1.76	2.28	2.48	2.94	3.59	5.92	10.72
54	1.61	2.07	2.25	2.66	3.22	5.31	9.64
55	1.45	1.86	2.02	2.39	2.84	4.71	8.55
56	1.30	1.65	1.79	2.10	2.48	4.12	7.48
57	1.14	1.44	1.55	1.83	2.13	3.56	6.48
58	0.98	1.26	1.35	1.59	1.82	3.06	5.56
59	0.84	1.08	1.16	1.37	1.55	2.62	4.74
60	0.72	0.93	1.00	1.17	1.31	2.23	4.01
61	0.63	0.80	0.86	1.01	1.12	1.91	3.41
62	0.55	0.70	0.75	0.89	0.97	1.66	2.94
63	0.52	0.67	0.71	0.84	0.91	1.55	2.78
64	0.51	0.66	0.70	0.83	0.90	1.53	2.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.22	3.11	3.49	4.34	6.55	13.32	24.24
26	2.25	3.16	3.54	4.41	6.63	13.36	24.27
27	2.28	3.21	3.60	4.49	6.71	13.37	24.24
28	2.32	3.27	3.66	4.57	6.78	13.36	24.17
29	2.36	3.32	3.73	4.65	6.84	13.33	24.05
30	2.40	3.39	3.80	4.74	6.90	13.27	23.88
31	2.44	3.44	3.86	4.82	6.94	13.20	23.68
32	2.48	3.50	3.93	4.90	6.98	13.10	23.44
33	2.52	3.55	3.98	4.97	7.00	12.99	23.17
34	2.55	3.59	4.03	5.03	7.01	12.85	22.88
35	2.58	3.63	4.07	5.08	7.00	12.70	22.56
36	2.61	3.66	4.11	5.11	6.99	12.53	22.22
37	2.63	3.68	4.13	5.14	6.96	12.35	21.85
38	2.64	3.70	4.15	5.15	6.92	12.15	21.48
39	2.65	3.70	4.15	5.14	6.86	11.94	21.10
40	2.65	3.69	4.14	5.12	6.78	11.71	20.69
41	2.65	3.67	4.12	5.08	6.69	11.46	20.26
42	2.63	3.64	4.09	5.03	6.59	11.19	19.80
43	2.63	3.62	4.05	4.97	6.47	10.92	19.33
44	2.63	3.59	4.00	4.89	6.33	10.61	18.83
45	2.61	3.54	3.93	4.79	6.18	10.29	18.29
46	2.58	3.48	3.85	4.67	5.99	9.94	17.70
47	2.53	3.40	3.74	4.53	5.78	9.55	17.05
48	2.47	3.29	3.61	4.36	5.53	9.11	16.30
49	2.38	3.16	3.47	4.17	5.25	8.64	15.50
50	2.29	3.01	3.30	3.96	4.95	8.14	14.63
51	2.18	2.85	3.12	3.72	4.62	7.60	13.71
52	2.05	2.68	2.92	3.48	4.28	7.04	12.73
53	1.90	2.46	2.68	3.18	3.88	6.40	11.59
54	1.74	2.24	2.43	2.88	3.48	5.74	10.42
55	1.57	2.01	2.18	2.58	3.07	5.09	9.24
56	1.40	1.78	1.93	2.27	2.68	4.45	8.09
57	1.23	1.56	1.68	1.98	2.30	3.85	7.00
58	1.06	1.36	1.46	1.72	1.97	3.31	6.01
59	0.91	1.17	1.25	1.48	1.68	2.83	5.12
60	0.78	1.00	1.08	1.27	1.42	2.41	4.34
61	0.68	0.86	0.93	1.09	1.21	2.06	3.69
62	0.59	0.76	0.81	0.96	1.05	1.79	3.18
63	0.56	0.72	0.77	0.91	0.98	1.68	3.00
64	0.55	0.71	0.76	0.90	0.97	1.65	2.96

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.25	3.15	3.53	4.40	6.61	13.38	24.32
26	2.28	3.21	3.60	4.48	6.72	13.46	24.41
27	2.32	3.27	3.66	4.57	6.81	13.51	24.46
28	2.37	3.34	3.74	4.67	6.90	13.53	24.45
29	2.42	3.41	3.82	4.77	6.99	13.54	24.40
30	2.47	3.49	3.90	4.87	7.07	13.53	24.31
31	2.53	3.55	3.99	4.98	7.14	13.51	24.19
32	2.57	3.63	4.07	5.08	7.20	13.45	24.04
33	2.63	3.69	4.14	5.16	7.24	13.38	23.87
34	2.66	3.75	4.21	5.24	7.29	13.30	23.65
35	2.71	3.81	4.27	5.32	7.31	13.21	23.43
36	2.76	3.86	4.33	5.38	7.33	13.09	23.19
37	2.78	3.89	4.38	5.43	7.34	12.96	22.92
38	2.82	3.93	4.41	5.47	7.33	12.83	22.66
39	2.84	3.96	4.44	5.49	7.30	12.67	22.39
40	2.86	3.97	4.46	5.50	7.27	12.51	22.09
41	2.87	3.98	4.47	5.50	7.22	12.32	21.77
42	2.88	3.98	4.47	5.49	7.15	12.13	21.43
43	2.90	3.99	4.46	5.46	7.08	11.92	21.10
44	2.91	3.98	4.43	5.42	6.99	11.70	20.74
45	2.92	3.96	4.40	5.36	6.88	11.44	20.32
46	2.92	3.93	4.35	5.27	6.74	11.16	19.87
47	2.90	3.88	4.27	5.17	6.58	10.84	19.35
48	2.86	3.80	4.18	5.04	6.37	10.47	18.74
49	2.79	3.70	4.06	4.88	6.12	10.06	18.06
50	2.72	3.59	3.92	4.70	5.86	9.62	17.29
51	2.63	3.44	3.76	4.50	5.56	9.13	16.46
52	2.53	3.28	3.58	4.26	5.23	8.59	15.52
53	2.38	3.07	3.35	3.98	4.83	7.96	14.39
54	2.21	2.86	3.10	3.67	4.41	7.29	13.21
55	2.04	2.63	2.84	3.36	3.99	6.60	11.98
56	1.87	2.39	2.57	3.03	3.56	5.92	10.75
57	1.67	2.14	2.30	2.72	3.15	5.25	9.54
58	1.49	1.90	2.04	2.41	2.75	4.62	8.37
59	1.30	1.67	1.79	2.12	2.38	4.01	7.28
60	1.14	1.46	1.57	1.85	2.04	3.48	6.28
61	0.99	1.28	1.37	1.61	1.77	3.02	5.41
62	0.87	1.12	1.19	1.41	1.54	2.64	4.69
63	0.78	1.00	1.06	1.26	1.38	2.36	4.14
64	0.71	0.91	0.97	1.15	1.30	2.19	3.80
65	0.69	0.87	0.93	1.10	1.30	2.16	3.69
66	0.69	0.88	0.94	1.12	1.40	2.28	3.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.43	3.41	3.82	4.76	7.15	14.47	26.29
26	2.47	3.47	3.89	4.84	7.26	14.55	26.39
27	2.51	3.54	3.96	4.94	7.36	14.60	26.44
28	2.56	3.61	4.04	5.05	7.46	14.63	26.43
29	2.62	3.69	4.13	5.16	7.56	14.64	26.38
30	2.67	3.77	4.22	5.27	7.64	14.63	26.28
31	2.73	3.84	4.31	5.38	7.72	14.60	26.15
32	2.78	3.92	4.40	5.49	7.78	14.54	25.99
33	2.84	3.99	4.48	5.58	7.83	14.47	25.80
34	2.88	4.05	4.55	5.67	7.88	14.38	25.57
35	2.93	4.12	4.62	5.75	7.90	14.28	25.33
36	2.98	4.17	4.68	5.82	7.92	14.15	25.07
37	3.01	4.21	4.73	5.87	7.93	14.01	24.78
38	3.05	4.25	4.77	5.91	7.92	13.87	24.50
39	3.07	4.28	4.80	5.94	7.89	13.70	24.20
40	3.09	4.29	4.82	5.95	7.86	13.52	23.88
41	3.10	4.30	4.83	5.95	7.80	13.32	23.54
42	3.11	4.30	4.83	5.93	7.73	13.11	23.17
43	3.14	4.31	4.82	5.90	7.65	12.89	22.81
44	3.15	4.30	4.79	5.86	7.56	12.65	22.42
45	3.16	4.28	4.76	5.79	7.44	12.37	21.97
46	3.16	4.25	4.70	5.70	7.29	12.07	21.48
47	3.14	4.19	4.62	5.59	7.11	11.72	20.92
48	3.09	4.11	4.52	5.45	6.89	11.32	20.26
49	3.02	4.00	4.39	5.28	6.62	10.88	19.52
50	2.94	3.88	4.24	5.08	6.33	10.40	18.69
51	2.84	3.72	4.07	4.86	6.01	9.87	17.79
52	2.73	3.55	3.87	4.61	5.65	9.29	16.78
53	2.57	3.32	3.62	4.30	5.22	8.60	15.56
54	2.39	3.09	3.35	3.97	4.77	7.88	14.28
55	2.21	2.84	3.07	3.63	4.31	7.14	12.95
56	2.02	2.58	2.78	3.28	3.85	6.40	11.62
57	1.81	2.31	2.49	2.94	3.40	5.68	10.31
58	1.61	2.05	2.21	2.60	2.97	4.99	9.05
59	1.41	1.81	1.94	2.29	2.57	4.34	7.87
60	1.23	1.58	1.70	2.00	2.21	3.76	6.79
61	1.07	1.38	1.48	1.74	1.91	3.26	5.85
62	0.94	1.21	1.29	1.52	1.66	2.85	5.07
63	0.84	1.08	1.15	1.36	1.49	2.55	4.48
64	0.77	0.98	1.05	1.24	1.40	2.37	4.11
65	0.75	0.94	1.01	1.19	1.41	2.34	3.99
66	0.75	0.95	1.02	1.21	1.51	2.46	4.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.50	3.51	3.93	4.89	7.33		
26	2.54	3.58	4.01	5.00	7.46		
27	2.60	3.66	4.11	5.12	7.59		
28	2.66	3.75	4.20	5.24	7.71		
29	2.73	3.84	4.31	5.37	7.83		
30	2.79	3.94	4.41	5.50	7.96		
31	2.86	4.03	4.52	5.64	8.06		
32	2.93	4.13	4.63	5.77	8.16		
33	3.00	4.22	4.73	5.89	8.24		
34	3.06	4.30	4.83	6.01	8.32		
35	3.13	4.38	4.92	6.11	8.38		
36	3.18	4.46	5.00	6.22	8.44		
37	3.24	4.53	5.08	6.31	8.48		
38	3.29	4.59	5.15	6.38	8.52		
39	3.33	4.64	5.21	6.44	8.54		
40	3.38	4.69	5.26	6.49	8.55		
41	3.40	4.72	5.30	6.52	8.54		
42	3.44	4.75	5.34	6.55	8.51		
43	3.49	4.79	5.36	6.56	8.47		
44	3.53	4.82	5.37	6.56	8.41		
45	3.57	4.84	5.37	6.54	8.32		
46	3.59	4.84	5.36	6.49	8.20		
47	3.61	4.82	5.31	6.43	8.05		
48	3.59	4.77	5.25	6.33	7.85		
49	3.55	4.70	5.16	6.21	7.62		
50	3.51	4.62	5.05	6.05	7.35		
51	3.43	4.49	4.91	5.86	7.05		
52	3.34	4.35	4.74	5.64	6.71		
53	3.20	4.14	4.50	5.36	6.28		
54	3.03	3.91	4.26	5.04	5.83		
55	2.86	3.67	3.98	4.71	5.36		
56	2.68	3.42	3.69	4.36	4.88		
57	2.48	3.16	3.40	4.01	4.41		
58	2.28	2.92	3.15	3.70	4.01		
59	2.10	2.68	2.89	3.39	3.63		
60	1.91	2.45	2.64	3.10	3.26		
61	1.74	2.23	2.40	2.82	2.91		
62	1.57	2.02	2.16	2.55	2.59		
63	1.40	1.80	1.92	2.27	2.28		
64	1.23	1.59	1.71	2.02	2.00		
65	1.09	1.42	1.52	1.79	1.76		
66	0.96	1.26	1.35	1.59	1.54		
67	0.86	1.13	1.21	1.43	1.37		
68	0.79	1.04	1.11	1.31	1.25		
69	0.74	0.98	1.05	1.25	1.17		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.70	3.79	4.25	5.29	7.92		
26	2.75	3.87	4.34	5.40	8.06		
27	2.81	3.96	4.44	5.53	8.20		
28	2.88	4.05	4.54	5.66	8.34		
29	2.95	4.15	4.66	5.81	8.47		
30	3.02	4.26	4.77	5.95	8.60		
31	3.09	4.36	4.89	6.10	8.71		
32	3.17	4.46	5.00	6.24	8.82		
33	3.24	4.56	5.11	6.37	8.91		
34	3.31	4.65	5.22	6.50	8.99		
35	3.38	4.74	5.32	6.61	9.06		
36	3.44	4.82	5.41	6.72	9.12		
37	3.50	4.90	5.49	6.82	9.17		
38	3.56	4.96	5.57	6.90	9.21		
39	3.60	5.02	5.63	6.96	9.23		
40	3.65	5.07	5.69	7.02	9.24		
41	3.68	5.10	5.73	7.05	9.23		
42	3.72	5.13	5.77	7.08	9.20		
43	3.77	5.18	5.79	7.09	9.16		
44	3.82	5.21	5.81	7.09	9.09		
45	3.86	5.23	5.81	7.07	8.99		
46	3.88	5.23	5.79	7.02	8.86		
47	3.90	5.21	5.74	6.95	8.70		
48	3.88	5.16	5.68	6.84	8.49		
49	3.84	5.08	5.58	6.71	8.24		
50	3.79	4.99	5.46	6.54	7.95		
51	3.71	4.85	5.31	6.34	7.62		
52	3.61	4.70	5.12	6.10	7.25		
53	3.46	4.48	4.87	5.79	6.79		
54	3.28	4.23	4.60	5.45	6.30		
55	3.09	3.97	4.30	5.09	5.79		
56	2.90	3.70	3.99	4.71	5.28		
57	2.68	3.42	3.68	4.34	4.77		
58	2.47	3.16	3.40	4.00	4.33		
59	2.27	2.90	3.12	3.67	3.92		
60	2.07	2.65	2.85	3.35	3.52		
61	1.88	2.41	2.59	3.05	3.15		
62	1.70	2.18	2.34	2.76	2.80		
63	1.51	1.95	2.08	2.45	2.47		
64	1.33	1.72	1.85	2.18	2.16		
65	1.18	1.53	1.64	1.93	1.90		
66	1.04	1.36	1.46	1.72	1.67		
67	0.93	1.22	1.31	1.55	1.48		
68	0.85	1.12	1.20	1.42	1.35		
69	0.80	1.06	1.14	1.35	1.27		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.37	4.73	5.29	6.59			
26	3.44	4.84	5.42	6.75			
27	3.52	4.96	5.56	6.94			
28	3.62	5.10	5.72	7.13			
29	3.72	5.24	5.87	7.34			
30	3.82	5.38	6.04	7.54			
31	3.92	5.53	6.21	7.75			
32	4.02	5.68	6.37	7.96			
33	4.13	5.83	6.54	8.17			
34	4.24	5.97	6.70	8.36			
35	4.34	6.11	6.85	8.54			
36	4.44	6.23	6.99	8.70			
37	4.52	6.35	7.12	8.86			
38	4.61	6.45	7.23	8.98			
39	4.68	6.53	7.34	9.08			
40	4.74	6.60	7.41	9.17			
41	4.78	6.65	7.46	9.21			
42	4.81	6.67	7.49	9.22			
43	4.87	6.70	7.49	9.19			
44	4.89	6.70	7.46	9.14			
45	4.91	6.67	7.41	9.03			
46	4.89	6.60	7.31	8.89			
47	4.86	6.51	7.18	8.70			
48	4.76	6.35	6.98	8.45			
49	4.64	6.16	6.76	8.15			
50	4.50	5.94	6.50	7.81			
51	4.33	5.68	6.21	7.43			
52	4.13	5.38	5.87	7.00			
53	3.87	5.02	5.47	6.50			
54	3.60	4.64	5.04	5.98			
55	3.30	4.25	4.60	5.45			
56	3.01	3.84	4.15	4.90			
57	2.70	3.44	3.71	4.38			
58	2.39	3.04	3.27	3.87			
59	2.09	2.67	2.88	3.39			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.64	5.11	5.72	7.12			
26	3.72	5.23	5.86	7.30			
27	3.81	5.36	6.01	7.50			
28	3.91	5.51	6.18	7.71			
29	4.02	5.66	6.35	7.93			
30	4.13	5.82	6.53	8.15			
31	4.24	5.98	6.71	8.38			
32	4.35	6.14	6.89	8.61			
33	4.47	6.30	7.07	8.83			
34	4.58	6.45	7.24	9.04			
35	4.69	6.60	7.40	9.23			
36	4.80	6.73	7.56	9.41			
37	4.89	6.86	7.70	9.58			
38	4.98	6.97	7.82	9.71			
39	5.06	7.06	7.93	9.82			
40	5.12	7.13	8.01	9.91			
41	5.17	7.19	8.07	9.96			
42	5.20	7.21	8.10	9.97			
43	5.26	7.24	8.10	9.94			
44	5.29	7.24	8.07	9.88			
45	5.31	7.21	8.01	9.76			
46	5.29	7.14	7.90	9.61			
47	5.25	7.04	7.76	9.40			
48	5.15	6.87	7.55	9.13			
49	5.02	6.66	7.31	8.81			
50	4.87	6.42	7.03	8.44			
51	4.68	6.14	6.71	8.03			
52	4.46	5.82	6.35	7.57			
53	4.18	5.43	5.91	7.03			
54	3.89	5.02	5.45	6.47			
55	3.57	4.59	4.97	5.89			
56	3.25	4.15	4.49	5.30			
57	2.92	3.72	4.01	4.73			
58	2.58	3.29	3.54	4.18			
59	2.26	2.89	3.11	3.66			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.13	0.14	0.18	0.26	0.52	0.95
26	0.11	0.14	0.15	0.19	0.27	0.54	0.98
27	0.11	0.14	0.16	0.20	0.29	0.56	1.02
28	0.11	0.15	0.18	0.21	0.31	0.58	1.05
29	0.11	0.16	0.19	0.23	0.33	0.61	1.10
30	0.13	0.18	0.20	0.25	0.34	0.63	1.15
31	0.13	0.19	0.21	0.26	0.35	0.66	1.20
32	0.14	0.20	0.23	0.28	0.37	0.69	1.24
33	0.15	0.21	0.24	0.30	0.39	0.73	1.30
34	0.16	0.23	0.26	0.32	0.42	0.76	1.35
35	0.18	0.25	0.27	0.34	0.44	0.79	1.42
36	0.19	0.26	0.29	0.35	0.47	0.82	1.47
37	0.20	0.28	0.31	0.37	0.49	0.87	1.54
38	0.21	0.30	0.33	0.40	0.52	0.91	1.62
39	0.23	0.32	0.34	0.42	0.55	0.96	1.69
40	0.24	0.34	0.37	0.45	0.57	1.00	1.78
41	0.26	0.34	0.39	0.48	0.60	1.04	1.87
42	0.27	0.37	0.42	0.51	0.64	1.10	1.95
43	0.30	0.40	0.44	0.54	0.68	1.15	2.06
44	0.32	0.42	0.47	0.56	0.72	1.22	2.16
45	0.34	0.45	0.50	0.60	0.76	1.27	2.27
46	0.36	0.48	0.53	0.63	0.79	1.33	2.39
47	0.39	0.51	0.56	0.67	0.83	1.40	2.51
48	0.41	0.55	0.59	0.71	0.88	1.47	2.64
49	0.44	0.57	0.63	0.75	0.92	1.53	2.78
50	0.47	0.60	0.66	0.79	0.96	1.60	2.89
51	0.49	0.63	0.69	0.82	1.00	1.67	3.02
52	0.51	0.66	0.72	0.85	1.02	1.71	3.10
53	0.54	0.69	0.75	0.88	1.05	1.76	3.19
54	0.56	0.71	0.77	0.90	1.07	1.79	3.25
55	0.56	0.72	0.78	0.92	1.07	1.80	3.27
56	0.56	0.72	0.78	0.92	1.06	1.78	3.25
57	0.56	0.71	0.77	0.90	1.03	1.74	3.17
58	0.54	0.69	0.74	0.87	1.00	1.68	3.04
59	0.51	0.65	0.70	0.82	0.93	1.57	2.84
60	0.46	0.59	0.64	0.76	0.84	1.43	2.58
61	0.41	0.53	0.56	0.66	0.73	1.24	2.24
62	0.34	0.43	0.46	0.55	0.59	1.02	1.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.14	0.15	0.19	0.27	0.54	0.99
26	0.11	0.15	0.16	0.20	0.28	0.56	1.02
27	0.11	0.15	0.17	0.21	0.30	0.59	1.06
28	0.12	0.16	0.19	0.22	0.32	0.61	1.10
29	0.12	0.17	0.20	0.24	0.34	0.64	1.15
30	0.14	0.19	0.21	0.26	0.35	0.66	1.20
31	0.14	0.20	0.22	0.27	0.37	0.69	1.25
32	0.15	0.21	0.24	0.29	0.39	0.72	1.30
33	0.16	0.22	0.25	0.31	0.41	0.76	1.36
34	0.17	0.24	0.27	0.33	0.44	0.79	1.41
35	0.19	0.26	0.28	0.35	0.46	0.83	1.48
36	0.20	0.27	0.30	0.37	0.49	0.86	1.54
37	0.21	0.29	0.32	0.39	0.51	0.91	1.61
38	0.22	0.31	0.34	0.42	0.54	0.95	1.69
39	0.24	0.33	0.36	0.44	0.57	1.00	1.77
40	0.25	0.35	0.39	0.47	0.60	1.04	1.86
41	0.27	0.36	0.41	0.50	0.63	1.09	1.95
42	0.28	0.39	0.44	0.53	0.67	1.15	2.04
43	0.31	0.42	0.46	0.56	0.71	1.20	2.15
44	0.33	0.44	0.49	0.59	0.75	1.27	2.26
45	0.35	0.47	0.52	0.63	0.79	1.33	2.37
46	0.38	0.50	0.55	0.66	0.83	1.39	2.50
47	0.41	0.53	0.59	0.70	0.87	1.46	2.62
48	0.43	0.57	0.62	0.74	0.92	1.53	2.76
49	0.46	0.60	0.66	0.78	0.96	1.60	2.90
50	0.49	0.63	0.69	0.82	1.00	1.67	3.02
51	0.51	0.66	0.72	0.86	1.04	1.74	3.15
52	0.53	0.69	0.75	0.89	1.07	1.79	3.24
53	0.56	0.72	0.78	0.92	1.10	1.84	3.33
54	0.58	0.74	0.80	0.94	1.12	1.87	3.39
55	0.58	0.75	0.81	0.96	1.12	1.88	3.41
56	0.59	0.75	0.81	0.96	1.11	1.86	3.39
57	0.58	0.74	0.80	0.94	1.08	1.82	3.31
58	0.56	0.72	0.77	0.91	1.04	1.75	3.17
59	0.53	0.68	0.73	0.86	0.97	1.64	2.97
60	0.48	0.62	0.67	0.79	0.88	1.49	2.69
61	0.43	0.55	0.59	0.69	0.76	1.30	2.34
62	0.35	0.45	0.48	0.57	0.62	1.06	1.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.83	1.16	1.30	1.61	2.42	4.89	8.89
26	0.85	1.19	1.33	1.66	2.48	4.96	9.00
27	0.87	1.23	1.38	1.72	2.54	5.03	9.10
28	0.90	1.27	1.42	1.76	2.60	5.08	9.19
29	0.93	1.30	1.46	1.82	2.65	5.14	9.25
30	0.96	1.34	1.50	1.88	2.71	5.18	9.30
31	0.98	1.38	1.55	1.92	2.76	5.21	9.34
32	1.01	1.42	1.59	1.98	2.80	5.24	9.37
33	1.03	1.45	1.63	2.03	2.84	5.25	9.38
34	1.06	1.49	1.67	2.07	2.89	5.27	9.37
35	1.09	1.52	1.71	2.12	2.92	5.27	9.35
36	1.11	1.55	1.74	2.16	2.94	5.26	9.33
37	1.13	1.58	1.77	2.19	2.96	5.24	9.28
38	1.15	1.60	1.79	2.22	2.98	5.22	9.23
39	1.16	1.61	1.82	2.24	2.99	5.19	9.19
40	1.17	1.63	1.84	2.26	2.99	5.15	9.11
41	1.19	1.64	1.85	2.27	2.98	5.10	9.03
42	1.19	1.65	1.85	2.28	2.97	5.04	8.93
43	1.21	1.66	1.86	2.27	2.95	4.98	8.81
44	1.22	1.66	1.85	2.26	2.93	4.89	8.69
45	1.23	1.66	1.84	2.24	2.88	4.80	8.53
46	1.23	1.64	1.82	2.20	2.82	4.69	8.35
47	1.22	1.62	1.79	2.17	2.76	4.56	8.14
48	1.19	1.58	1.74	2.11	2.66	4.40	7.88
49	1.16	1.55	1.70	2.03	2.56	4.22	7.57
50	1.13	1.49	1.63	1.96	2.44	4.01	7.23
51	1.09	1.43	1.56	1.87	2.31	3.80	6.85
52	1.04	1.35	1.47	1.76	2.16	3.56	6.43
53	0.98	1.26	1.37	1.63	1.98	3.26	5.93
54	0.90	1.16	1.26	1.49	1.79	2.96	5.38
55	0.83	1.05	1.13	1.35	1.60	2.66	4.84
56	0.74	0.95	1.02	1.20	1.42	2.35	4.28
57	0.66	0.83	0.90	1.06	1.24	2.06	3.75
58	0.57	0.73	0.79	0.93	1.07	1.79	3.25
59	0.50	0.64	0.68	0.81	0.92	1.54	2.79
60	0.43	0.55	0.59	0.69	0.78	1.32	2.38
61	0.38	0.48	0.52	0.61	0.67	1.14	2.03
62	0.33	0.42	0.45	0.53	0.58	0.99	1.76
63	0.31	0.40	0.43	0.51	0.55	0.94	1.68
64	0.31	0.39	0.42	0.50	0.54	0.93	1.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.88	1.24	1.39	1.72	2.58	5.22	9.48
26	0.91	1.27	1.42	1.77	2.65	5.29	9.60
27	0.93	1.31	1.47	1.83	2.71	5.36	9.71
28	0.96	1.35	1.51	1.88	2.77	5.42	9.80
29	0.99	1.39	1.56	1.94	2.83	5.48	9.87
30	1.02	1.43	1.60	2.00	2.89	5.52	9.92
31	1.05	1.47	1.65	2.05	2.94	5.56	9.96
32	1.08	1.51	1.70	2.11	2.99	5.59	9.99
33	1.10	1.55	1.74	2.16	3.03	5.60	10.00
34	1.13	1.59	1.78	2.21	3.08	5.62	9.99
35	1.16	1.62	1.82	2.26	3.11	5.62	9.97
36	1.18	1.65	1.86	2.30	3.14	5.61	9.95
37	1.20	1.68	1.89	2.34	3.16	5.59	9.90
38	1.23	1.71	1.91	2.37	3.18	5.57	9.85
39	1.24	1.72	1.94	2.39	3.19	5.54	9.80
40	1.25	1.74	1.96	2.41	3.19	5.49	9.72
41	1.27	1.75	1.97	2.42	3.18	5.44	9.63
42	1.27	1.76	1.97	2.43	3.17	5.38	9.52
43	1.29	1.77	1.98	2.42	3.15	5.31	9.40
44	1.30	1.77	1.97	2.41	3.12	5.22	9.27
45	1.31	1.77	1.96	2.39	3.07	5.12	9.10
46	1.31	1.75	1.94	2.35	3.01	5.00	8.91
47	1.30	1.73	1.91	2.31	2.94	4.86	8.68
48	1.27	1.69	1.86	2.25	2.84	4.69	8.40
49	1.24	1.65	1.81	2.17	2.73	4.50	8.07
50	1.21	1.59	1.74	2.09	2.60	4.28	7.71
51	1.16	1.52	1.66	1.99	2.46	4.05	7.31
52	1.11	1.44	1.57	1.88	2.30	3.80	6.86
53	1.04	1.34	1.46	1.74	2.11	3.48	6.32
54	0.96	1.24	1.34	1.59	1.91	3.16	5.74
55	0.88	1.12	1.21	1.44	1.71	2.84	5.16
56	0.79	1.01	1.09	1.28	1.51	2.51	4.57
57	0.70	0.89	0.96	1.13	1.32	2.20	4.00
58	0.61	0.78	0.84	0.99	1.14	1.91	3.47
59	0.53	0.68	0.73	0.86	0.98	1.64	2.98
60	0.46	0.59	0.63	0.74	0.83	1.41	2.54
61	0.40	0.51	0.55	0.65	0.71	1.22	2.17
62	0.35	0.45	0.48	0.57	0.62	1.06	1.88
63	0.33	0.43	0.46	0.54	0.59	1.00	1.79
64	0.33	0.42	0.45	0.53	0.58	0.99	1.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.89	1.25	1.41	1.74	2.60	5.21	9.47
26	0.92	1.29	1.44	1.80	2.67	5.32	9.63
27	0.95	1.33	1.49	1.86	2.74	5.40	9.76
28	0.98	1.38	1.54	1.92	2.81	5.48	9.88
29	1.01	1.43	1.59	1.99	2.89	5.55	9.99
30	1.04	1.47	1.65	2.05	2.95	5.62	10.08
31	1.08	1.52	1.70	2.12	3.02	5.67	10.16
32	1.12	1.57	1.75	2.18	3.08	5.73	10.23
33	1.15	1.61	1.81	2.25	3.14	5.77	10.28
34	1.18	1.66	1.86	2.31	3.19	5.80	10.31
35	1.22	1.70	1.91	2.36	3.24	5.83	10.35
36	1.25	1.74	1.95	2.43	3.29	5.86	10.37
37	1.28	1.78	2.00	2.48	3.33	5.87	10.39
38	1.30	1.82	2.03	2.52	3.37	5.88	10.40
39	1.33	1.85	2.07	2.56	3.39	5.89	10.39
40	1.35	1.88	2.11	2.60	3.41	5.88	10.38
41	1.38	1.90	2.14	2.63	3.43	5.86	10.36
42	1.39	1.92	2.16	2.64	3.44	5.83	10.32
43	1.43	1.95	2.18	2.66	3.44	5.80	10.28
44	1.44	1.97	2.19	2.67	3.44	5.76	10.23
45	1.46	1.98	2.20	2.67	3.42	5.70	10.14
46	1.48	1.99	2.20	2.66	3.40	5.63	10.02
47	1.48	1.99	2.18	2.64	3.35	5.53	9.87
48	1.48	1.97	2.17	2.61	3.28	5.41	9.68
49	1.46	1.94	2.13	2.55	3.20	5.26	9.43
50	1.44	1.89	2.08	2.49	3.09	5.08	9.15
51	1.41	1.85	2.02	2.41	2.97	4.88	8.80
52	1.37	1.78	1.94	2.32	2.83	4.65	8.41
53	1.30	1.69	1.84	2.18	2.64	4.36	7.88
54	1.23	1.58	1.72	2.04	2.45	4.04	7.32
55	1.15	1.47	1.59	1.88	2.24	3.70	6.72
56	1.06	1.35	1.46	1.73	2.03	3.37	6.11
57	0.97	1.24	1.32	1.57	1.81	3.02	5.48
58	0.86	1.11	1.19	1.41	1.60	2.69	4.88
59	0.77	0.98	1.06	1.25	1.41	2.36	4.29
60	0.68	0.87	0.94	1.10	1.22	2.07	3.74
61	0.59	0.76	0.82	0.97	1.06	1.81	3.24
62	0.52	0.67	0.71	0.84	0.92	1.58	2.80
63	0.46	0.58	0.63	0.74	0.81	1.39	2.44
64	0.41	0.53	0.56	0.66	0.74	1.26	2.17
65	0.38	0.48	0.51	0.60	0.70	1.18	2.00
66	0.36	0.45	0.49	0.57	0.71	1.17	1.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.95	1.33	1.50	1.86	2.77	5.56	10.10
26	0.98	1.38	1.54	1.92	2.85	5.67	10.27
27	1.01	1.42	1.59	1.98	2.92	5.76	10.41
28	1.04	1.47	1.64	2.05	3.00	5.84	10.54
29	1.08	1.52	1.70	2.12	3.08	5.92	10.66
30	1.11	1.57	1.76	2.19	3.15	5.99	10.75
31	1.15	1.62	1.81	2.26	3.22	6.05	10.84
32	1.19	1.67	1.87	2.33	3.28	6.11	10.91
33	1.23	1.72	1.93	2.40	3.35	6.15	10.96
34	1.26	1.77	1.98	2.46	3.40	6.19	11.00
35	1.30	1.81	2.04	2.52	3.46	6.22	11.04
36	1.33	1.86	2.08	2.59	3.51	6.25	11.06
37	1.36	1.90	2.13	2.64	3.55	6.26	11.08
38	1.39	1.94	2.17	2.69	3.59	6.27	11.09
39	1.42	1.97	2.21	2.73	3.62	6.28	11.08
40	1.44	2.00	2.25	2.77	3.64	6.27	11.07
41	1.47	2.03	2.28	2.80	3.66	6.25	11.05
42	1.48	2.05	2.30	2.82	3.67	6.22	11.01
43	1.52	2.08	2.32	2.84	3.67	6.19	10.96
44	1.54	2.10	2.34	2.85	3.67	6.14	10.91
45	1.56	2.11	2.35	2.85	3.65	6.08	10.82
46	1.58	2.12	2.35	2.84	3.63	6.00	10.69
47	1.58	2.12	2.33	2.82	3.57	5.90	10.53
48	1.58	2.10	2.31	2.78	3.50	5.77	10.32
49	1.56	2.07	2.27	2.72	3.41	5.61	10.06
50	1.54	2.02	2.22	2.66	3.30	5.42	9.76
51	1.50	1.97	2.15	2.57	3.17	5.21	9.39
52	1.46	1.90	2.07	2.47	3.02	4.96	8.97
53	1.39	1.80	1.96	2.33	2.82	4.65	8.41
54	1.31	1.69	1.83	2.18	2.61	4.31	7.81
55	1.23	1.57	1.70	2.01	2.39	3.95	7.17
56	1.13	1.44	1.56	1.84	2.16	3.59	6.52
57	1.03	1.32	1.41	1.67	1.93	3.22	5.85
58	0.92	1.18	1.27	1.50	1.71	2.87	5.20
59	0.82	1.05	1.13	1.33	1.50	2.52	4.58
60	0.72	0.93	1.00	1.17	1.30	2.21	3.99
61	0.63	0.81	0.87	1.03	1.13	1.93	3.46
62	0.55	0.71	0.76	0.90	0.98	1.68	2.99
63	0.49	0.62	0.67	0.79	0.86	1.48	2.60
64	0.44	0.56	0.60	0.70	0.79	1.34	2.31
65	0.40	0.51	0.54	0.64	0.75	1.26	2.13
66	0.38	0.48	0.52	0.61	0.76	1.25	2.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.98	1.37	1.54	1.90	2.82		
26	1.01	1.42	1.58	1.97	2.92		
27	1.05	1.46	1.64	2.04	3.00		
28	1.09	1.52	1.71	2.12	3.09		
29	1.13	1.58	1.76	2.20	3.18		
30	1.16	1.63	1.84	2.28	3.26		
31	1.21	1.70	1.90	2.36	3.35		
32	1.25	1.75	1.97	2.45	3.43		
33	1.29	1.82	2.03	2.53	3.52		
34	1.34	1.88	2.10	2.61	3.59		
35	1.39	1.93	2.17	2.69	3.67		
36	1.43	1.99	2.23	2.77	3.73		
37	1.46	2.04	2.29	2.84	3.80		
38	1.51	2.09	2.35	2.91	3.86		
39	1.55	2.14	2.41	2.96	3.92		
40	1.58	2.19	2.46	3.03	3.97		
41	1.61	2.23	2.50	3.08	4.01		
42	1.65	2.27	2.55	3.12	4.05		
43	1.70	2.32	2.60	3.17	4.08		
44	1.73	2.36	2.63	3.21	4.10		
45	1.77	2.40	2.66	3.23	4.11		
46	1.81	2.43	2.68	3.25	4.09		
47	1.84	2.45	2.70	3.25	4.07		
48	1.85	2.46	2.70	3.25	4.01		
49	1.85	2.45	2.68	3.23	3.95		
50	1.85	2.43	2.66	3.19	3.86		
51	1.83	2.40	2.62	3.12	3.74		
52	1.80	2.34	2.56	3.05	3.61		
53	1.75	2.27	2.47	2.93	3.42		
54	1.68	2.17	2.35	2.79	3.22		
55	1.60	2.06	2.23	2.63	2.99		
56	1.53	1.94	2.10	2.48	2.77		
57	1.43	1.82	1.96	2.31	2.53		
58	1.32	1.70	1.82	2.15	2.33		
59	1.23	1.58	1.69	1.99	2.12		
60	1.13	1.44	1.55	1.83	1.91		
61	1.03	1.32	1.42	1.67	1.73		
62	0.94	1.20	1.28	1.52	1.55		
63	0.83	1.08	1.15	1.36	1.37		
64	0.74	0.96	1.02	1.21	1.20		
65	0.66	0.85	0.91	1.08	1.05		
66	0.58	0.75	0.81	0.96	0.93		
67	0.52	0.68	0.72	0.86	0.83		
68	0.47	0.62	0.67	0.79	0.75		
69	0.45	0.58	0.64	0.75	0.70		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.04	1.46	1.64	2.03	3.01		
26	1.08	1.51	1.69	2.10	3.11		
27	1.12	1.56	1.75	2.18	3.20		
28	1.16	1.62	1.82	2.26	3.30		
29	1.20	1.68	1.88	2.35	3.39		
30	1.24	1.74	1.96	2.43	3.48		
31	1.29	1.81	2.03	2.52	3.57		
32	1.33	1.87	2.10	2.61	3.66		
33	1.38	1.94	2.17	2.70	3.75		
34	1.43	2.00	2.24	2.78	3.83		
35	1.48	2.06	2.31	2.87	3.91		
36	1.52	2.12	2.38	2.95	3.98		
37	1.56	2.18	2.44	3.03	4.05		
38	1.61	2.23	2.51	3.10	4.12		
39	1.65	2.28	2.57	3.16	4.18		
40	1.69	2.34	2.62	3.23	4.23		
41	1.72	2.38	2.67	3.28	4.28		
42	1.76	2.42	2.72	3.33	4.32		
43	1.81	2.47	2.77	3.38	4.35		
44	1.85	2.52	2.81	3.42	4.37		
45	1.89	2.56	2.84	3.45	4.38		
46	1.93	2.59	2.86	3.47	4.36		
47	1.96	2.61	2.88	3.47	4.34		
48	1.97	2.62	2.88	3.47	4.28		
49	1.97	2.61	2.86	3.44	4.21		
50	1.97	2.59	2.84	3.40	4.12		
51	1.95	2.56	2.79	3.33	3.99		
52	1.92	2.50	2.73	3.25	3.85		
53	1.87	2.42	2.63	3.12	3.65		
54	1.79	2.31	2.51	2.98	3.43		
55	1.71	2.20	2.38	2.81	3.19		
56	1.63	2.07	2.24	2.64	2.95		
57	1.52	1.94	2.09	2.46	2.70		
58	1.41	1.81	1.94	2.29	2.48		
59	1.31	1.68	1.80	2.12	2.26		
60	1.20	1.54	1.65	1.95	2.04		
61	1.10	1.41	1.51	1.78	1.84		
62	1.00	1.28	1.37	1.62	1.65		
63	0.89	1.15	1.23	1.45	1.46		
64	0.79	1.02	1.09	1.29	1.28		
65	0.70	0.91	0.97	1.15	1.12		
66	0.62	0.80	0.86	1.02	0.99		
67	0.55	0.72	0.77	0.92	0.88		
68	0.50	0.66	0.71	0.84	0.80		
69	0.48	0.62	0.68	0.80	0.75		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.57	2.18	2.45	3.04			
26	1.61	2.27	2.54	3.15			
27	1.68	2.35	2.63	3.28			
28	1.74	2.45	2.75	3.41			
29	1.82	2.55	2.85	3.55			
30	1.88	2.65	2.97	3.69			
31	1.96	2.76	3.09	3.84			
32	2.04	2.86	3.22	4.00			
33	2.12	2.98	3.34	4.15			
34	2.20	3.08	3.46	4.30			
35	2.29	3.20	3.59	4.46			
36	2.36	3.31	3.71	4.60			
37	2.45	3.41	3.83	4.74			
38	2.52	3.52	3.95	4.88			
39	2.60	3.61	4.06	5.01			
40	2.67	3.70	4.15	5.12			
41	2.74	3.79	4.25	5.23			
42	2.79	3.85	4.33	5.32			
43	2.86	3.93	4.40	5.38			
44	2.93	3.99	4.45	5.43			
45	2.98	4.04	4.48	5.46			
46	3.02	4.07	4.50	5.46			
47	3.05	4.07	4.49	5.43			
48	3.04	4.04	4.44	5.36			
49	3.01	3.99	4.38	5.27			
50	2.97	3.91	4.28	5.14			
51	2.91	3.81	4.16	4.98			
52	2.82	3.68	4.01	4.78			
53	2.70	3.50	3.81	4.53			
54	2.56	3.30	3.57	4.25			
55	2.40	3.08	3.33	3.95			
56	2.23	2.84	3.08	3.63			
57	2.04	2.61	2.80	3.31			
58	1.85	2.35	2.53	2.99			
59	1.65	2.11	2.27	2.67			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.67	2.33	2.61	3.24			
26	1.72	2.42	2.71	3.36			
27	1.79	2.51	2.81	3.50			
28	1.86	2.61	2.93	3.64			
29	1.94	2.72	3.04	3.79			
30	2.01	2.83	3.17	3.94			
31	2.09	2.94	3.30	4.10			
32	2.18	3.05	3.43	4.27			
33	2.26	3.18	3.56	4.43			
34	2.35	3.29	3.69	4.59			
35	2.44	3.41	3.83	4.76			
36	2.52	3.53	3.96	4.91			
37	2.61	3.64	4.08	5.06			
38	2.69	3.75	4.21	5.21			
39	2.77	3.85	4.33	5.34			
40	2.85	3.95	4.43	5.46			
41	2.92	4.04	4.53	5.58			
42	2.98	4.11	4.62	5.67			
43	3.05	4.19	4.69	5.74			
44	3.12	4.26	4.75	5.79			
45	3.18	4.31	4.78	5.82			
46	3.22	4.34	4.80	5.82			
47	3.25	4.34	4.79	5.79			
48	3.24	4.31	4.74	5.72			
49	3.21	4.26	4.67	5.62			
50	3.17	4.17	4.57	5.48			
51	3.10	4.06	4.44	5.31			
52	3.01	3.92	4.28	5.10			
53	2.88	3.73	4.06	4.83			
54	2.73	3.52	3.81	4.53			
55	2.56	3.28	3.55	4.21			
56	2.38	3.03	3.28	3.87			
57	2.18	2.78	2.99	3.53			
58	1.97	2.51	2.70	3.19			
59	1.76	2.25	2.42	2.85			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.16	0.18	0.22	0.31	0.62	1.13
26	0.12	0.17	0.19	0.23	0.33	0.65	1.18
27	0.13	0.18	0.20	0.25	0.34	0.67	1.22
28	0.13	0.19	0.21	0.26	0.36	0.70	1.26
29	0.14	0.20	0.23	0.28	0.38	0.73	1.32
30	0.15	0.21	0.24	0.29	0.41	0.76	1.38
31	0.17	0.23	0.26	0.31	0.43	0.80	1.43
32	0.18	0.24	0.27	0.33	0.45	0.84	1.49
33	0.19	0.26	0.29	0.35	0.48	0.87	1.56
34	0.20	0.28	0.30	0.37	0.50	0.90	1.62
35	0.21	0.29	0.32	0.40	0.53	0.95	1.69
36	0.23	0.31	0.34	0.42	0.56	1.00	1.77
37	0.25	0.33	0.37	0.45	0.59	1.04	1.85
38	0.26	0.35	0.39	0.48	0.62	1.09	1.94
39	0.28	0.37	0.42	0.50	0.66	1.14	2.02
40	0.29	0.40	0.45	0.54	0.69	1.20	2.13
41	0.31	0.42	0.48	0.57	0.73	1.25	2.23
42	0.33	0.45	0.50	0.61	0.77	1.31	2.35
43	0.35	0.48	0.53	0.64	0.81	1.38	2.47
44	0.38	0.50	0.57	0.68	0.86	1.45	2.59
45	0.41	0.54	0.60	0.72	0.90	1.52	2.73
46	0.44	0.57	0.64	0.76	0.95	1.60	2.86
47	0.47	0.61	0.67	0.80	1.00	1.67	3.00
48	0.49	0.65	0.71	0.85	1.05	1.76	3.15
49	0.52	0.68	0.75	0.89	1.10	1.83	3.32
50	0.56	0.72	0.80	0.94	1.15	1.92	3.46
51	0.58	0.76	0.83	0.98	1.19	1.99	3.60
52	0.61	0.79	0.86	1.02	1.23	2.04	3.71
53	0.64	0.82	0.89	1.05	1.25	2.10	3.81
54	0.66	0.85	0.91	1.07	1.27	2.13	3.87
55	0.67	0.86	0.92	1.09	1.27	2.14	3.89
56	0.67	0.86	0.92	1.09	1.26	2.12	3.86
57	0.66	0.85	0.90	1.07	1.24	2.07	3.76
58	0.64	0.82	0.87	1.03	1.18	1.99	3.60
59	0.60	0.77	0.83	0.97	1.10	1.86	3.36
60	0.55	0.70	0.75	0.88	1.00	1.68	3.04
61	0.48	0.62	0.66	0.78	0.86	1.46	2.63
62	0.39	0.50	0.54	0.64	0.69	1.19	2.11

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.12	0.17	0.19	0.23	0.33	0.65	1.19
26	0.13	0.18	0.20	0.24	0.35	0.68	1.24
27	0.14	0.19	0.21	0.26	0.36	0.71	1.28
28	0.14	0.20	0.22	0.27	0.38	0.74	1.33
29	0.15	0.21	0.24	0.29	0.40	0.77	1.39
30	0.16	0.22	0.25	0.31	0.43	0.80	1.45
31	0.18	0.24	0.27	0.33	0.45	0.84	1.51
32	0.19	0.25	0.28	0.35	0.47	0.88	1.57
33	0.20	0.27	0.30	0.37	0.50	0.92	1.64
34	0.21	0.29	0.32	0.39	0.53	0.95	1.71
35	0.22	0.31	0.34	0.42	0.56	1.00	1.78
36	0.24	0.33	0.36	0.44	0.59	1.05	1.86
37	0.26	0.35	0.39	0.47	0.62	1.09	1.95
38	0.27	0.37	0.41	0.50	0.65	1.15	2.04
39	0.29	0.39	0.44	0.53	0.69	1.20	2.13
40	0.30	0.42	0.47	0.57	0.73	1.26	2.24
41	0.33	0.44	0.50	0.60	0.77	1.32	2.35
42	0.35	0.47	0.53	0.64	0.81	1.38	2.47
43	0.37	0.50	0.56	0.67	0.85	1.45	2.60
44	0.40	0.53	0.60	0.72	0.90	1.53	2.73
45	0.43	0.57	0.63	0.76	0.95	1.60	2.87
46	0.46	0.60	0.67	0.80	1.00	1.68	3.01
47	0.49	0.64	0.71	0.84	1.05	1.76	3.16
48	0.52	0.68	0.75	0.89	1.11	1.85	3.32
49	0.55	0.72	0.79	0.94	1.16	1.93	3.49
50	0.59	0.76	0.84	0.99	1.21	2.02	3.64
51	0.61	0.80	0.87	1.03	1.25	2.09	3.79
52	0.64	0.83	0.91	1.07	1.29	2.15	3.90
53	0.67	0.86	0.94	1.11	1.32	2.21	4.01
54	0.69	0.89	0.96	1.13	1.34	2.24	4.07
55	0.70	0.90	0.97	1.15	1.34	2.25	4.09
56	0.70	0.90	0.97	1.15	1.33	2.23	4.06
57	0.69	0.89	0.95	1.13	1.30	2.18	3.96
58	0.67	0.86	0.92	1.08	1.24	2.09	3.79
59	0.63	0.81	0.87	1.02	1.16	1.96	3.54
60	0.58	0.74	0.79	0.93	1.05	1.77	3.20
61	0.50	0.65	0.69	0.82	0.90	1.54	2.77
62	0.41	0.53	0.57	0.67	0.73	1.25	2.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.26	1.76	1.97	2.45	3.69	7.50	13.63
26	1.28	1.79	2.01	2.51	3.76	7.55	13.71
27	1.30	1.83	2.05	2.56	3.81	7.59	13.75
28	1.33	1.88	2.10	2.62	3.88	7.61	13.77
29	1.36	1.91	2.15	2.67	3.92	7.63	13.76
30	1.39	1.96	2.19	2.74	3.98	7.63	13.73
31	1.42	2.00	2.24	2.79	4.01	7.62	13.67
32	1.44	2.04	2.28	2.85	4.05	7.59	13.59
33	1.47	2.07	2.33	2.90	4.08	7.57	13.50
34	1.50	2.11	2.37	2.95	4.11	7.51	13.38
35	1.53	2.14	2.41	2.99	4.12	7.46	13.25
36	1.54	2.16	2.43	3.02	4.13	7.39	13.10
37	1.56	2.18	2.45	3.04	4.13	7.31	12.94
38	1.58	2.20	2.47	3.06	4.12	7.22	12.77
39	1.59	2.21	2.48	3.07	4.10	7.12	12.60
40	1.59	2.21	2.49	3.07	4.07	7.01	12.40
41	1.59	2.21	2.49	3.06	4.03	6.89	12.19
42	1.59	2.20	2.48	3.04	3.98	6.76	11.96
43	1.60	2.20	2.46	3.02	3.92	6.61	11.73
44	1.60	2.18	2.44	2.98	3.86	6.47	11.46
45	1.59	2.16	2.41	2.92	3.77	6.28	11.17
46	1.58	2.14	2.36	2.87	3.67	6.10	10.85
47	1.56	2.09	2.30	2.78	3.56	5.87	10.49
48	1.53	2.04	2.23	2.69	3.41	5.62	10.07
49	1.48	1.96	2.15	2.58	3.26	5.36	9.61
50	1.42	1.88	2.05	2.46	3.07	5.06	9.10
51	1.36	1.79	1.95	2.33	2.89	4.75	8.57
52	1.29	1.67	1.82	2.18	2.68	4.41	7.97
53	1.19	1.54	1.68	2.00	2.44	4.02	7.29
54	1.09	1.42	1.54	1.81	2.19	3.63	6.57
55	0.99	1.28	1.38	1.63	1.94	3.22	5.86
56	0.89	1.14	1.22	1.44	1.70	2.83	5.14
57	0.78	1.00	1.07	1.27	1.47	2.45	4.47
58	0.68	0.87	0.93	1.10	1.26	2.12	3.85
59	0.58	0.75	0.80	0.95	1.07	1.81	3.28
60	0.50	0.65	0.69	0.81	0.92	1.54	2.79
61	0.43	0.56	0.60	0.70	0.78	1.32	2.38
62	0.38	0.49	0.53	0.62	0.68	1.16	2.05
63	0.36	0.46	0.49	0.58	0.64	1.09	1.94
64	0.35	0.46	0.49	0.58	0.63	1.07	1.91

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.36	1.90	2.13	2.65	3.99	8.11	14.74
26	1.38	1.94	2.17	2.71	4.06	8.16	14.82
27	1.41	1.98	2.22	2.77	4.12	8.21	14.87
28	1.44	2.03	2.27	2.83	4.19	8.23	14.89
29	1.47	2.07	2.32	2.89	4.24	8.25	14.88
30	1.50	2.12	2.37	2.96	4.30	8.25	14.84
31	1.53	2.16	2.42	3.02	4.34	8.24	14.78
32	1.56	2.20	2.47	3.08	4.38	8.21	14.69
33	1.59	2.24	2.52	3.14	4.41	8.18	14.59
34	1.62	2.28	2.56	3.19	4.44	8.12	14.46
35	1.65	2.31	2.60	3.23	4.45	8.06	14.32
36	1.67	2.34	2.63	3.27	4.46	7.99	14.16
37	1.69	2.36	2.65	3.29	4.46	7.90	13.99
38	1.71	2.38	2.67	3.31	4.45	7.81	13.81
39	1.72	2.39	2.68	3.32	4.43	7.70	13.62
40	1.72	2.39	2.69	3.32	4.40	7.58	13.40
41	1.72	2.39	2.69	3.31	4.36	7.45	13.18
42	1.72	2.38	2.68	3.29	4.30	7.31	12.93
43	1.73	2.38	2.66	3.26	4.24	7.15	12.68
44	1.73	2.36	2.64	3.22	4.17	6.99	12.39
45	1.72	2.34	2.60	3.16	4.08	6.79	12.08
46	1.71	2.31	2.55	3.10	3.97	6.59	11.73
47	1.69	2.26	2.49	3.01	3.85	6.35	11.34
48	1.65	2.20	2.41	2.91	3.69	6.08	10.89
49	1.60	2.12	2.32	2.79	3.52	5.79	10.39
50	1.54	2.03	2.22	2.66	3.32	5.47	9.84
51	1.47	1.93	2.11	2.52	3.12	5.13	9.26
52	1.39	1.81	1.97	2.36	2.90	4.77	8.62
53	1.29	1.67	1.82	2.16	2.64	4.35	7.88
54	1.18	1.53	1.66	1.96	2.37	3.92	7.10
55	1.07	1.38	1.49	1.76	2.10	3.48	6.33
56	0.96	1.23	1.32	1.56	1.84	3.06	5.56
57	0.84	1.08	1.16	1.37	1.59	2.65	4.83
58	0.73	0.94	1.01	1.19	1.36	2.29	4.16
59	0.63	0.81	0.87	1.03	1.16	1.96	3.55
60	0.54	0.70	0.75	0.88	0.99	1.67	3.02
61	0.47	0.60	0.65	0.76	0.84	1.43	2.57
62	0.41	0.53	0.57	0.67	0.73	1.25	2.22
63	0.39	0.50	0.53	0.63	0.69	1.18	2.10
64	0.38	0.50	0.53	0.63	0.68	1.16	2.07

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.37	1.91	2.15	2.67	4.01	8.09	14.70
26	1.40	1.96	2.19	2.74	4.09	8.18	14.82
27	1.42	2.01	2.25	2.80	4.17	8.24	14.91
28	1.46	2.05	2.30	2.88	4.25	8.30	14.98
29	1.50	2.11	2.37	2.95	4.31	8.33	15.01
30	1.54	2.16	2.42	3.02	4.38	8.36	15.02
31	1.57	2.22	2.49	3.10	4.44	8.38	15.01
32	1.61	2.28	2.55	3.17	4.50	8.39	14.99
33	1.65	2.32	2.61	3.25	4.55	8.39	14.94
34	1.68	2.37	2.65	3.31	4.59	8.37	14.88
35	1.72	2.41	2.71	3.37	4.63	8.34	14.80
36	1.75	2.45	2.76	3.42	4.65	8.31	14.71
37	1.79	2.49	2.79	3.47	4.68	8.26	14.61
38	1.81	2.53	2.83	3.51	4.69	8.20	14.50
39	1.83	2.54	2.86	3.53	4.70	8.14	14.38
40	1.85	2.56	2.89	3.55	4.69	8.07	14.25
41	1.86	2.58	2.90	3.57	4.67	7.98	14.10
42	1.88	2.59	2.90	3.57	4.64	7.88	13.94
43	1.90	2.60	2.91	3.57	4.63	7.78	13.78
44	1.91	2.61	2.91	3.55	4.58	7.67	13.59
45	1.92	2.61	2.90	3.52	4.52	7.53	13.38
46	1.93	2.60	2.87	3.49	4.45	7.37	13.13
47	1.92	2.57	2.84	3.43	4.36	7.19	12.83
48	1.90	2.53	2.78	3.36	4.24	6.97	12.47
49	1.87	2.48	2.71	3.27	4.09	6.72	12.06
50	1.82	2.41	2.63	3.15	3.93	6.45	11.59
51	1.78	2.32	2.53	3.02	3.74	6.14	11.07
52	1.70	2.22	2.41	2.88	3.53	5.81	10.49
53	1.61	2.09	2.27	2.70	3.27	5.39	9.76
54	1.51	1.94	2.11	2.50	3.01	4.96	8.99
55	1.40	1.79	1.94	2.29	2.72	4.50	8.19
56	1.29	1.64	1.77	2.08	2.44	4.06	7.37
57	1.16	1.47	1.59	1.87	2.16	3.62	6.57
58	1.03	1.31	1.42	1.67	1.90	3.19	5.79
59	0.91	1.16	1.25	1.47	1.66	2.78	5.05
60	0.79	1.02	1.09	1.29	1.42	2.41	4.37
61	0.69	0.89	0.95	1.12	1.23	2.10	3.76
62	0.60	0.78	0.83	0.98	1.07	1.83	3.27
63	0.54	0.69	0.74	0.87	0.95	1.63	2.87
64	0.49	0.63	0.67	0.79	0.89	1.51	2.61
65	0.47	0.59	0.63	0.75	0.88	1.46	2.50
66	0.46	0.58	0.63	0.75	0.93	1.52	2.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.48	2.07	2.32	2.89	4.33	8.75	15.89
26	1.51	2.12	2.37	2.96	4.42	8.84	16.02
27	1.54	2.17	2.43	3.03	4.51	8.91	16.12
28	1.58	2.22	2.49	3.11	4.59	8.97	16.19
29	1.62	2.28	2.56	3.19	4.66	9.01	16.23
30	1.66	2.34	2.62	3.27	4.73	9.04	16.24
31	1.70	2.40	2.69	3.35	4.80	9.06	16.23
32	1.74	2.46	2.76	3.43	4.86	9.07	16.20
33	1.78	2.51	2.82	3.51	4.92	9.07	16.15
34	1.82	2.56	2.87	3.58	4.96	9.05	16.09
35	1.86	2.61	2.93	3.64	5.00	9.02	16.00
36	1.89	2.65	2.98	3.70	5.03	8.98	15.90
37	1.93	2.69	3.02	3.75	5.06	8.93	15.79
38	1.96	2.73	3.06	3.79	5.07	8.87	15.68
39	1.98	2.75	3.09	3.82	5.08	8.80	15.55
40	2.00	2.77	3.12	3.84	5.07	8.72	15.40
41	2.01	2.79	3.13	3.86	5.05	8.63	15.24
42	2.03	2.80	3.14	3.86	5.02	8.52	15.07
43	2.05	2.81	3.15	3.86	5.00	8.41	14.90
44	2.07	2.82	3.15	3.84	4.95	8.29	14.69
45	2.08	2.82	3.13	3.81	4.89	8.14	14.46
46	2.09	2.81	3.10	3.77	4.81	7.97	14.19
47	2.08	2.78	3.07	3.71	4.71	7.77	13.87
48	2.05	2.74	3.01	3.63	4.58	7.54	13.48
49	2.02	2.68	2.93	3.53	4.42	7.27	13.04
50	1.97	2.60	2.84	3.41	4.25	6.97	12.53
51	1.92	2.51	2.74	3.27	4.04	6.64	11.97
52	1.84	2.40	2.61	3.11	3.82	6.28	11.34
53	1.74	2.26	2.45	2.92	3.54	5.83	10.55
54	1.63	2.10	2.28	2.70	3.25	5.36	9.72
55	1.51	1.94	2.10	2.48	2.94	4.87	8.85
56	1.39	1.77	1.91	2.25	2.64	4.39	7.97
57	1.25	1.59	1.72	2.02	2.34	3.91	7.10
58	1.11	1.42	1.53	1.80	2.05	3.45	6.26
59	0.98	1.25	1.35	1.59	1.79	3.01	5.46
60	0.85	1.10	1.18	1.39	1.54	2.61	4.72
61	0.75	0.96	1.03	1.21	1.33	2.27	4.07
62	0.65	0.84	0.90	1.06	1.16	1.98	3.53
63	0.58	0.75	0.80	0.94	1.03	1.76	3.10
64	0.53	0.68	0.72	0.85	0.96	1.63	2.82
65	0.51	0.64	0.68	0.81	0.95	1.58	2.70
66	0.50	0.63	0.68	0.81	1.01	1.64	2.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.52	2.12	2.38	2.95	4.41		
26	1.55	2.17	2.43	3.03	4.51		
27	1.59	2.24	2.51	3.12	4.62		
28	1.64	2.29	2.57	3.21	4.71		
29	1.68	2.37	2.65	3.30	4.81		
30	1.73	2.43	2.73	3.40	4.89		
31	1.78	2.51	2.81	3.50	4.99		
32	1.83	2.57	2.89	3.60	5.07		
33	1.88	2.64	2.96	3.69	5.14		
34	1.92	2.70	3.03	3.77	5.22		
35	1.97	2.77	3.10	3.86	5.28		
36	2.02	2.83	3.17	3.94	5.34		
37	2.06	2.88	3.23	4.01	5.38		
38	2.11	2.93	3.29	4.07	5.43		
39	2.14	2.98	3.34	4.13	5.47		
40	2.17	3.02	3.39	4.18	5.49		
41	2.20	3.05	3.43	4.22	5.51		
42	2.23	3.08	3.46	4.25	5.51		
43	2.28	3.12	3.50	4.27	5.51		
44	2.31	3.15	3.52	4.29	5.49		
45	2.35	3.17	3.52	4.29	5.45		
46	2.37	3.19	3.52	4.27	5.39		
47	2.39	3.19	3.52	4.26	5.32		
48	2.39	3.17	3.49	4.20	5.22		
49	2.37	3.14	3.44	4.13	5.08		
50	2.35	3.09	3.38	4.05	4.92		
51	2.31	3.02	3.30	3.94	4.74		
52	2.26	2.93	3.20	3.81	4.52		
53	2.16	2.80	3.05	3.63	4.26		
54	2.06	2.66	2.89	3.43	3.96		
55	1.96	2.51	2.71	3.21	3.65		
56	1.84	2.35	2.53	2.99	3.35		
57	1.71	2.17	2.34	2.77	3.03		
58	1.58	2.02	2.16	2.55	2.77		
59	1.45	1.86	2.00	2.35	2.51		
60	1.32	1.70	1.82	2.16	2.26		
61	1.21	1.54	1.67	1.96	2.03		
62	1.09	1.41	1.51	1.77	1.80		
63	0.97	1.25	1.34	1.58	1.59		
64	0.86	1.11	1.19	1.41	1.40		
65	0.76	0.98	1.05	1.25	1.22		
66	0.68	0.87	0.93	1.11	1.07		
67	0.60	0.79	0.84	1.00	0.96		
68	0.55	0.72	0.78	0.92	0.87		
69	0.52	0.68	0.73	0.87	0.82		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.64	2.29	2.57	3.19	4.77		
26	1.68	2.35	2.63	3.28	4.88		
27	1.72	2.42	2.71	3.37	4.99		
28	1.77	2.48	2.78	3.47	5.09		
29	1.82	2.56	2.86	3.57	5.20		
30	1.87	2.63	2.95	3.68	5.29		
31	1.92	2.71	3.04	3.78	5.39		
32	1.98	2.78	3.12	3.89	5.48		
33	2.03	2.85	3.20	3.99	5.56		
34	2.08	2.92	3.28	4.08	5.64		
35	2.13	2.99	3.35	4.17	5.71		
36	2.18	3.06	3.43	4.26	5.77		
37	2.23	3.11	3.49	4.33	5.82		
38	2.28	3.17	3.56	4.40	5.87		
39	2.31	3.22	3.61	4.46	5.91		
40	2.35	3.26	3.66	4.52	5.94		
41	2.38	3.30	3.71	4.56	5.96		
42	2.41	3.33	3.74	4.59	5.96		
43	2.46	3.37	3.78	4.62	5.96		
44	2.50	3.41	3.80	4.64	5.94		
45	2.54	3.43	3.81	4.64	5.89		
46	2.56	3.45	3.81	4.62	5.83		
47	2.58	3.45	3.80	4.60	5.75		
48	2.58	3.43	3.77	4.54	5.64		
49	2.56	3.39	3.72	4.47	5.49		
50	2.54	3.34	3.65	4.38	5.32		
51	2.50	3.27	3.57	4.26	5.12		
52	2.44	3.17	3.46	4.12	4.89		
53	2.34	3.03	3.30	3.92	4.60		
54	2.23	2.88	3.12	3.71	4.28		
55	2.12	2.71	2.93	3.47	3.95		
56	1.99	2.54	2.74	3.23	3.62		
57	1.85	2.35	2.53	2.99	3.28		
58	1.71	2.18	2.34	2.76	2.99		
59	1.57	2.01	2.16	2.54	2.71		
60	1.43	1.84	1.97	2.33	2.44		
61	1.31	1.67	1.80	2.12	2.19		
62	1.18	1.52	1.63	1.91	1.95		
63	1.05	1.35	1.45	1.71	1.72		
64	0.93	1.20	1.29	1.52	1.51		
65	0.82	1.06	1.14	1.35	1.32		
66	0.73	0.94	1.01	1.20	1.16		
67	0.65	0.85	0.91	1.08	1.04		
68	0.59	0.78	0.84	0.99	0.94		
69	0.56	0.74	0.79	0.94	0.89		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.19	3.07	3.44	4.28			
26	2.26	3.16	3.54	4.41			
27	2.32	3.27	3.65	4.56			
28	2.40	3.37	3.77	4.71			
29	2.47	3.49	3.90	4.87			
30	2.55	3.60	4.03	5.03			
31	2.64	3.72	4.16	5.20			
32	2.72	3.84	4.30	5.37			
33	2.81	3.96	4.43	5.53			
34	2.90	4.07	4.57	5.69			
35	2.98	4.18	4.70	5.85			
36	3.06	4.29	4.82	5.99			
37	3.15	4.40	4.94	6.13			
38	3.22	4.50	5.05	6.26			
39	3.29	4.59	5.14	6.37			
40	3.35	4.66	5.24	6.47			
41	3.40	4.73	5.31	6.54			
42	3.45	4.77	5.37	6.60			
43	3.51	4.83	5.40	6.61			
44	3.56	4.86	5.42	6.62			
45	3.59	4.87	5.41	6.60			
46	3.61	4.87	5.38	6.53			
47	3.61	4.83	5.32	6.44			
48	3.57	4.75	5.23	6.31			
49	3.51	4.64	5.10	6.13			
50	3.42	4.51	4.94	5.93			
51	3.32	4.36	4.75	5.69			
52	3.19	4.17	4.54	5.42			
53	3.02	3.92	4.27	5.08			
54	2.84	3.66	3.98	4.72			
55	2.64	3.39	3.67	4.35			
56	2.43	3.10	3.35	3.96			
57	2.21	2.81	3.02	3.57			
58	1.98	2.53	2.71	3.20			
59	1.75	2.24	2.41	2.84			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.37	3.32	3.72	4.63			
26	2.44	3.42	3.83	4.77			
27	2.51	3.53	3.95	4.93			
28	2.59	3.64	4.08	5.09			
29	2.67	3.77	4.22	5.26			
30	2.76	3.89	4.36	5.44			
31	2.85	4.02	4.50	5.62			
32	2.94	4.15	4.65	5.80			
33	3.04	4.28	4.79	5.98			
34	3.13	4.40	4.94	6.15			
35	3.22	4.52	5.08	6.32			
36	3.31	4.64	5.21	6.48			
37	3.40	4.76	5.34	6.63			
38	3.48	4.86	5.46	6.77			
39	3.56	4.96	5.56	6.89			
40	3.62	5.04	5.66	6.99			
41	3.68	5.11	5.74	7.07			
42	3.73	5.16	5.80	7.13			
43	3.79	5.22	5.84	7.15			
44	3.85	5.25	5.86	7.16			
45	3.88	5.27	5.85	7.13			
46	3.90	5.26	5.82	7.06			
47	3.90	5.22	5.75	6.96			
48	3.86	5.14	5.65	6.82			
49	3.79	5.02	5.51	6.63			
50	3.70	4.88	5.34	6.41			
51	3.59	4.71	5.14	6.15			
52	3.45	4.51	4.91	5.86			
53	3.27	4.24	4.62	5.49			
54	3.07	3.96	4.30	5.10			
55	2.85	3.66	3.97	4.70			
56	2.63	3.35	3.62	4.28			
57	2.39	3.04	3.27	3.86			
58	2.14	2.73	2.93	3.46			
59	1.89	2.42	2.60	3.07			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/NC-ML et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.45	0.57	0.62				
26	0.47	0.59	0.65				
27	0.49	0.61	0.68				
28	0.51	0.64	0.71				
29	0.53	0.68	0.74				
30	0.56	0.71	0.78				
31	0.59	0.75	0.83				
32	0.62	0.79	0.87				
33	0.65	0.84	0.92				
34	0.69	0.88	0.97				
35	0.73	0.93	1.03				
36	0.77	0.98	1.09				
37	0.81	1.04	1.16				
38	0.86	1.10	1.22				
39	0.90	1.16	1.29				
40	0.95	1.23	1.36				
41	1.01	1.30	1.45				
42	1.06	1.38	1.53				
43	1.14	1.47	1.63				
44	1.21	1.55	1.72				
45	1.28	1.66	1.83				
46	1.36	1.76	1.93				
47	1.45	1.87	2.05				
48	1.54	1.99	2.18				
49	1.64	2.12	2.31				
50	1.73	2.24	2.44				
51	1.84	2.37	2.57				
52	1.93	2.49	2.70				
53	2.03	2.62	2.84				
54	2.13	2.75	2.97				
55	2.21	2.85	3.07				
56	2.27	2.94	3.16				
57	2.31	2.98	3.20				
58	2.33	3.01	3.23				
59	2.31	3.00	3.21				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65 Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.47	1.97	2.20				
26	1.53	2.05	2.28				
27	1.59	2.13	2.38				
28	1.66	2.23	2.48				
29	1.73	2.32	2.59				
30	1.80	2.42	2.70				
31	1.88	2.53	2.81				
32	1.96	2.63	2.94				
33	2.04	2.74	3.06				
34	2.12	2.86	3.18				
35	2.21	2.96	3.31				
36	2.29	3.08	3.44				
37	2.38	3.18	3.57				
38	2.46	3.30	3.69				
39	2.54	3.41	3.81				
40	2.63	3.51	3.93				
41	2.71	3.61	4.04				
42	2.79	3.71	4.15				
43	2.89	3.82	4.26				
44	2.98	3.92	4.36				
45	3.07	4.02	4.45				
46	3.15	4.10	4.52				
47	3.22	4.16	4.58				
48	3.27	4.21	4.61				
49	3.28	4.23	4.62				
50	3.28	4.22	4.61				
51	3.26	4.19	4.57				
52	3.21	4.15	4.51				
53	3.14	4.05	4.39				
54	3.04	3.93	4.25				
55	2.94	3.79	4.09				
56	2.82	3.64	3.92				
57	2.70	3.49	3.75				
58	2.44	3.14	3.37				
59	2.21	2.85	3.04				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	10 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.81	1.06	1.17				
26	0.84	1.11	1.23				
27	0.89	1.16	1.29				
28	0.94	1.22	1.36				
29	0.99	1.29	1.44				
30	1.04	1.36	1.51				
31	1.10	1.44	1.61				
32	1.16	1.52	1.70				
33	1.23	1.61	1.80				
34	1.29	1.70	1.90				
35	1.36	1.80	2.01				
36	1.44	1.90	2.12				
37	1.53	2.00	2.24				
38	1.61	2.12	2.36				
39	1.70	2.23	2.49				
40	1.78	2.36	2.63				
41	1.88	2.48	2.77				
42	1.98	2.60	2.91				
43	2.10	2.76	3.07				
44	2.24	2.91	3.23				
45	2.36	3.06	3.39				
46	2.49	3.21	3.53				
47	2.61	3.36	3.68				
48	2.72	3.49	3.83				
49	2.82	3.63	3.97				
50	2.90	3.73	4.07				
51	2.95	3.80	4.14				
52	2.98	3.84	4.17				
53	2.92	3.77	4.08				
54	2.83	3.66	3.96				
55	2.72	3.51	3.78				
56	2.57	3.32	3.57				
57	2.40	3.10	3.33				
58	2.23	2.87	3.08				
59	2.03	2.63	2.81				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.05	0.05	0.06				
26	0.05	0.06	0.07				
27	0.05	0.06	0.07				
28	0.05	0.07	0.08				
29	0.06	0.07	0.08				
30	0.06	0.08	0.09				
31	0.06	0.08	0.09				
32	0.07	0.09	0.10				
33	0.07	0.09	0.10				
34	0.07	0.10	0.11				
35	0.08	0.10	0.12				
36	0.08	0.11	0.12				
37	0.09	0.11	0.13				
38	0.09	0.12	0.14				
39	0.10	0.13	0.14				
40	0.11	0.13	0.15				
41	0.11	0.14	0.16				
42	0.12	0.15	0.17				
43	0.13	0.17	0.19				
44	0.13	0.18	0.20				
45	0.15	0.19	0.21				
46	0.15	0.20	0.23				
47	0.16	0.22	0.23				
48	0.17	0.23	0.25				
49	0.19	0.24	0.27				
50	0.19	0.25	0.27				
51	0.21	0.26	0.29				
52	0.21	0.28	0.30				
53	0.21	0.29	0.31				
54	0.23	0.30	0.32				
55	0.23	0.30	0.32				
56	0.23	0.30	0.32				
57	0.22	0.29	0.32				
58	0.22	0.28	0.30				
59	0.21	0.27	0.29				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65 and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.15	1.59	1.78				
26	1.16	1.61	1.80				
27	1.18	1.62	1.82				
28	1.19	1.65	1.84				
29	1.20	1.67	1.87				
30	1.22	1.68	1.89				
31	1.23	1.71	1.91				
32	1.25	1.73	1.93				
33	1.26	1.74	1.95				
34	1.26	1.75	1.96				
35	1.27	1.76	1.97				
36	1.28	1.76	1.97				
37	1.28	1.76	1.98				
38	1.27	1.75	1.97				
39	1.27	1.74	1.95				
40	1.25	1.72	1.93				
41	1.23	1.69	1.90				
42	1.22	1.66	1.86				
43	1.20	1.63	1.82				
44	1.18	1.58	1.76				
45	1.15	1.53	1.70				
46	1.11	1.48	1.64				
47	1.07	1.41	1.56				
48	1.02	1.33	1.46				
49	0.95	1.24	1.36				
50	0.88	1.15	1.25				
51	0.81	1.04	1.14				
52	0.73	0.94	1.02				
53	0.64	0.83	0.90				
54	0.55	0.72	0.78				
55	0.47	0.61	0.66				
56	0.39	0.51	0.55				
57	0.33	0.42	0.46				
58	0.26	0.35	0.37				
59	0.22	0.28	0.30				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	10 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.19	0.26	0.29				
26	0.20	0.28	0.30				
27	0.21	0.29	0.33				
28	0.23	0.31	0.35				
29	0.24	0.33	0.36				
30	0.25	0.35	0.39				
31	0.27	0.37	0.41				
32	0.28	0.39	0.44				
33	0.31	0.41	0.46				
34	0.33	0.44	0.49				
35	0.34	0.46	0.52				
36	0.36	0.49	0.55				
37	0.38	0.51	0.58				
38	0.41	0.54	0.62				
39	0.43	0.58	0.65				
40	0.45	0.61	0.68				
41	0.47	0.64	0.71				
42	0.50	0.66	0.75				
43	0.52	0.70	0.78				
44	0.56	0.74	0.82				
45	0.58	0.77	0.86				
46	0.61	0.80	0.88				
47	0.63	0.83	0.90				
48	0.65	0.84	0.93				
49	0.67	0.86	0.95				
50	0.67	0.86	0.95				
51	0.66	0.86	0.94				
52	0.64	0.83	0.91				
53	0.60	0.77	0.83				
54	0.53	0.68	0.74				
55	0.46	0.59	0.64				
56	0.38	0.50	0.53				
57	0.31	0.40	0.43				
58	0.24	0.31	0.33				
59	0.17	0.23	0.25				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.02	0.03	0.03				
26	0.02	0.03	0.03				
27	0.02	0.03	0.04				
28	0.02	0.03	0.04				
29	0.03	0.04	0.04				
30	0.03	0.04	0.05				
31	0.03	0.04	0.05				
32	0.03	0.05	0.05				
33	0.03	0.05	0.06				
34	0.04	0.05	0.06				
35	0.05	0.05	0.06				
36	0.05	0.06	0.07				
37	0.05	0.06	0.07				
38	0.05	0.07	0.08				
39	0.06	0.07	0.08				
40	0.06	0.08	0.09				
41	0.06	0.08	0.09				
42	0.06	0.09	0.10				
43	0.07	0.10	0.11				
44	0.07	0.10	0.11				
45	0.08	0.11	0.12				
46	0.09	0.12	0.13				
47	0.09	0.12	0.14				
48	0.10	0.13	0.14				
49	0.11	0.14	0.15				
50	0.11	0.15	0.16				
51	0.12	0.15	0.17				
52	0.12	0.16	0.17				
53	0.12	0.16	0.18				
54	0.13	0.17	0.18				
55	0.13	0.17	0.18				
56	0.13	0.17	0.19				
57	0.13	0.17	0.18				
58	0.13	0.17	0.18				
59	0.12	0.16	0.17				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65 and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.45	0.61	0.68				
26	0.45	0.62	0.70				
27	0.46	0.64	0.72				
28	0.48	0.65	0.74				
29	0.48	0.68	0.75				
30	0.50	0.69	0.77				
31	0.51	0.70	0.79				
32	0.52	0.72	0.80				
33	0.53	0.74	0.82				
34	0.55	0.75	0.84				
35	0.55	0.76	0.85				
36	0.56	0.77	0.86				
37	0.56	0.78	0.87				
38	0.57	0.79	0.88				
39	0.57	0.79	0.88				
40	0.57	0.78	0.88				
41	0.58	0.78	0.88				
42	0.57	0.77	0.87				
43	0.57	0.77	0.86				
44	0.56	0.76	0.84				
45	0.56	0.74	0.83				
46	0.55	0.72	0.80				
47	0.53	0.70	0.78				
48	0.51	0.67	0.74				
49	0.49	0.63	0.69				
50	0.45	0.59	0.64				
51	0.42	0.55	0.59				
52	0.39	0.50	0.54				
53	0.34	0.44	0.48				
54	0.30	0.39	0.42				
55	0.26	0.33	0.37				
56	0.22	0.29	0.31				
57	0.18	0.24	0.26				
58	0.15	0.20	0.22				
59	0.13	0.17	0.18				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	10 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.14	0.15				
26	0.11	0.14	0.16				
27	0.11	0.15	0.17				
28	0.12	0.16	0.18				
29	0.13	0.17	0.19				
30	0.13	0.18	0.20				
31	0.14	0.19	0.22				
32	0.15	0.20	0.23				
33	0.16	0.22	0.24				
34	0.17	0.23	0.26				
35	0.18	0.24	0.27				
36	0.19	0.26	0.29				
37	0.20	0.27	0.30				
38	0.21	0.29	0.32				
39	0.22	0.30	0.34				
40	0.24	0.31	0.36				
41	0.25	0.33	0.37				
42	0.26	0.35	0.39				
43	0.28	0.37	0.41				
44	0.29	0.39	0.43				
45	0.31	0.40	0.45				
46	0.32	0.42	0.46				
47	0.33	0.44	0.48				
48	0.34	0.45	0.50				
49	0.35	0.45	0.50				
50	0.36	0.46	0.51				
51	0.35	0.46	0.50				
52	0.35	0.45	0.49				
53	0.32	0.41	0.45				
54	0.29	0.37	0.40				
55	0.26	0.33	0.35				
56	0.21	0.28	0.30				
57	0.18	0.23	0.25				
58	0.14	0.18	0.20				
59	0.10	0.14	0.15				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

CPI COLA Benefit 2008 on Original Transitional Your Occupation Benefit

Rider Form(s) IDI2000-PE/TYO-05Y and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.02	0.03	0.04				
26	0.03	0.04	0.04				
27	0.03	0.04	0.05				
28	0.03	0.04	0.05				
29	0.03	0.05	0.05				
30	0.03	0.05	0.06				
31	0.05	0.05	0.06				
32	0.05	0.06	0.06				
33	0.05	0.06	0.07				
34	0.05	0.06	0.07				
35	0.06	0.07	0.08				
36	0.06	0.07	0.08				
37	0.06	0.08	0.09				
38	0.06	0.08	0.09				
39	0.07	0.09	0.10				
40	0.07	0.09	0.10				
41	0.07	0.10	0.11				
42	0.08	0.11	0.12				
43	0.08	0.11	0.13				
44	0.10	0.12	0.14				
45	0.10	0.13	0.15				
46	0.10	0.14	0.16				
47	0.11	0.15	0.16				
48	0.12	0.16	0.17				
49	0.13	0.17	0.18				
50	0.13	0.18	0.19				
51	0.15	0.18	0.20				
52	0.15	0.19	0.21				
53	0.15	0.20	0.21				
54	0.15	0.20	0.22				
55	0.16	0.21	0.23				
56	0.16	0.21	0.23				
57	0.16	0.20	0.22				
58	0.15	0.20	0.22				
59	0.14	0.19	0.20				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Original Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65 and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.70	0.96	1.08				
26	0.71	0.98	1.09				
27	0.72	0.99	1.11				
28	0.73	1.01	1.13				
29	0.74	1.03	1.15				
30	0.75	1.04	1.17				
31	0.76	1.06	1.19				
32	0.78	1.08	1.21				
33	0.78	1.08	1.22				
34	0.80	1.10	1.24				
35	0.80	1.11	1.24				
36	0.81	1.12	1.25				
37	0.81	1.12	1.25				
38	0.81	1.12	1.25				
39	0.81	1.12	1.25				
40	0.81	1.10	1.24				
41	0.80	1.09	1.22				
42	0.79	1.07	1.21				
43	0.78	1.05	1.18				
44	0.77	1.03	1.16				
45	0.75	1.01	1.12				
46	0.73	0.98	1.07				
47	0.71	0.93	1.03				
48	0.67	0.88	0.97				
49	0.64	0.83	0.90				
50	0.59	0.76	0.84				
51	0.54	0.70	0.76				
52	0.49	0.63	0.69				
53	0.43	0.56	0.60				
54	0.37	0.49	0.53				
55	0.32	0.41	0.45				
56	0.27	0.35	0.38				
57	0.22	0.29	0.31				
58	0.18	0.24	0.25				
59	0.15	0.19	0.21				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al

CPI COLA Benefit 2008 on Original Transitional Your Occupation Benefit

Rider Form(s) IDI2000-PE/TYO-10Y and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	10 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.17	0.19				
26	0.13	0.18	0.21				
27	0.14	0.19	0.22				
28	0.15	0.21	0.23				
29	0.16	0.22	0.25				
30	0.17	0.23	0.26				
31	0.18	0.25	0.28				
32	0.19	0.27	0.30				
33	0.20	0.28	0.31				
34	0.22	0.30	0.33				
35	0.23	0.32	0.35				
36	0.24	0.33	0.37				
37	0.25	0.35	0.39				
38	0.27	0.37	0.41				
39	0.28	0.39	0.44				
40	0.30	0.41	0.46				
41	0.32	0.43	0.48				
42	0.33	0.45	0.50				
43	0.35	0.47	0.53				
44	0.38	0.49	0.55				
45	0.39	0.52	0.57				
46	0.41	0.54	0.60				
47	0.42	0.55	0.61				
48	0.44	0.57	0.63				
49	0.45	0.58	0.64				
50	0.46	0.59	0.64				
51	0.45	0.58	0.63				
52	0.44	0.57	0.62				
53	0.40	0.52	0.56				
54	0.36	0.46	0.50				
55	0.31	0.41	0.44				
56	0.26	0.34	0.37				
57	0.21	0.28	0.30				
58	0.16	0.22	0.23				
59	0.13	0.16	0.18				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 15:13

Policy Form(s) IDI2000-P/NC-ML et al
Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.39	0.52	0.57				
26	0.41	0.54	0.60				
27	0.43	0.57	0.63				
28	0.45	0.60	0.67				
29	0.47	0.63	0.71				
30	0.51	0.67	0.75				
31	0.53	0.71	0.79				
32	0.56	0.75	0.84				
33	0.59	0.79	0.89				
34	0.62	0.84	0.94				
35	0.66	0.88	0.99				
36	0.70	0.93	1.04				
37	0.74	0.97	1.09				
38	0.78	1.03	1.15				
39	0.81	1.08	1.20				
40	0.84	1.13	1.27				
41	0.88	1.17	1.32				
42	0.92	1.23	1.37				
43	0.97	1.28	1.43				
44	1.01	1.33	1.48				
45	1.05	1.37	1.52				
46	1.08	1.40	1.54				
47	1.10	1.42	1.56				
48	1.12	1.45	1.58				
49	1.13	1.46	1.59				
50	1.12	1.45	1.59				
51	1.12	1.44	1.57				
52	1.09	1.41	1.53				
53	1.05	1.36	1.47				
54	1.00	1.29	1.39				
55	0.93	1.21	1.30				
56	0.87	1.12	1.20				
57	0.79	1.03	1.10				
58	0.73	0.95	1.01				
59	0.66	0.85	0.91				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.23	1.67	1.86				
26	1.27	1.73	1.94				
27	1.32	1.80	2.02				
28	1.37	1.88	2.10				
29	1.43	1.95	2.19				
30	1.49	2.03	2.27				
31	1.55	2.11	2.37				
32	1.61	2.20	2.45				
33	1.67	2.28	2.55				
34	1.73	2.36	2.64				
35	1.78	2.43	2.73				
36	1.84	2.51	2.81				
37	1.90	2.58	2.89				
38	1.95	2.64	2.96				
39	1.99	2.70	3.02				
40	2.03	2.74	3.08				
41	2.06	2.78	3.12				
42	2.09	2.80	3.15				
43	2.11	2.82	3.16				
44	2.13	2.82	3.15				
45	2.12	2.79	3.11				
46	2.08	2.74	3.03				
47	2.04	2.66	2.93				
48	1.97	2.56	2.81				
49	1.89	2.44	2.68				
50	1.79	2.32	2.53				
51	1.68	2.17	2.36				
52	1.56	2.02	2.19				
53	1.44	1.86	2.02				
54	1.32	1.71	1.85				
55	1.21	1.57	1.69				
56	1.11	1.43	1.54				
57	1.02	1.32	1.42				
58	0.85	1.10	1.18				
59	0.72	0.92	0.99				
60	0.72	0.93	0.99				
61	0.65	0.84	0.90				
62	0.58	0.76	0.81				
63	0.56	0.73	0.78				
64	0.54	0.71	0.76				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.33	1.81	2.02				
26	1.39	1.88	2.11				
27	1.45	1.97	2.20				
28	1.51	2.06	2.31				
29	1.58	2.15	2.41				
30	1.65	2.25	2.53				
31	1.73	2.35	2.64				
32	1.81	2.46	2.76				
33	1.89	2.57	2.88				
34	1.97	2.68	3.00				
35	2.05	2.78	3.12				
36	2.14	2.89	3.25				
37	2.22	3.00	3.37				
38	2.29	3.10	3.48				
39	2.38	3.20	3.59				
40	2.45	3.30	3.70				
41	2.51	3.38	3.79				
42	2.58	3.45	3.88				
43	2.66	3.53	3.95				
44	2.72	3.60	4.01				
45	2.75	3.63	4.03				
46	2.77	3.63	4.01				
47	2.77	3.61	3.98				
48	2.76	3.58	3.93				
49	2.72	3.52	3.86				
50	2.67	3.45	3.78				
51	2.59	3.36	3.67				
52	2.51	3.25	3.55				
53	2.48	3.23	3.50				
54	2.46	3.20	3.47				
55	2.44	3.17	3.43				
56	2.41	3.14	3.39				
57	2.39	3.12	3.36				
58	2.37	3.10	3.33				
59	2.35	3.07	3.29				
60	1.20	1.57	1.68				
61	1.10	1.44	1.54				
62	0.97	1.27	1.36				
63	0.79	1.02	1.09				
64	0.56	0.72	0.76				
65	0.29	0.36	0.38				
66	-0.02	-0.05	-0.07				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.47	2.00	2.24				
26	1.55	2.09	2.35				
27	1.62	2.20	2.46				
28	1.70	2.31	2.59				
29	1.79	2.43	2.73				
30	1.89	2.56	2.87				
31	1.98	2.70	3.02				
32	2.09	2.83	3.17				
33	2.20	2.97	3.34				
34	2.31	3.12	3.50				
35	2.42	3.27	3.67				
36	2.54	3.43	3.84				
37	2.67	3.58	4.02				
38	2.79	3.74	4.20				
39	2.91	3.90	4.38				
40	3.03	4.07	4.56				
41	3.16	4.22	4.74				
42	3.28	4.37	4.91				
43	3.42	4.53	5.07				
44	3.55	4.68	5.21				
45	3.66	4.80	5.33				
46	3.75	4.88	5.40				
47	3.81	4.95	5.46				
48	3.85	5.01	5.51				
49	3.89	5.07	5.56				
50	3.91	5.10	5.58				
51	3.92	5.10	5.57				
52	3.91	5.09	5.55				
53	4.04	5.28	5.73				
54	4.19	5.46	5.92				
55	4.34	5.66	6.13				
56	4.49	5.86	6.32				
57	4.64	6.06	6.52				
58	4.73	6.17	6.64				
59	4.80	6.27	6.73				
60	1.96	2.55	2.74				
61	1.90	2.48	2.66				
62	1.82	2.37	2.54				
63	1.64	2.15	2.30				
64	1.45	1.90	2.04				
65	1.26	1.66	1.78				
66	1.08	1.42	1.52				
67	0.91	1.20	1.29				
68	0.78	1.03	1.10				
69	0.68	0.91	0.98				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.14	0.16				
26	0.11	0.15	0.16				
27	0.12	0.16	0.17				
28	0.12	0.16	0.18				
29	0.13	0.17	0.20				
30	0.14	0.18	0.21				
31	0.14	0.20	0.22				
32	0.15	0.21	0.23				
33	0.16	0.22	0.25				
34	0.17	0.23	0.26				
35	0.18	0.25	0.28				
36	0.19	0.26	0.29				
37	0.20	0.27	0.31				
38	0.21	0.28	0.32				
39	0.22	0.29	0.33				
40	0.23	0.31	0.34				
41	0.24	0.32	0.36				
42	0.25	0.33	0.37				
43	0.26	0.35	0.39				
44	0.27	0.36	0.40				
45	0.28	0.36	0.40				
46	0.28	0.37	0.40				
47	0.28	0.36	0.40				
48	0.28	0.36	0.40				
49	0.28	0.36	0.39				
50	0.27	0.35	0.38				
51	0.26	0.33	0.36				
52	0.24	0.31	0.34				
53	0.21	0.28	0.31				
54	0.19	0.25	0.27				
55	0.16	0.22	0.23				
56	0.14	0.18	0.19				
57	0.11	0.15	0.16				
58	0.09	0.12	0.13				
59	0.07	0.09	0.10				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.13	1.56	1.75				
26	1.14	1.58	1.76				
27	1.15	1.59	1.78				
28	1.16	1.61	1.81				
29	1.17	1.62	1.82				
30	1.19	1.64	1.84				
31	1.19	1.66	1.86				
32	1.20	1.67	1.87				
33	1.21	1.68	1.89				
34	1.21	1.69	1.89				
35	1.22	1.69	1.89				
36	1.22	1.68	1.88				
37	1.21	1.66	1.87				
38	1.20	1.65	1.85				
39	1.18	1.62	1.82				
40	1.15	1.59	1.78				
41	1.13	1.54	1.73				
42	1.09	1.49	1.67				
43	1.06	1.44	1.60				
44	1.02	1.37	1.52				
45	0.96	1.28	1.43				
46	0.90	1.19	1.32				
47	0.82	1.09	1.20				
48	0.75	0.98	1.08				
49	0.66	0.87	0.95				
50	0.58	0.76	0.83				
51	0.51	0.65	0.71				
52	0.42	0.54	0.60				
53	0.35	0.45	0.50				
54	0.29	0.37	0.40				
55	0.23	0.30	0.32				
56	0.18	0.23	0.26				
57	0.14	0.19	0.20				
58	0.12	0.15	0.16				
59	0.09	0.12	0.13				
60	0.09	0.12	0.12				
61	0.08	0.10	0.10				
62	0.07	0.09	0.09				
63	0.06	0.08	0.09				
64	0.06	0.08	0.09				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.25	1.73	1.94				
26	1.26	1.75	1.96				
27	1.28	1.77	1.98				
28	1.30	1.80	2.01				
29	1.31	1.83	2.04				
30	1.34	1.85	2.07				
31	1.35	1.88	2.11				
32	1.37	1.90	2.14				
33	1.39	1.93	2.15				
34	1.41	1.94	2.17				
35	1.41	1.95	2.19				
36	1.42	1.96	2.19				
37	1.42	1.95	2.20				
38	1.42	1.95	2.19				
39	1.41	1.93	2.17				
40	1.40	1.91	2.14				
41	1.38	1.88	2.11				
42	1.35	1.84	2.06				
43	1.33	1.79	2.01				
44	1.29	1.74	1.94				
45	1.25	1.66	1.85				
46	1.18	1.57	1.74				
47	1.12	1.47	1.62				
48	1.04	1.36	1.50				
49	0.95	1.25	1.36				
50	0.87	1.13	1.23				
51	0.78	1.00	1.10				
52	0.69	0.89	0.96				
53	0.61	0.79	0.86				
54	0.54	0.70	0.76				
55	0.48	0.62	0.68				
56	0.42	0.54	0.59				
57	0.37	0.48	0.52				
58	0.32	0.42	0.46				
59	0.29	0.37	0.40				
60	0.14	0.18	0.20				
61	0.13	0.16	0.17				
62	0.10	0.14	0.15				
63	0.10	0.13	0.13				
64	0.09	0.11	0.12				
65	0.09	0.11	0.12				
66	0.09	0.11	0.12				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.41	1.94	2.18				
26	1.42	1.97	2.21				
27	1.45	2.00	2.25				
28	1.47	2.05	2.29				
29	1.50	2.08	2.33				
30	1.53	2.12	2.38				
31	1.56	2.16	2.43				
32	1.59	2.20	2.47				
33	1.62	2.24	2.50				
34	1.64	2.27	2.54				
35	1.66	2.29	2.57				
36	1.68	2.31	2.59				
37	1.70	2.33	2.61				
38	1.70	2.33	2.62				
39	1.71	2.34	2.62				
40	1.71	2.33	2.61				
41	1.70	2.31	2.60				
42	1.68	2.28	2.56				
43	1.67	2.25	2.52				
44	1.65	2.21	2.46				
45	1.61	2.14	2.38				
46	1.55	2.06	2.27				
47	1.49	1.96	2.15				
48	1.41	1.84	2.03				
49	1.33	1.73	1.90				
50	1.24	1.60	1.76				
51	1.14	1.47	1.61				
52	1.04	1.34	1.46				
53	0.96	1.24	1.35				
54	0.89	1.15	1.25				
55	0.82	1.07	1.15				
56	0.76	0.98	1.07				
57	0.70	0.91	0.98				
58	0.66	0.85	0.92				
59	0.62	0.80	0.86				
60	0.24	0.31	0.33				
61	0.21	0.28	0.30				
62	0.20	0.26	0.27				
63	0.17	0.23	0.24				
64	0.15	0.20	0.21				
65	0.13	0.18	0.19				
66	0.12	0.16	0.17				
67	0.10	0.14	0.15				
68	0.09	0.13	0.14				
69	0.09	0.13	0.14				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.06	0.07	0.08				
26	0.06	0.08	0.09				
27	0.06	0.08	0.09				
28	0.07	0.09	0.10				
29	0.07	0.09	0.10				
30	0.07	0.10	0.11				
31	0.08	0.10	0.12				
32	0.08	0.11	0.12				
33	0.08	0.11	0.13				
34	0.09	0.12	0.14				
35	0.09	0.13	0.14				
36	0.10	0.13	0.15				
37	0.10	0.14	0.16				
38	0.11	0.15	0.17				
39	0.11	0.16	0.17				
40	0.12	0.16	0.18				
41	0.12	0.17	0.19				
42	0.13	0.18	0.20				
43	0.14	0.18	0.21				
44	0.14	0.19	0.21				
45	0.14	0.19	0.22				
46	0.14	0.20	0.22				
47	0.15	0.20	0.21				
48	0.15	0.19	0.21				
49	0.14	0.19	0.21				
50	0.14	0.18	0.21				
51	0.14	0.18	0.20				
52	0.13	0.17	0.19				
53	0.12	0.16	0.17				
54	0.11	0.14	0.15				
55	0.09	0.12	0.13				
56	0.08	0.11	0.11				
57	0.06	0.09	0.09				
58	0.05	0.08	0.08				
59	0.04	0.05	0.06				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.44	0.60	0.67				
26	0.44	0.61	0.69				
27	0.45	0.63	0.70				
28	0.47	0.64	0.72				
29	0.47	0.66	0.73				
30	0.48	0.67	0.75				
31	0.49	0.68	0.77				
32	0.50	0.69	0.78				
33	0.51	0.70	0.79				
34	0.52	0.72	0.80				
35	0.52	0.73	0.81				
36	0.53	0.73	0.82				
37	0.53	0.74	0.82				
38	0.53	0.73	0.82				
39	0.53	0.73	0.82				
40	0.52	0.72	0.81				
41	0.52	0.70	0.80				
42	0.50	0.69	0.78				
43	0.50	0.68	0.75				
44	0.48	0.65	0.72				
45	0.46	0.62	0.69				
46	0.44	0.57	0.64				
47	0.40	0.54	0.59				
48	0.37	0.49	0.54				
49	0.33	0.44	0.48				
50	0.29	0.39	0.42				
51	0.26	0.33	0.37				
52	0.22	0.29	0.32				
53	0.19	0.24	0.26				
54	0.16	0.20	0.22				
55	0.13	0.16	0.18				
56	0.10	0.13	0.14				
57	0.08	0.11	0.12				
58	0.07	0.09	0.09				
59	0.05	0.08	0.07				
60	0.05	0.07	0.07				
61	0.05	0.05	0.06				
62	0.04	0.05	0.05				
63	0.04	0.05	0.05				
64	0.04	0.04	0.05				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.47	0.65	0.73				
26	0.49	0.67	0.75				
27	0.50	0.69	0.77				
28	0.51	0.70	0.79				
29	0.53	0.73	0.81				
30	0.54	0.74	0.84				
31	0.55	0.76	0.85				
32	0.57	0.78	0.88				
33	0.58	0.80	0.90				
34	0.59	0.81	0.91				
35	0.60	0.83	0.93				
36	0.61	0.84	0.94				
37	0.62	0.85	0.96				
38	0.62	0.85	0.96				
39	0.63	0.86	0.97				
40	0.63	0.86	0.97				
41	0.63	0.86	0.96				
42	0.62	0.84	0.95				
43	0.62	0.84	0.93				
44	0.61	0.82	0.91				
45	0.60	0.79	0.88				
46	0.57	0.76	0.84				
47	0.55	0.72	0.79				
48	0.51	0.67	0.74				
49	0.48	0.62	0.69				
50	0.45	0.57	0.63				
51	0.40	0.52	0.57				
52	0.36	0.47	0.51				
53	0.33	0.42	0.46				
54	0.29	0.38	0.41				
55	0.26	0.34	0.37				
56	0.23	0.30	0.33				
57	0.21	0.27	0.29				
58	0.18	0.24	0.26				
59	0.17	0.22	0.23				
60	0.08	0.11	0.11				
61	0.07	0.09	0.10				
62	0.06	0.08	0.09				
63	0.06	0.07	0.08				
64	0.05	0.07	0.07				
65	0.05	0.06	0.07				
66	0.05	0.05	0.06				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.52	0.72	0.81				
26	0.54	0.74	0.83				
27	0.56	0.77	0.86				
28	0.58	0.79	0.89				
29	0.59	0.81	0.91				
30	0.61	0.84	0.95				
31	0.63	0.87	0.97				
32	0.65	0.89	1.00				
33	0.67	0.92	1.03				
34	0.69	0.94	1.06				
35	0.70	0.96	1.08				
36	0.72	0.98	1.10				
37	0.73	1.00	1.13				
38	0.75	1.02	1.14				
39	0.76	1.03	1.16				
40	0.76	1.04	1.17				
41	0.77	1.05	1.17				
42	0.77	1.05	1.17				
43	0.78	1.05	1.17				
44	0.78	1.04	1.16				
45	0.76	1.02	1.14				
46	0.75	0.99	1.09				
47	0.73	0.95	1.06				
48	0.70	0.92	1.00				
49	0.66	0.87	0.95				
50	0.64	0.82	0.89				
51	0.59	0.76	0.83				
52	0.54	0.70	0.77				
53	0.51	0.66	0.72				
54	0.48	0.62	0.67				
55	0.45	0.59	0.64				
56	0.42	0.55	0.59				
57	0.40	0.51	0.56				
58	0.37	0.48	0.52				
59	0.35	0.46	0.49				
60	0.14	0.18	0.19				
61	0.13	0.16	0.18				
62	0.12	0.15	0.16				
63	0.10	0.14	0.14				
64	0.09	0.12	0.13				
65	0.08	0.11	0.11				
66	0.07	0.09	0.10				
67	0.06	0.08	0.09				
68	0.06	0.08	0.08				
69	0.06	0.07	0.08				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.07	0.09	0.10				
26	0.07	0.10	0.11				
27	0.08	0.10	0.12				
28	0.08	0.11	0.13				
29	0.09	0.12	0.14				
30	0.09	0.13	0.14				
31	0.10	0.14	0.15				
32	0.11	0.14	0.16				
33	0.11	0.15	0.17				
34	0.12	0.16	0.18				
35	0.12	0.17	0.19				
36	0.13	0.18	0.20				
37	0.13	0.18	0.21				
38	0.15	0.19	0.22				
39	0.15	0.20	0.23				
40	0.16	0.21	0.24				
41	0.16	0.21	0.24				
42	0.17	0.22	0.25				
43	0.18	0.23	0.26				
44	0.18	0.24	0.27				
45	0.19	0.24	0.27				
46	0.19	0.25	0.28				
47	0.19	0.25	0.27				
48	0.19	0.25	0.27				
49	0.19	0.25	0.27				
50	0.18	0.24	0.26				
51	0.17	0.22	0.25				
52	0.16	0.21	0.23				
53	0.15	0.19	0.21				
54	0.13	0.17	0.18				
55	0.11	0.15	0.16				
56	0.09	0.12	0.14				
57	0.08	0.10	0.11				
58	0.06	0.09	0.09				
59	0.05	0.06	0.07				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.69	0.95	1.06				
26	0.69	0.96	1.07				
27	0.70	0.97	1.09				
28	0.71	0.99	1.10				
29	0.73	1.00	1.12				
30	0.73	1.02	1.14				
31	0.74	1.03	1.16				
32	0.75	1.04	1.17				
33	0.76	1.05	1.18				
34	0.77	1.05	1.19				
35	0.77	1.06	1.19				
36	0.77	1.06	1.19				
37	0.76	1.06	1.18				
38	0.76	1.05	1.18				
39	0.75	1.03	1.16				
40	0.74	1.01	1.14				
41	0.73	0.99	1.11				
42	0.71	0.96	1.08				
43	0.69	0.93	1.04				
44	0.67	0.89	1.00				
45	0.63	0.84	0.93				
46	0.59	0.78	0.86				
47	0.54	0.71	0.79				
48	0.49	0.65	0.71				
49	0.44	0.58	0.63				
50	0.39	0.50	0.55				
51	0.34	0.44	0.47				
52	0.29	0.37	0.40				
53	0.24	0.31	0.33				
54	0.19	0.25	0.28				
55	0.16	0.21	0.22				
56	0.13	0.16	0.17				
57	0.10	0.13	0.14				
58	0.08	0.10	0.11				
59	0.07	0.09	0.09				
60	0.06	0.08	0.09				
61	0.05	0.07	0.08				
62	0.05	0.07	0.07				
63	0.05	0.05	0.06				
64	0.05	0.05	0.06				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.75	1.04	1.17				
26	0.77	1.05	1.18				
27	0.78	1.07	1.21				
28	0.80	1.10	1.23				
29	0.81	1.11	1.25				
30	0.82	1.14	1.28				
31	0.84	1.16	1.30				
32	0.85	1.18	1.32				
33	0.87	1.19	1.34				
34	0.88	1.21	1.36				
35	0.89	1.22	1.37				
36	0.90	1.23	1.38				
37	0.90	1.23	1.39				
38	0.90	1.24	1.39				
39	0.90	1.24	1.38				
40	0.89	1.22	1.37				
41	0.88	1.21	1.36				
42	0.87	1.18	1.33				
43	0.86	1.16	1.30				
44	0.84	1.13	1.26				
45	0.82	1.08	1.20				
46	0.77	1.03	1.14				
47	0.73	0.96	1.06				
48	0.68	0.90	0.98				
49	0.63	0.82	0.90				
50	0.58	0.75	0.82				
51	0.52	0.67	0.74				
52	0.46	0.60	0.65				
53	0.41	0.53	0.58				
54	0.37	0.48	0.52				
55	0.32	0.42	0.46				
56	0.29	0.37	0.40				
57	0.25	0.33	0.35				
58	0.22	0.29	0.31				
59	0.20	0.26	0.28				
60	0.10	0.13	0.14				
61	0.09	0.11	0.12				
62	0.08	0.10	0.10				
63	0.07	0.08	0.09				
64	0.06	0.08	0.08				
65	0.05	0.08	0.08				
66	0.06	0.07	0.08				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit 2007
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.84	1.16	1.30				
26	0.86	1.18	1.33				
27	0.87	1.22	1.36				
28	0.90	1.24	1.39				
29	0.92	1.27	1.42				
30	0.94	1.30	1.46				
31	0.96	1.33	1.49				
32	0.98	1.36	1.52				
33	1.00	1.38	1.55				
34	1.02	1.41	1.58				
35	1.04	1.43	1.60				
36	1.05	1.45	1.63				
37	1.07	1.47	1.65				
38	1.08	1.48	1.66				
39	1.08	1.48	1.67				
40	1.09	1.49	1.67				
41	1.09	1.48	1.66				
42	1.08	1.47	1.65				
43	1.08	1.46	1.63				
44	1.07	1.43	1.60				
45	1.05	1.40	1.55				
46	1.02	1.35	1.48				
47	0.98	1.29	1.41				
48	0.93	1.22	1.34				
49	0.88	1.15	1.26				
50	0.83	1.07	1.17				
51	0.76	0.98	1.08				
52	0.70	0.90	0.98				
53	0.65	0.84	0.91				
54	0.61	0.78	0.85				
55	0.56	0.72	0.79				
56	0.52	0.68	0.73				
57	0.48	0.62	0.68				
58	0.45	0.59	0.64				
59	0.43	0.55	0.60				
60	0.16	0.21	0.23				
61	0.15	0.20	0.21				
62	0.13	0.17	0.19				
63	0.12	0.16	0.17				
64	0.10	0.14	0.15				
65	0.09	0.13	0.13				
66	0.09	0.11	0.12				
67	0.08	0.10	0.11				
68	0.06	0.09	0.10				
69	0.06	0.09	0.09				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.57	0.71	0.85	0.99
26	0.59	0.73	0.88	1.03
27	0.61	0.76	0.92	1.07
28	0.64	0.80	0.95	1.11
29	0.66	0.83	0.99	1.16
30	0.70	0.87	1.04	1.21
31	0.73	0.91	1.09	1.27
32	0.76	0.96	1.15	1.34
33	0.81	1.01	1.21	1.42
34	0.86	1.07	1.28	1.49
35	0.90	1.13	1.35	1.58
36	0.95	1.19	1.43	1.66
37	1.00	1.26	1.51	1.76
38	1.06	1.33	1.59	1.85
39	1.12	1.40	1.68	1.96
40	1.18	1.47	1.76	2.06
41	1.24	1.55	1.86	2.17
42	1.30	1.63	1.95	2.28
43	1.36	1.70	2.04	2.39
44	1.42	1.78	2.13	2.49
45	1.48	1.86	2.23	2.60
46	1.56	1.94	2.33	2.72
47	1.62	2.03	2.44	2.84
48	1.70	2.13	2.56	2.98
49	1.79	2.23	2.68	3.13
50	1.88	2.34	2.82	3.29
51	1.97	2.46	2.96	3.46
52	2.07	2.59	3.11	3.63
53	2.18	2.73	3.28	3.83
54	2.31	2.88	3.45	4.04
55	2.43	3.03	3.64	4.24
56	2.54	3.18	3.81	4.45
57	2.66	3.33	4.00	4.66
58	2.73	3.41	4.09	4.78
59	2.80	3.50	4.21	4.90
60	2.89	3.61	4.34	5.07
61	3.01	3.76	4.52	5.27
62	3.17	3.96	4.76	5.55
63	3.45	4.31	5.18	6.04
64	3.77	4.71	5.66	6.60
65	4.12	5.15	6.20	7.23
66	4.51	5.64	6.78	7.91
67	4.92	6.15	7.39	8.63
68	5.35	6.69	8.04	9.37
69	5.79	7.23	8.69	10.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.24	0.30	0.36	0.42
26	0.25	0.31	0.38	0.44
27	0.26	0.33	0.39	0.46
28	0.28	0.34	0.41	0.48
29	0.29	0.36	0.44	0.51
30	0.31	0.39	0.46	0.54
31	0.33	0.41	0.49	0.58
32	0.35	0.44	0.53	0.61
33	0.38	0.47	0.56	0.66
34	0.40	0.50	0.60	0.70
35	0.43	0.54	0.65	0.75
36	0.46	0.58	0.69	0.81
37	0.50	0.62	0.74	0.87
38	0.53	0.66	0.80	0.93
39	0.57	0.71	0.85	1.00
40	0.61	0.76	0.91	1.07
41	0.65	0.81	0.98	1.14
42	0.69	0.87	1.04	1.22
43	0.74	0.92	1.11	1.30
44	0.79	0.98	1.18	1.38
45	0.84	1.05	1.26	1.47
46	0.89	1.11	1.34	1.56
47	0.95	1.19	1.43	1.66
48	1.01	1.27	1.52	1.77
49	1.08	1.35	1.62	1.89
50	1.15	1.44	1.73	2.02
51	1.23	1.54	1.85	2.16
52	1.31	1.64	1.97	2.30
53	1.40	1.76	2.11	2.46
54	1.50	1.87	2.25	2.63
55	1.60	1.99	2.40	2.79
56	1.69	2.12	2.54	2.96
57	1.79	2.24	2.69	3.13
58	1.85	2.31	2.77	3.23
59	1.91	2.39	2.87	3.34
60	1.98	2.48	2.98	3.48
61	2.08	2.60	3.13	3.65
62	2.21	2.76	3.31	3.87
63	2.42	3.03	3.64	4.24
64	2.67	3.33	4.00	4.67
65	2.94	3.67	4.41	5.15
66	3.23	4.04	4.85	5.66
67	3.54	4.43	5.32	6.21
68	3.87	4.83	5.81	6.77
69	4.20	5.24	6.30	7.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.20	0.26	0.31	0.36
26	0.21	0.27	0.32	0.37
27	0.22	0.28	0.34	0.39
28	0.24	0.29	0.35	0.41
29	0.25	0.31	0.37	0.44
30	0.27	0.33	0.40	0.46
31	0.28	0.35	0.42	0.49
32	0.30	0.38	0.45	0.53
33	0.32	0.40	0.48	0.57
34	0.35	0.43	0.52	0.61
35	0.37	0.46	0.56	0.65
36	0.40	0.50	0.60	0.70
37	0.43	0.53	0.64	0.75
38	0.46	0.57	0.69	0.80
39	0.49	0.61	0.74	0.86
40	0.53	0.66	0.79	0.92
41	0.56	0.70	0.84	0.99
42	0.60	0.75	0.90	1.05
43	0.64	0.80	0.96	1.12
44	0.68	0.85	1.02	1.20
45	0.73	0.91	1.09	1.27
46	0.77	0.97	1.16	1.36
47	0.83	1.03	1.24	1.45
48	0.88	1.10	1.32	1.55
49	0.94	1.18	1.42	1.65
50	1.01	1.26	1.51	1.76
51	1.08	1.34	1.61	1.88
52	1.15	1.44	1.72	2.01
53	1.23	1.54	1.85	2.15
54	1.32	1.64	1.97	2.30
55	1.40	1.75	2.10	2.46
56	1.49	1.86	2.24	2.61
57	1.58	1.97	2.37	2.76
58	1.63	2.03	2.44	2.85
59	1.68	2.10	2.53	2.95
60	1.75	2.19	2.63	3.07
61	1.84	2.30	2.76	3.23
62	1.96	2.45	2.94	3.43
63	2.15	2.69	3.23	3.77
64	2.37	2.97	3.56	4.16
65	2.62	3.27	3.93	4.59
66	2.89	3.61	4.34	5.06
67	3.17	3.96	4.76	5.55
68	3.47	4.33	5.20	6.07
69	3.77	4.71	5.66	6.60

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.98	1.23	1.48	1.72
26	1.02	1.28	1.54	1.80
27	1.07	1.34	1.61	1.88
28	1.12	1.40	1.68	1.96
29	1.17	1.47	1.76	2.06
30	1.23	1.55	1.86	2.16
31	1.30	1.63	1.96	2.28
32	1.38	1.72	2.06	2.40
33	1.45	1.81	2.18	2.54
34	1.54	1.91	2.30	2.69
35	1.62	2.03	2.43	2.84
36	1.72	2.15	2.57	3.00
37	1.81	2.26	2.72	3.17
38	1.91	2.39	2.87	3.35
39	2.01	2.52	3.02	3.53
40	2.12	2.65	3.18	3.71
41	2.22	2.78	3.34	3.90
42	2.33	2.92	3.51	4.09
43	2.44	3.05	3.66	4.27
44	2.54	3.18	3.82	4.45
45	2.65	3.31	3.98	4.64
46	2.75	3.44	4.13	4.83
47	2.87	3.58	4.30	5.02
48	2.99	3.74	4.49	5.23
49	3.11	3.89	4.68	5.46
50	3.24	4.05	4.87	5.67
51	3.37	4.21	5.06	5.89
52	3.49	4.36	5.24	6.11
53	3.63	4.54	5.46	6.36
54	3.77	4.71	5.66	6.60
55	3.89	4.86	5.83	6.81
56	3.98	4.98	5.98	6.97
57	4.05	5.06	6.07	7.09
58	4.08	5.09	6.12	7.14
59	4.06	5.08	6.10	7.12
60	4.00	5.00	6.01	7.01
61	3.88	4.85	5.83	6.80
62	3.70	4.63	5.56	6.48

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.43	0.53	0.64	0.75
26	0.45	0.56	0.67	0.78
27	0.47	0.59	0.71	0.83
28	0.50	0.62	0.75	0.87
29	0.53	0.66	0.79	0.93
30	0.56	0.70	0.84	0.98
31	0.60	0.75	0.90	1.05
32	0.64	0.80	0.96	1.12
33	0.69	0.86	1.03	1.20
34	0.74	0.92	1.10	1.29
35	0.79	0.99	1.18	1.38
36	0.84	1.06	1.27	1.48
37	0.91	1.13	1.36	1.59
38	0.97	1.21	1.46	1.70
39	1.04	1.30	1.56	1.82
40	1.11	1.39	1.67	1.94
41	1.18	1.48	1.78	2.07
42	1.26	1.58	1.89	2.21
43	1.34	1.67	2.01	2.35
44	1.42	1.78	2.13	2.49
45	1.51	1.88	2.26	2.64
46	1.59	1.99	2.39	2.79
47	1.69	2.11	2.53	2.96
48	1.79	2.24	2.69	3.14
49	1.90	2.37	2.85	3.32
50	2.01	2.51	3.01	3.51
51	2.12	2.64	3.18	3.71
52	2.23	2.78	3.34	3.90
53	2.35	2.94	3.53	4.11
54	2.47	3.08	3.70	4.32
55	2.57	3.22	3.86	4.51
56	2.66	3.33	4.00	4.66
57	2.73	3.41	4.10	4.78
58	2.77	3.47	4.16	4.86
59	2.78	3.48	4.18	4.88
60	2.76	3.45	4.14	4.84
61	2.70	3.37	4.05	4.72
62	2.58	3.23	3.88	4.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.36	0.45	0.55	0.64
26	0.38	0.48	0.57	0.67
27	0.40	0.50	0.60	0.70
28	0.43	0.53	0.64	0.75
29	0.45	0.57	0.68	0.79
30	0.48	0.60	0.72	0.84
31	0.51	0.64	0.77	0.90
32	0.55	0.69	0.83	0.96
33	0.59	0.74	0.88	1.03
34	0.63	0.79	0.95	1.11
35	0.68	0.85	1.02	1.19
36	0.73	0.91	1.09	1.27
37	0.78	0.97	1.17	1.37
38	0.84	1.04	1.25	1.46
39	0.89	1.12	1.34	1.57
40	0.96	1.20	1.44	1.68
41	1.02	1.28	1.53	1.79
42	1.09	1.36	1.64	1.91
43	1.16	1.45	1.74	2.03
44	1.23	1.54	1.85	2.15
45	1.30	1.63	1.96	2.28
46	1.38	1.73	2.08	2.42
47	1.46	1.83	2.20	2.56
48	1.56	1.94	2.34	2.72
49	1.65	2.06	2.48	2.89
50	1.75	2.18	2.62	3.06
51	1.84	2.30	2.77	3.23
52	1.94	2.43	2.91	3.40
53	2.05	2.56	3.08	3.59
54	2.15	2.69	3.23	3.77
55	2.25	2.81	3.38	3.94
56	2.33	2.91	3.50	4.08
57	2.39	2.99	3.59	4.19
58	2.43	3.04	3.65	4.26
59	2.45	3.06	3.67	4.28
60	2.43	3.03	3.64	4.25
61	2.37	2.97	3.56	4.16
62	2.28	2.85	3.42	3.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.33	0.42	0.50	0.58
26	0.35	0.44	0.53	0.62
27	0.37	0.46	0.56	0.65
28	0.39	0.49	0.59	0.69
29	0.42	0.53	0.63	0.74
30	0.45	0.56	0.67	0.79
31	0.48	0.60	0.72	0.84
32	0.51	0.64	0.77	0.90
33	0.55	0.69	0.83	0.97
34	0.59	0.74	0.89	1.04
35	0.64	0.79	0.95	1.11
36	0.68	0.85	1.02	1.19
37	0.73	0.92	1.10	1.28
38	0.79	0.98	1.18	1.38
39	0.84	1.05	1.26	1.47
40	0.90	1.13	1.35	1.58
41	0.96	1.20	1.45	1.69
42	1.03	1.29	1.54	1.80
43	1.09	1.37	1.64	1.92
44	1.16	1.45	1.75	2.04
45	1.23	1.54	1.85	2.16
46	1.31	1.64	1.97	2.29
47	1.39	1.74	2.08	2.43
48	1.48	1.85	2.22	2.59
49	1.57	1.96	2.35	2.75
50	1.66	2.08	2.49	2.91
51	1.76	2.19	2.64	3.08
52	1.85	2.31	2.78	3.24
53	1.96	2.45	2.94	3.43
54	2.07	2.58	3.10	3.62
55	2.16	2.70	3.25	3.79
56	2.25	2.81	3.37	3.93
57	2.31	2.89	3.47	4.05
58	2.36	2.95	3.54	4.13
59	2.38	2.97	3.57	4.17
60	2.37	2.96	3.56	4.15
61	2.33	2.91	3.50	4.08
62	2.25	2.81	3.38	3.94

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.28	0.35	0.42	0.49
26	0.30	0.37	0.45	0.52
27	0.32	0.40	0.48	0.55
28	0.34	0.42	0.51	0.59
29	0.36	0.45	0.54	0.63
30	0.39	0.48	0.58	0.68
31	0.41	0.52	0.62	0.72
32	0.44	0.56	0.67	0.78
33	0.48	0.60	0.72	0.84
34	0.51	0.64	0.77	0.90
35	0.55	0.69	0.83	0.97
36	0.59	0.74	0.89	1.04
37	0.64	0.80	0.96	1.12
38	0.69	0.86	1.03	1.20
39	0.74	0.92	1.11	1.29
40	0.79	0.99	1.19	1.38
41	0.85	1.06	1.27	1.48
42	0.90	1.13	1.36	1.58
43	0.96	1.20	1.44	1.68
44	1.02	1.28	1.53	1.79
45	1.09	1.36	1.63	1.90
46	1.15	1.44	1.73	2.02
47	1.22	1.53	1.84	2.14
48	1.30	1.63	1.95	2.28
49	1.38	1.73	2.08	2.42
50	1.47	1.83	2.20	2.57
51	1.55	1.94	2.33	2.72
52	1.64	2.05	2.46	2.87
53	1.74	2.18	2.62	3.05
54	1.84	2.30	2.76	3.22
55	1.93	2.41	2.90	3.38
56	2.01	2.52	3.02	3.52
57	2.08	2.60	3.12	3.64
58	2.13	2.66	3.19	3.73
59	2.15	2.69	3.23	3.77
60	2.15	2.69	3.23	3.77
61	2.12	2.65	3.19	3.72
62	2.06	2.58	3.09	3.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Catastrophic Disability Benefit
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.81	2.26	2.71	3.16
26	1.87	2.35	2.82	3.29
27	1.96	2.45	2.94	3.43
28	2.04	2.55	3.06	3.58
29	2.13	2.66	3.20	3.73
30	2.23	2.79	3.35	3.90
31	2.33	2.91	3.50	4.09
32	2.44	3.05	3.67	4.27
33	2.56	3.20	3.84	4.49
34	2.69	3.36	4.03	4.71
35	2.81	3.52	4.23	4.93
36	2.94	3.68	4.42	5.16
37	3.08	3.84	4.62	5.39
38	3.21	4.01	4.82	5.62
39	3.35	4.18	5.02	5.86
40	3.47	4.34	5.22	6.08
41	3.60	4.50	5.40	6.31
42	3.72	4.65	5.58	6.51
43	3.81	4.77	5.73	6.68
44	3.91	4.89	5.87	6.85
45	3.99	4.99	5.99	6.99
46	4.06	5.09	6.11	7.12
47	4.13	5.17	6.21	7.24
48	4.20	5.25	6.30	7.36
49	4.26	5.32	6.39	7.46
50	4.31	5.38	6.46	7.54
51	4.34	5.43	6.52	7.61
52	4.36	5.46	6.56	7.65
53	4.39	5.48	6.58	7.68
54	4.38	5.48	6.59	7.68
55	4.37	5.47	6.57	7.66
56	4.34	5.42	6.52	7.61
57	4.29	5.36	6.45	7.52
58	4.14	5.18	6.21	7.25
59	3.98	4.99	5.99	6.98
60	3.85	4.81	5.78	6.74
61	3.75	4.68	5.63	6.56
62	3.70	4.63	5.56	6.48
63	3.82	4.78	5.75	6.71
64	4.02	5.02	6.04	7.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.77	0.97	1.16	1.36
26	0.81	1.01	1.21	1.42
27	0.85	1.06	1.27	1.48
28	0.89	1.11	1.34	1.56
29	0.94	1.17	1.41	1.64
30	0.99	1.24	1.49	1.74
31	1.05	1.31	1.58	1.84
32	1.11	1.39	1.67	1.95
33	1.18	1.48	1.77	2.07
34	1.25	1.57	1.88	2.20
35	1.33	1.67	2.00	2.33
36	1.41	1.77	2.12	2.48
37	1.50	1.87	2.25	2.63
38	1.59	1.99	2.38	2.78
39	1.68	2.10	2.52	2.94
40	1.77	2.21	2.66	3.10
41	1.86	2.33	2.80	3.27
42	1.96	2.45	2.94	3.43
43	2.05	2.56	3.07	3.58
44	2.13	2.67	3.20	3.74
45	2.22	2.77	3.33	3.88
46	2.30	2.88	3.46	4.03
47	2.38	2.98	3.58	4.17
48	2.46	3.08	3.70	4.32
49	2.54	3.18	3.82	4.46
50	2.62	3.27	3.93	4.58
51	2.68	3.35	4.03	4.70
52	2.74	3.43	4.12	4.80
53	2.79	3.49	4.19	4.89
54	2.83	3.54	4.25	4.96
55	2.86	3.57	4.29	5.01
56	2.87	3.59	4.31	5.03
57	2.87	3.59	4.31	5.03
58	2.79	3.49	4.19	4.89
59	2.71	3.39	4.07	4.75
60	2.64	3.30	3.97	4.63
61	2.59	3.24	3.90	4.54
62	2.58	3.23	3.88	4.53
63	2.69	3.37	4.05	4.72
64	2.85	3.56	4.28	4.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.67	0.83	1.00	1.17
26	0.70	0.87	1.05	1.22
27	0.73	0.91	1.10	1.28
28	0.77	0.96	1.15	1.35
29	0.81	1.01	1.22	1.42
30	0.86	1.07	1.28	1.50
31	0.90	1.13	1.36	1.59
32	0.96	1.20	1.44	1.68
33	1.02	1.27	1.53	1.78
34	1.08	1.35	1.63	1.90
35	1.15	1.44	1.73	2.01
36	1.22	1.52	1.83	2.14
37	1.29	1.62	1.94	2.26
38	1.37	1.71	2.06	2.40
39	1.45	1.81	2.17	2.54
40	1.53	1.91	2.29	2.68
41	1.61	2.01	2.41	2.81
42	1.69	2.11	2.53	2.95
43	1.76	2.20	2.65	3.09
44	1.84	2.30	2.76	3.22
45	1.91	2.39	2.87	3.35
46	1.98	2.48	2.98	3.47
47	2.05	2.57	3.08	3.60
48	2.12	2.65	3.19	3.72
49	2.19	2.74	3.29	3.84
50	2.25	2.82	3.38	3.95
51	2.31	2.89	3.47	4.05
52	2.36	2.95	3.55	4.14
53	2.41	3.01	3.62	4.22
54	2.44	3.05	3.67	4.28
55	2.47	3.09	3.71	4.32
56	2.48	3.10	3.73	4.35
57	2.49	3.11	3.73	4.35
58	2.43	3.03	3.64	4.25
59	2.36	2.95	3.55	4.14
60	2.31	2.89	3.47	4.05
61	2.28	2.85	3.42	3.99
62	2.28	2.85	3.42	3.99
63	2.39	2.98	3.58	4.18
64	2.53	3.16	3.80	4.43

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.62	0.77	0.93	1.08
26	0.65	0.81	0.97	1.13
27	0.68	0.85	1.02	1.19
28	0.71	0.89	1.07	1.25
29	0.75	0.94	1.13	1.32
30	0.80	1.00	1.20	1.40
31	0.84	1.05	1.27	1.48
32	0.89	1.12	1.34	1.57
33	0.95	1.19	1.43	1.66
34	1.01	1.26	1.52	1.77
35	1.07	1.34	1.61	1.88
36	1.14	1.42	1.71	1.99
37	1.20	1.51	1.81	2.11
38	1.28	1.59	1.92	2.24
39	1.35	1.69	2.03	2.36
40	1.42	1.78	2.14	2.49
41	1.50	1.87	2.25	2.62
42	1.57	1.96	2.36	2.75
43	1.64	2.05	2.46	2.87
44	1.71	2.14	2.57	2.99
45	1.78	2.22	2.67	3.11
46	1.84	2.30	2.77	3.23
47	1.91	2.38	2.86	3.34
48	1.97	2.46	2.96	3.45
49	2.03	2.54	3.05	3.56
50	2.09	2.61	3.14	3.66
51	2.15	2.68	3.22	3.76
52	2.19	2.74	3.30	3.84
53	2.24	2.80	3.36	3.92
54	2.28	2.85	3.42	3.99
55	2.31	2.89	3.47	4.05
56	2.33	2.92	3.50	4.09
57	2.35	2.93	3.52	4.11
58	2.31	2.88	3.46	4.04
59	2.27	2.83	3.40	3.97
60	2.24	2.80	3.36	3.92
61	2.23	2.78	3.34	3.90
62	2.25	2.81	3.38	3.94
63	2.37	2.96	3.55	4.14
64	2.52	3.15	3.78	4.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.53	0.67	0.80	0.94
26	0.56	0.70	0.84	0.98
27	0.59	0.73	0.88	1.03
28	0.62	0.77	0.93	1.08
29	0.65	0.82	0.98	1.14
30	0.69	0.86	1.04	1.21
31	0.73	0.91	1.10	1.28
32	0.77	0.97	1.16	1.36
33	0.82	1.03	1.23	1.44
34	0.87	1.09	1.31	1.53
35	0.93	1.16	1.39	1.62
36	0.98	1.23	1.48	1.72
37	1.04	1.30	1.56	1.82
38	1.10	1.38	1.65	1.93
39	1.16	1.45	1.74	2.04
40	1.22	1.53	1.84	2.14
41	1.29	1.61	1.93	2.25
42	1.35	1.68	2.02	2.36
43	1.40	1.76	2.11	2.46
44	1.46	1.82	2.19	2.56
45	1.51	1.89	2.27	2.65
46	1.57	1.96	2.35	2.75
47	1.62	2.02	2.43	2.84
48	1.67	2.09	2.51	2.92
49	1.72	2.15	2.58	3.01
50	1.76	2.21	2.65	3.09
51	1.81	2.26	2.72	3.17
52	1.85	2.32	2.78	3.25
53	1.90	2.37	2.85	3.33
54	1.94	2.43	2.92	3.40
55	1.98	2.48	2.97	3.47
56	2.02	2.52	3.03	3.53
57	2.04	2.55	3.07	3.58
58	2.03	2.54	3.05	3.55
59	2.01	2.52	3.03	3.53
60	2.01	2.51	3.02	3.52
61	2.02	2.53	3.04	3.54
62	2.06	2.58	3.09	3.61
63	2.17	2.72	3.26	3.81
64	2.32	2.90	3.48	4.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.87	2.33	2.80	3.27
26	1.95	2.43	2.92	3.41
27	2.03	2.54	3.05	3.56
28	2.12	2.65	3.19	3.72
29	2.22	2.78	3.34	3.89
30	2.33	2.91	3.50	4.08
31	2.44	3.05	3.67	4.27
32	2.56	3.20	3.84	4.49
33	2.70	3.36	4.04	4.71
34	2.83	3.53	4.25	4.95
35	2.97	3.71	4.46	5.20
36	3.12	3.89	4.68	5.46
37	3.27	4.08	4.91	5.72
38	3.42	4.28	5.13	5.99
39	3.57	4.47	5.36	6.25
40	3.72	4.65	5.59	6.52
41	3.87	4.84	5.82	6.78
42	4.02	5.02	6.02	7.03
43	4.14	5.18	6.21	7.25
44	4.26	5.33	6.39	7.46
45	4.38	5.46	6.57	7.66
46	4.49	5.60	6.73	7.86
47	4.59	5.73	6.89	8.04
48	4.70	5.87	7.05	8.23
49	4.80	6.00	7.21	8.41
50	4.90	6.13	7.35	8.58
51	4.99	6.24	7.49	8.74
52	5.07	6.33	7.61	8.88
53	5.15	6.44	7.74	9.02
54	5.23	6.53	7.84	9.15
55	5.28	6.59	7.92	9.24
56	5.30	6.62	7.96	9.28
57	5.30	6.62	7.95	9.28
58	5.18	6.48	7.78	9.08
59	5.05	6.32	7.60	8.86
60	4.92	6.15	7.39	8.62
61	4.79	5.99	7.20	8.40
62	4.68	5.85	7.03	8.21
63	4.63	5.79	6.96	8.11
64	4.62	5.78	6.93	8.09
65	4.66	5.82	7.00	8.16
66	4.75	5.95	7.14	8.34

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.81	1.01	1.22	1.42
26	0.85	1.06	1.27	1.48
27	0.89	1.11	1.34	1.56
28	0.94	1.17	1.41	1.64
29	0.99	1.24	1.49	1.73
30	1.05	1.31	1.57	1.84
31	1.11	1.39	1.67	1.95
32	1.18	1.48	1.77	2.07
33	1.26	1.57	1.89	2.20
34	1.34	1.67	2.01	2.34
35	1.42	1.78	2.14	2.50
36	1.52	1.89	2.28	2.66
37	1.61	2.01	2.42	2.82
38	1.71	2.14	2.57	3.00
39	1.82	2.27	2.73	3.18
40	1.92	2.40	2.89	3.37
41	2.03	2.54	3.05	3.56
42	2.14	2.67	3.21	3.75
43	2.25	2.81	3.37	3.93
44	2.35	2.94	3.53	4.12
45	2.46	3.07	3.69	4.31
46	2.57	3.21	3.85	4.49
47	2.67	3.34	4.01	4.68
48	2.79	3.48	4.18	4.88
49	2.90	3.62	4.35	5.08
50	3.01	3.76	4.51	5.27
51	3.11	3.89	4.67	5.45
52	3.21	4.01	4.82	5.62
53	3.31	4.13	4.97	5.79
54	3.40	4.24	5.10	5.95
55	3.47	4.34	5.21	6.08
56	3.52	4.40	5.29	6.17
57	3.56	4.45	5.34	6.23
58	3.51	4.39	5.27	6.15
59	3.45	4.32	5.18	6.05
60	3.39	4.23	5.08	5.93
61	3.32	4.15	4.99	5.82
62	3.27	4.09	4.91	5.73
63	3.26	4.07	4.89	5.70
64	3.27	4.09	4.91	5.73
65	3.32	4.15	4.98	5.81
66	3.41	4.26	5.11	5.97

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.70	0.87	1.05	1.22
26	0.73	0.91	1.10	1.28
27	0.77	0.96	1.15	1.34
28	0.81	1.01	1.21	1.42
29	0.85	1.07	1.28	1.50
30	0.90	1.13	1.36	1.58
31	0.96	1.20	1.44	1.68
32	1.02	1.27	1.53	1.79
33	1.09	1.36	1.63	1.90
34	1.16	1.44	1.73	2.02
35	1.23	1.54	1.85	2.15
36	1.31	1.64	1.96	2.29
37	1.39	1.74	2.09	2.44
38	1.48	1.85	2.22	2.59
39	1.57	1.96	2.35	2.74
40	1.66	2.07	2.49	2.91
41	1.75	2.19	2.63	3.07
42	1.85	2.31	2.77	3.23
43	1.94	2.42	2.91	3.39
44	2.03	2.54	3.05	3.55
45	2.12	2.65	3.18	3.72
46	2.21	2.77	3.32	3.88
47	2.31	2.88	3.46	4.04
48	2.40	3.00	3.61	4.21
49	2.50	3.12	3.75	4.38
50	2.59	3.24	3.89	4.54
51	2.68	3.35	4.03	4.70
52	2.77	3.46	4.15	4.84
53	2.85	3.56	4.28	4.99
54	2.93	3.66	4.39	5.12
55	2.99	3.74	4.49	5.24
56	3.04	3.80	4.56	5.32
57	3.07	3.84	4.61	5.38
58	3.04	3.80	4.56	5.32
59	3.00	3.75	4.50	5.25
60	2.95	3.69	4.43	5.17
61	2.91	3.63	4.36	5.09
62	2.87	3.59	4.32	5.04
63	2.87	3.59	4.31	5.03
64	2.89	3.62	4.35	5.07
65	2.95	3.68	4.43	5.16
66	3.04	3.80	4.56	5.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.65	0.81	0.97	1.14
26	0.68	0.85	1.02	1.19
27	0.71	0.89	1.07	1.25
28	0.75	0.94	1.13	1.32
29	0.80	1.00	1.20	1.40
30	0.84	1.06	1.27	1.48
31	0.90	1.12	1.34	1.57
32	0.95	1.19	1.43	1.67
33	1.01	1.27	1.52	1.77
34	1.08	1.35	1.62	1.89
35	1.15	1.44	1.72	2.01
36	1.22	1.53	1.83	2.14
37	1.30	1.62	1.95	2.27
38	1.38	1.72	2.07	2.41
39	1.46	1.83	2.19	2.56
40	1.55	1.93	2.32	2.71
41	1.63	2.04	2.45	2.86
42	1.72	2.15	2.58	3.01
43	1.80	2.25	2.71	3.16
44	1.89	2.36	2.84	3.31
45	1.97	2.47	2.96	3.46
46	2.06	2.57	3.09	3.60
47	2.14	2.68	3.22	3.75
48	2.23	2.79	3.35	3.91
49	2.32	2.90	3.48	4.06
50	2.40	3.00	3.61	4.21
51	2.48	3.11	3.73	4.35
52	2.56	3.20	3.85	4.49
53	2.64	3.30	3.97	4.63
54	2.71	3.39	4.07	4.75
55	2.77	3.47	4.17	4.86
56	2.83	3.53	4.24	4.95
57	2.87	3.58	4.30	5.02
58	2.86	3.57	4.29	5.00
59	2.84	3.55	4.26	4.97
60	2.82	3.53	4.24	4.94
61	2.81	3.51	4.21	4.92
62	2.80	3.50	4.21	4.91
63	2.82	3.52	4.23	4.94
64	2.86	3.57	4.29	5.01
65	2.93	3.66	4.40	5.13
66	3.03	3.79	4.55	5.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.56	0.70	0.84	0.98
26	0.59	0.74	0.88	1.03
27	0.62	0.77	0.93	1.09
28	0.65	0.82	0.98	1.15
29	0.69	0.86	1.04	1.21
30	0.73	0.92	1.10	1.28
31	0.78	0.97	1.17	1.36
32	0.83	1.03	1.24	1.45
33	0.88	1.10	1.32	1.54
34	0.94	1.17	1.40	1.64
35	1.00	1.24	1.49	1.74
36	1.06	1.32	1.59	1.85
37	1.12	1.40	1.69	1.97
38	1.19	1.49	1.79	2.09
39	1.26	1.58	1.90	2.21
40	1.33	1.67	2.00	2.34
41	1.41	1.76	2.11	2.46
42	1.48	1.85	2.22	2.59
43	1.55	1.94	2.33	2.71
44	1.62	2.02	2.43	2.84
45	1.69	2.11	2.53	2.96
46	1.76	2.20	2.64	3.08
47	1.82	2.28	2.74	3.20
48	1.89	2.37	2.84	3.32
49	1.96	2.45	2.95	3.44
50	2.03	2.54	3.05	3.56
51	2.10	2.62	3.15	3.67
52	2.16	2.70	3.25	3.79
53	2.23	2.78	3.34	3.90
54	2.29	2.86	3.43	4.00
55	2.34	2.93	3.52	4.10
56	2.39	2.99	3.59	4.19
57	2.44	3.05	3.66	4.27
58	2.46	3.07	3.69	4.31
59	2.48	3.10	3.72	4.34
60	2.49	3.12	3.74	4.37
61	2.51	3.14	3.78	4.41
62	2.54	3.18	3.82	4.45
63	2.57	3.21	3.86	4.50
64	2.62	3.27	3.93	4.58
65	2.69	3.36	4.03	4.70
66	2.78	3.48	4.18	4.87

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.95	2.44	2.93	3.42
26	2.03	2.55	3.06	3.57
27	2.13	2.66	3.20	3.73
28	2.23	2.79	3.36	3.91
29	2.34	2.93	3.52	4.11
30	2.46	3.08	3.69	4.31
31	2.59	3.24	3.89	4.53
32	2.72	3.40	4.08	4.76
33	2.87	3.58	4.30	5.02
34	3.02	3.78	4.54	5.29
35	3.18	3.98	4.78	5.58
36	3.35	4.19	5.03	5.87
37	3.53	4.40	5.29	6.17
38	3.70	4.63	5.56	6.49
39	3.88	4.85	5.82	6.79
40	4.06	5.08	6.10	7.11
41	4.24	5.30	6.37	7.43
42	4.42	5.52	6.64	7.74
43	4.58	5.73	6.88	8.03
44	4.74	5.92	7.12	8.31
45	4.90	6.12	7.36	8.58
46	5.06	6.32	7.60	8.86
47	5.22	6.52	7.84	9.15
48	5.39	6.74	8.09	9.45
49	5.56	6.95	8.35	9.75
50	5.73	7.17	8.61	10.04
51	5.91	7.38	8.87	10.35
52	6.07	7.60	9.12	10.65
53	6.27	7.84	9.41	10.99
54	6.45	8.07	9.69	11.31
55	6.62	8.28	9.94	11.60
56	6.77	8.46	10.16	11.85
57	6.88	8.60	10.33	12.05
58	6.94	8.66	10.40	12.14
59	6.94	8.68	10.43	12.17
60	6.92	8.65	10.39	12.12
61	6.86	8.58	10.31	12.02
62	6.77	8.47	10.16	11.86
63	6.55	8.19	9.83	11.47
64	6.31	7.89	9.47	11.05
65	6.09	7.61	9.14	10.67
66	5.91	7.39	8.87	10.35
67	5.80	7.25	8.70	10.16
68	5.77	7.22	8.67	10.11
69	5.87	7.33	8.81	10.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.86	1.07	1.29	1.50
26	0.90	1.12	1.35	1.58
27	0.95	1.18	1.42	1.66
28	1.00	1.25	1.50	1.75
29	1.06	1.33	1.59	1.86
30	1.13	1.41	1.69	1.97
31	1.20	1.50	1.80	2.10
32	1.27	1.59	1.91	2.23
33	1.36	1.70	2.04	2.38
34	1.45	1.82	2.18	2.55
35	1.55	1.94	2.33	2.72
36	1.66	2.07	2.49	2.90
37	1.77	2.21	2.65	3.09
38	1.88	2.35	2.83	3.30
39	2.00	2.51	3.01	3.51
40	2.13	2.66	3.20	3.73
41	2.26	2.82	3.39	3.96
42	2.39	2.99	3.59	4.19
43	2.52	3.15	3.79	4.42
44	2.66	3.32	3.99	4.66
45	2.80	3.49	4.20	4.90
46	2.94	3.67	4.41	5.14
47	3.08	3.85	4.63	5.40
48	3.24	4.05	4.86	5.68
49	3.40	4.25	5.11	5.96
50	3.56	4.45	5.35	6.24
51	3.73	4.66	5.60	6.53
52	3.89	4.86	5.84	6.82
53	4.07	5.09	6.11	7.13
54	4.24	5.30	6.37	7.43
55	4.40	5.50	6.60	7.71
56	4.54	5.68	6.82	7.95
57	4.66	5.82	7.00	8.16
58	4.73	5.91	7.10	8.28
59	4.76	5.96	7.15	8.35
60	4.78	5.97	7.17	8.37
61	4.76	5.95	7.15	8.34
62	4.73	5.91	7.09	8.28
63	4.60	5.75	6.90	8.05
64	4.46	5.57	6.70	7.81
65	4.33	5.42	6.51	7.59
66	4.23	5.29	6.36	7.42
67	4.18	5.23	6.28	7.32
68	4.19	5.23	6.29	7.33
69	4.27	5.34	6.42	7.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.74	0.92	1.11	1.30
26	0.78	0.97	1.17	1.36
27	0.82	1.02	1.23	1.43
28	0.86	1.08	1.30	1.51
29	0.92	1.15	1.38	1.60
30	0.97	1.22	1.46	1.70
31	1.03	1.29	1.55	1.81
32	1.10	1.38	1.65	1.93
33	1.18	1.47	1.77	2.06
34	1.26	1.57	1.89	2.20
35	1.34	1.68	2.01	2.35
36	1.43	1.79	2.15	2.51
37	1.53	1.91	2.29	2.68
38	1.63	2.03	2.44	2.85
39	1.73	2.17	2.60	3.04
40	1.84	2.30	2.76	3.23
41	1.95	2.44	2.93	3.42
42	2.07	2.58	3.10	3.62
43	2.18	2.73	3.27	3.82
44	2.30	2.87	3.45	4.02
45	2.42	3.02	3.63	4.23
46	2.54	3.17	3.81	4.44
47	2.66	3.33	4.00	4.67
48	2.80	3.50	4.20	4.90
49	2.94	3.67	4.41	5.14
50	3.08	3.85	4.62	5.39
51	3.22	4.02	4.83	5.63
52	3.36	4.20	5.04	5.88
53	3.51	4.39	5.27	6.15
54	3.65	4.57	5.49	6.40
55	3.79	4.74	5.69	6.64
56	3.91	4.89	5.87	6.85
57	4.01	5.01	6.02	7.03
58	4.06	5.08	6.10	7.12
59	4.09	5.12	6.15	7.17
60	4.10	5.13	6.16	7.19
61	4.09	5.11	6.14	7.17
62	4.06	5.08	6.10	7.12
63	3.97	4.97	5.96	6.96
64	3.88	4.85	5.82	6.79
65	3.80	4.74	5.70	6.65
66	3.74	4.67	5.61	6.55
67	3.72	4.65	5.58	6.51
68	3.75	4.69	5.63	6.57
69	3.85	4.81	5.78	6.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.69	0.86	1.03	1.21
26	0.72	0.90	1.09	1.27
27	0.76	0.95	1.15	1.34
28	0.81	1.01	1.21	1.41
29	0.86	1.07	1.28	1.50
30	0.91	1.14	1.37	1.59
31	0.97	1.21	1.45	1.69
32	1.03	1.29	1.55	1.81
33	1.10	1.38	1.65	1.93
34	1.18	1.47	1.76	2.06
35	1.25	1.57	1.88	2.20
36	1.34	1.67	2.01	2.35
37	1.43	1.78	2.14	2.50
38	1.52	1.90	2.28	2.66
39	1.62	2.02	2.43	2.84
40	1.72	2.15	2.58	3.01
41	1.82	2.28	2.74	3.19
42	1.93	2.41	2.90	3.38
43	2.03	2.54	3.05	3.56
44	2.14	2.68	3.22	3.75
45	2.25	2.81	3.38	3.94
46	2.36	2.95	3.55	4.14
47	2.48	3.10	3.72	4.34
48	2.60	3.25	3.91	4.56
49	2.73	3.41	4.10	4.78
50	2.86	3.57	4.29	5.00
51	2.98	3.73	4.48	5.23
52	3.11	3.89	4.67	5.45
53	3.25	4.06	4.88	5.69
54	3.38	4.23	5.08	5.93
55	3.51	4.38	5.27	6.14
56	3.62	4.52	5.43	6.34
57	3.71	4.64	5.57	6.50
58	3.75	4.69	5.63	6.57
59	3.78	4.72	5.67	6.61
60	3.78	4.73	5.68	6.63
61	3.78	4.73	5.68	6.62
62	3.77	4.71	5.66	6.60
63	3.72	4.65	5.59	6.52
64	3.68	4.60	5.52	6.44
65	3.65	4.56	5.48	6.40
66	3.65	4.56	5.48	6.39
67	3.68	4.60	5.52	6.44
68	3.75	4.69	5.64	6.58
69	3.88	4.85	5.83	6.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.60	0.75	0.90	1.05
26	0.63	0.79	0.94	1.10
27	0.66	0.83	1.00	1.16
28	0.70	0.88	1.06	1.23
29	0.75	0.93	1.12	1.31
30	0.79	0.99	1.19	1.39
31	0.84	1.05	1.27	1.48
32	0.90	1.12	1.35	1.57
33	0.96	1.20	1.44	1.68
34	1.02	1.28	1.54	1.79
35	1.09	1.36	1.64	1.91
36	1.16	1.46	1.75	2.04
37	1.24	1.55	1.86	2.17
38	1.32	1.65	1.98	2.31
39	1.40	1.76	2.11	2.46
40	1.49	1.86	2.24	2.61
41	1.58	1.97	2.37	2.77
42	1.67	2.08	2.50	2.92
43	1.76	2.19	2.64	3.08
44	1.84	2.31	2.77	3.23
45	1.94	2.42	2.91	3.39
46	2.03	2.53	3.04	3.55
47	2.12	2.65	3.19	3.72
48	2.22	2.78	3.34	3.89
49	2.32	2.90	3.49	4.07
50	2.42	3.03	3.64	4.25
51	2.53	3.16	3.79	4.43
52	2.63	3.29	3.95	4.60
53	2.74	3.42	4.11	4.80
54	2.85	3.56	4.27	4.98
55	2.94	3.68	4.42	5.16
56	3.03	3.79	4.56	5.31
57	3.11	3.89	4.67	5.45
58	3.15	3.93	4.72	5.51
59	3.17	3.96	4.76	5.55
60	3.18	3.98	4.78	5.58
61	3.19	3.99	4.79	5.59
62	3.20	4.00	4.81	5.61
63	3.20	4.00	4.81	5.61
64	3.21	4.01	4.82	5.62
65	3.23	4.04	4.86	5.66
66	3.28	4.10	4.92	5.74
67	3.35	4.18	5.02	5.86
68	3.45	4.31	5.18	6.04
69	3.59	4.48	5.39	6.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.04	0.05	0.06	0.07
26	0.04	0.05	0.06	0.07
27	0.04	0.05	0.06	0.07
28	0.04	0.06	0.07	0.08
29	0.05	0.06	0.07	0.08
30	0.05	0.06	0.08	0.09
31	0.05	0.07	0.08	0.10
32	0.06	0.07	0.09	0.10
33	0.06	0.08	0.09	0.11
34	0.07	0.08	0.10	0.12
35	0.07	0.09	0.11	0.13
36	0.08	0.10	0.12	0.13
37	0.08	0.10	0.12	0.14
38	0.09	0.11	0.13	0.15
39	0.09	0.12	0.14	0.17
40	0.10	0.13	0.15	0.18
41	0.11	0.13	0.16	0.19
42	0.11	0.14	0.17	0.20
43	0.12	0.15	0.18	0.21
44	0.13	0.16	0.19	0.22
45	0.13	0.17	0.20	0.24
46	0.14	0.18	0.21	0.25
47	0.15	0.19	0.22	0.26
48	0.16	0.20	0.24	0.28
49	0.17	0.21	0.25	0.29
50	0.17	0.22	0.26	0.30
51	0.18	0.22	0.27	0.31
52	0.19	0.23	0.28	0.33
53	0.19	0.24	0.29	0.34
54	0.20	0.25	0.29	0.34
55	0.20	0.25	0.30	0.35
56	0.20	0.25	0.30	0.35
57	0.20	0.24	0.29	0.34
58	0.19	0.24	0.28	0.33
59	0.18	0.22	0.27	0.31
60	0.16	0.20	0.25	0.29
61	0.14	0.18	0.22	0.25
62	0.12	0.15	0.18	0.21

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.38	0.47	0.57	0.66
26	0.38	0.48	0.57	0.67
27	0.39	0.48	0.58	0.68
28	0.39	0.49	0.59	0.69
29	0.40	0.50	0.60	0.71
30	0.41	0.51	0.62	0.72
31	0.42	0.53	0.63	0.74
32	0.43	0.54	0.65	0.76
33	0.45	0.56	0.67	0.78
34	0.46	0.57	0.69	0.80
35	0.47	0.59	0.71	0.82
36	0.48	0.60	0.72	0.85
37	0.49	0.62	0.74	0.87
38	0.50	0.63	0.76	0.88
39	0.51	0.64	0.77	0.90
40	0.52	0.65	0.78	0.91
41	0.53	0.66	0.79	0.92
42	0.53	0.66	0.80	0.93
43	0.53	0.66	0.79	0.93
44	0.52	0.66	0.79	0.92
45	0.52	0.65	0.78	0.91
46	0.51	0.64	0.76	0.89
47	0.50	0.62	0.74	0.87
48	0.48	0.60	0.72	0.84
49	0.46	0.58	0.69	0.81
50	0.44	0.55	0.66	0.77
51	0.42	0.52	0.63	0.73
52	0.39	0.49	0.59	0.69
53	0.36	0.45	0.54	0.63
54	0.33	0.41	0.50	0.58
55	0.30	0.37	0.45	0.52
56	0.27	0.33	0.40	0.47
57	0.24	0.30	0.35	0.41
58	0.21	0.26	0.31	0.36
59	0.18	0.22	0.27	0.31
60	0.15	0.19	0.23	0.27
61	0.13	0.17	0.20	0.23
62	0.12	0.15	0.18	0.21
63	0.11	0.14	0.17	0.20
64	0.11	0.14	0.17	0.19

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.41	0.52	0.62	0.72
26	0.42	0.52	0.63	0.74
27	0.43	0.53	0.64	0.75
28	0.44	0.55	0.66	0.76
29	0.45	0.56	0.67	0.78
30	0.46	0.57	0.69	0.80
31	0.47	0.59	0.71	0.83
32	0.49	0.61	0.73	0.85
33	0.50	0.63	0.75	0.88
34	0.52	0.65	0.78	0.91
35	0.53	0.67	0.80	0.93
36	0.55	0.69	0.82	0.96
37	0.56	0.71	0.85	0.99
38	0.58	0.72	0.87	1.02
39	0.59	0.74	0.89	1.04
40	0.60	0.76	0.91	1.06
41	0.61	0.77	0.92	1.08
42	0.62	0.78	0.93	1.09
43	0.63	0.78	0.94	1.10
44	0.63	0.78	0.94	1.10
45	0.62	0.78	0.94	1.09
46	0.62	0.77	0.93	1.08
47	0.61	0.76	0.91	1.07
48	0.60	0.74	0.89	1.04
49	0.58	0.73	0.87	1.02
50	0.56	0.70	0.84	0.98
51	0.54	0.67	0.81	0.95
52	0.52	0.64	0.77	0.90
53	0.48	0.61	0.73	0.85
54	0.45	0.57	0.68	0.79
55	0.42	0.52	0.63	0.73
56	0.38	0.48	0.57	0.67
57	0.35	0.43	0.52	0.61
58	0.31	0.39	0.47	0.55
59	0.28	0.35	0.42	0.49
60	0.24	0.31	0.37	0.43
61	0.21	0.27	0.32	0.38
62	0.19	0.23	0.28	0.33
63	0.17	0.21	0.25	0.29
64	0.15	0.19	0.23	0.26
65	0.14	0.17	0.21	0.24
66	0.13	0.16	0.20	0.23

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.46	0.57	0.69	0.80
26	0.47	0.58	0.70	0.82
27	0.48	0.60	0.72	0.84
28	0.49	0.61	0.73	0.86
29	0.50	0.63	0.75	0.88
30	0.52	0.65	0.78	0.91
31	0.53	0.67	0.80	0.94
32	0.55	0.69	0.83	0.97
33	0.57	0.71	0.86	1.00
34	0.59	0.74	0.89	1.04
35	0.61	0.77	0.92	1.07
36	0.63	0.79	0.95	1.11
37	0.65	0.82	0.98	1.15
38	0.67	0.84	1.01	1.18
39	0.69	0.87	1.04	1.21
40	0.71	0.89	1.07	1.24
41	0.73	0.91	1.09	1.27
42	0.74	0.92	1.11	1.29
43	0.75	0.93	1.12	1.31
44	0.75	0.94	1.13	1.32
45	0.75	0.94	1.13	1.32
46	0.75	0.94	1.13	1.32
47	0.75	0.94	1.13	1.31
48	0.74	0.93	1.11	1.30
49	0.73	0.91	1.10	1.28
50	0.72	0.89	1.07	1.25
51	0.70	0.87	1.05	1.22
52	0.68	0.84	1.01	1.18
53	0.65	0.81	0.97	1.13
54	0.61	0.77	0.92	1.07
55	0.58	0.72	0.87	1.01
56	0.54	0.68	0.81	0.95
57	0.51	0.63	0.76	0.89
58	0.47	0.59	0.71	0.83
59	0.44	0.55	0.66	0.77
60	0.40	0.50	0.60	0.71
61	0.37	0.46	0.55	0.65
62	0.34	0.42	0.51	0.59
63	0.30	0.38	0.45	0.53
64	0.27	0.34	0.41	0.47
65	0.24	0.30	0.36	0.42
66	0.21	0.27	0.32	0.38
67	0.19	0.24	0.29	0.34
68	0.18	0.22	0.27	0.31
69	0.17	0.21	0.25	0.30

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.02	0.03	0.03	0.04
26	0.02	0.03	0.03	0.04
27	0.02	0.03	0.04	0.04
28	0.03	0.03	0.04	0.04
29	0.03	0.03	0.04	0.05
30	0.03	0.04	0.04	0.05
31	0.03	0.04	0.05	0.05
32	0.03	0.04	0.05	0.06
33	0.04	0.04	0.05	0.06
34	0.04	0.05	0.06	0.07
35	0.04	0.05	0.06	0.07
36	0.04	0.06	0.07	0.08
37	0.05	0.06	0.07	0.08
38	0.05	0.06	0.08	0.09
39	0.05	0.07	0.08	0.09
40	0.06	0.07	0.09	0.10
41	0.06	0.08	0.09	0.11
42	0.07	0.08	0.10	0.11
43	0.07	0.09	0.10	0.12
44	0.07	0.09	0.11	0.13
45	0.08	0.10	0.12	0.14
46	0.08	0.10	0.12	0.14
47	0.09	0.11	0.13	0.15
48	0.09	0.11	0.14	0.16
49	0.09	0.12	0.14	0.17
50	0.10	0.12	0.15	0.17
51	0.10	0.13	0.15	0.18
52	0.11	0.13	0.16	0.19
53	0.11	0.14	0.17	0.19
54	0.11	0.14	0.17	0.20
55	0.11	0.14	0.17	0.20
56	0.12	0.14	0.17	0.20
57	0.11	0.14	0.17	0.20
58	0.11	0.14	0.16	0.19
59	0.10	0.13	0.16	0.18
60	0.10	0.12	0.14	0.17
61	0.08	0.11	0.13	0.15
62	0.07	0.09	0.10	0.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.15	0.19	0.23	0.27
26	0.16	0.20	0.24	0.28
27	0.16	0.20	0.24	0.28
28	0.17	0.21	0.25	0.29
29	0.17	0.22	0.26	0.30
30	0.18	0.22	0.27	0.31
31	0.18	0.23	0.28	0.32
32	0.19	0.24	0.29	0.34
33	0.20	0.25	0.30	0.35
34	0.21	0.26	0.31	0.36
35	0.21	0.27	0.32	0.38
36	0.22	0.28	0.33	0.39
37	0.23	0.29	0.34	0.40
38	0.24	0.30	0.36	0.42
39	0.24	0.30	0.37	0.43
40	0.25	0.31	0.37	0.44
41	0.25	0.32	0.38	0.45
42	0.26	0.32	0.39	0.45
43	0.26	0.33	0.39	0.46
44	0.26	0.33	0.39	0.46
45	0.26	0.33	0.39	0.46
46	0.26	0.32	0.39	0.45
47	0.25	0.32	0.38	0.45
48	0.25	0.31	0.37	0.44
49	0.24	0.30	0.36	0.42
50	0.23	0.29	0.35	0.41
51	0.22	0.28	0.34	0.39
52	0.21	0.27	0.32	0.37
53	0.20	0.25	0.30	0.35
54	0.18	0.23	0.27	0.32
55	0.17	0.21	0.25	0.29
56	0.15	0.19	0.23	0.26
57	0.14	0.17	0.20	0.24
58	0.12	0.15	0.18	0.21
59	0.10	0.13	0.16	0.18
60	0.09	0.11	0.14	0.16
61	0.08	0.10	0.12	0.14
62	0.07	0.09	0.10	0.12
63	0.07	0.08	0.10	0.12
64	0.07	0.08	0.10	0.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.17	0.21	0.25	0.29
26	0.17	0.21	0.26	0.30
27	0.18	0.22	0.26	0.31
28	0.18	0.23	0.27	0.32
29	0.19	0.24	0.28	0.33
30	0.20	0.24	0.29	0.34
31	0.20	0.25	0.31	0.36
32	0.21	0.26	0.32	0.37
33	0.22	0.28	0.33	0.39
34	0.23	0.29	0.35	0.40
35	0.24	0.30	0.36	0.42
36	0.25	0.31	0.37	0.44
37	0.26	0.32	0.39	0.45
38	0.27	0.34	0.40	0.47
39	0.28	0.35	0.42	0.49
40	0.29	0.36	0.43	0.50
41	0.29	0.37	0.44	0.51
42	0.30	0.37	0.45	0.53
43	0.30	0.38	0.46	0.53
44	0.31	0.38	0.46	0.54
45	0.31	0.39	0.47	0.54
46	0.31	0.39	0.47	0.54
47	0.31	0.39	0.46	0.54
48	0.31	0.38	0.46	0.54
49	0.30	0.38	0.45	0.53
50	0.29	0.37	0.44	0.52
51	0.29	0.36	0.43	0.50
52	0.28	0.35	0.42	0.48
53	0.26	0.33	0.40	0.46
54	0.25	0.31	0.37	0.44
55	0.23	0.29	0.35	0.41
56	0.22	0.27	0.32	0.38
57	0.20	0.25	0.30	0.35
58	0.18	0.22	0.27	0.31
59	0.16	0.20	0.24	0.28
60	0.14	0.18	0.21	0.25
61	0.13	0.16	0.19	0.22
62	0.11	0.14	0.17	0.19
63	0.10	0.12	0.15	0.17
64	0.09	0.11	0.13	0.16
65	0.08	0.10	0.12	0.14
66	0.08	0.10	0.12	0.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.18	0.23	0.27	0.32
26	0.19	0.23	0.28	0.33
27	0.19	0.24	0.29	0.34
28	0.20	0.25	0.30	0.35
29	0.21	0.26	0.31	0.37
30	0.22	0.27	0.33	0.38
31	0.23	0.28	0.34	0.40
32	0.24	0.30	0.36	0.42
33	0.25	0.31	0.37	0.44
34	0.26	0.33	0.39	0.46
35	0.27	0.34	0.41	0.48
36	0.28	0.36	0.43	0.50
37	0.30	0.37	0.45	0.52
38	0.31	0.39	0.46	0.54
39	0.32	0.40	0.48	0.56
40	0.33	0.42	0.50	0.58
41	0.34	0.43	0.52	0.60
42	0.35	0.44	0.53	0.62
43	0.36	0.45	0.54	0.63
44	0.37	0.46	0.55	0.64
45	0.37	0.47	0.56	0.65
46	0.38	0.47	0.56	0.66
47	0.38	0.47	0.57	0.66
48	0.38	0.47	0.57	0.66
49	0.38	0.47	0.57	0.66
50	0.37	0.47	0.56	0.66
51	0.37	0.46	0.55	0.65
52	0.36	0.45	0.54	0.63
53	0.35	0.44	0.53	0.61
54	0.34	0.42	0.50	0.59
55	0.32	0.40	0.48	0.56
56	0.30	0.38	0.46	0.53
57	0.29	0.36	0.43	0.50
58	0.27	0.34	0.41	0.47
59	0.25	0.32	0.38	0.44
60	0.23	0.29	0.35	0.41
61	0.22	0.27	0.32	0.38
62	0.20	0.25	0.30	0.35
63	0.18	0.22	0.27	0.31
64	0.16	0.20	0.24	0.28
65	0.14	0.18	0.21	0.25
66	0.13	0.16	0.19	0.22
67	0.11	0.14	0.17	0.20
68	0.11	0.13	0.16	0.18
69	0.10	0.12	0.15	0.17

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.03	0.03	0.04	0.05
26	0.03	0.03	0.04	0.05
27	0.03	0.04	0.04	0.05
28	0.03	0.04	0.05	0.05
29	0.03	0.04	0.05	0.06
30	0.04	0.04	0.05	0.06
31	0.04	0.05	0.06	0.07
32	0.04	0.05	0.06	0.07
33	0.04	0.05	0.06	0.08
34	0.05	0.06	0.07	0.08
35	0.05	0.06	0.07	0.09
36	0.05	0.07	0.08	0.09
37	0.06	0.07	0.09	0.10
38	0.06	0.08	0.09	0.11
39	0.07	0.08	0.10	0.11
40	0.07	0.09	0.10	0.12
41	0.07	0.09	0.11	0.13
42	0.08	0.10	0.12	0.14
43	0.08	0.10	0.13	0.15
44	0.09	0.11	0.13	0.15
45	0.09	0.12	0.14	0.16
46	0.10	0.12	0.15	0.17
47	0.10	0.13	0.15	0.18
48	0.11	0.14	0.16	0.19
49	0.11	0.14	0.17	0.20
50	0.12	0.15	0.18	0.21
51	0.12	0.16	0.19	0.22
52	0.13	0.16	0.19	0.22
53	0.13	0.17	0.20	0.23
54	0.14	0.17	0.20	0.24
55	0.14	0.17	0.21	0.24
56	0.14	0.17	0.21	0.24
57	0.14	0.17	0.20	0.24
58	0.13	0.16	0.20	0.23
59	0.12	0.15	0.19	0.22
60	0.11	0.14	0.17	0.20
61	0.10	0.12	0.15	0.17
62	0.08	0.10	0.12	0.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.23	0.29	0.35	0.41
26	0.24	0.30	0.36	0.41
27	0.24	0.30	0.36	0.42
28	0.25	0.31	0.37	0.43
29	0.25	0.32	0.38	0.44
30	0.26	0.32	0.39	0.45
31	0.27	0.33	0.40	0.47
32	0.27	0.34	0.41	0.48
33	0.28	0.35	0.43	0.50
34	0.29	0.37	0.44	0.51
35	0.30	0.38	0.45	0.53
36	0.31	0.39	0.47	0.54
37	0.32	0.40	0.48	0.56
38	0.33	0.41	0.49	0.57
39	0.33	0.42	0.50	0.58
40	0.34	0.42	0.51	0.60
41	0.34	0.43	0.52	0.60
42	0.35	0.43	0.52	0.61
43	0.35	0.43	0.52	0.61
44	0.35	0.43	0.52	0.61
45	0.34	0.43	0.52	0.60
46	0.34	0.42	0.51	0.59
47	0.33	0.41	0.50	0.58
48	0.32	0.40	0.48	0.56
49	0.31	0.39	0.47	0.54
50	0.30	0.37	0.45	0.52
51	0.28	0.35	0.42	0.49
52	0.27	0.33	0.40	0.47
53	0.25	0.31	0.37	0.43
54	0.23	0.28	0.34	0.40
55	0.20	0.26	0.31	0.36
56	0.18	0.23	0.28	0.32
57	0.16	0.20	0.24	0.29
58	0.14	0.18	0.21	0.25
59	0.12	0.16	0.19	0.22
60	0.11	0.13	0.16	0.19
61	0.09	0.12	0.14	0.16
62	0.08	0.10	0.12	0.14
63	0.08	0.10	0.12	0.14
64	0.08	0.10	0.12	0.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.25	0.32	0.38	0.44
26	0.26	0.32	0.39	0.45
27	0.26	0.33	0.40	0.46
28	0.27	0.34	0.41	0.47
29	0.28	0.35	0.42	0.49
30	0.29	0.36	0.43	0.50
31	0.30	0.37	0.45	0.52
32	0.31	0.38	0.46	0.54
33	0.32	0.40	0.48	0.56
34	0.33	0.41	0.49	0.58
35	0.34	0.43	0.51	0.60
36	0.35	0.44	0.53	0.62
37	0.36	0.45	0.54	0.64
38	0.37	0.47	0.56	0.65
39	0.38	0.48	0.58	0.67
40	0.39	0.49	0.59	0.69
41	0.40	0.50	0.60	0.70
42	0.41	0.51	0.61	0.71
43	0.41	0.51	0.62	0.72
44	0.41	0.51	0.62	0.72
45	0.41	0.51	0.62	0.72
46	0.41	0.51	0.61	0.72
47	0.40	0.51	0.61	0.71
48	0.40	0.50	0.60	0.70
49	0.39	0.49	0.58	0.68
50	0.38	0.47	0.57	0.66
51	0.36	0.46	0.55	0.64
52	0.35	0.44	0.52	0.61
53	0.33	0.41	0.49	0.58
54	0.31	0.39	0.46	0.54
55	0.29	0.36	0.43	0.50
56	0.26	0.33	0.39	0.46
57	0.24	0.30	0.36	0.42
58	0.22	0.27	0.32	0.38
59	0.19	0.24	0.29	0.34
60	0.17	0.21	0.25	0.30
61	0.15	0.19	0.22	0.26
62	0.13	0.16	0.20	0.23
63	0.12	0.15	0.18	0.20
64	0.11	0.13	0.16	0.18
65	0.10	0.12	0.15	0.17
66	0.09	0.11	0.14	0.16

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.28	0.35	0.42	0.49
26	0.29	0.36	0.43	0.50
27	0.29	0.37	0.44	0.51
28	0.30	0.38	0.45	0.53
29	0.31	0.39	0.47	0.55
30	0.32	0.40	0.48	0.57
31	0.33	0.42	0.50	0.59
32	0.35	0.43	0.52	0.61
33	0.36	0.45	0.54	0.63
34	0.37	0.47	0.56	0.66
35	0.39	0.49	0.58	0.68
36	0.40	0.51	0.61	0.71
37	0.42	0.52	0.63	0.73
38	0.43	0.54	0.65	0.76
39	0.45	0.56	0.67	0.78
40	0.46	0.57	0.69	0.81
41	0.47	0.59	0.71	0.83
42	0.48	0.60	0.72	0.84
43	0.49	0.61	0.73	0.86
44	0.49	0.62	0.74	0.86
45	0.50	0.62	0.75	0.87
46	0.50	0.62	0.75	0.87
47	0.50	0.62	0.75	0.87
48	0.49	0.62	0.74	0.87
49	0.49	0.61	0.73	0.86
50	0.48	0.60	0.72	0.84
51	0.47	0.59	0.70	0.82
52	0.46	0.57	0.69	0.80
53	0.44	0.55	0.66	0.77
54	0.42	0.52	0.63	0.73
55	0.40	0.49	0.59	0.69
56	0.37	0.47	0.56	0.65
57	0.35	0.44	0.52	0.61
58	0.33	0.41	0.49	0.57
59	0.30	0.38	0.45	0.53
60	0.28	0.35	0.42	0.49
61	0.26	0.32	0.39	0.45
62	0.23	0.29	0.35	0.41
63	0.21	0.26	0.32	0.37
64	0.19	0.24	0.28	0.33
65	0.17	0.21	0.25	0.29
66	0.15	0.19	0.22	0.26
67	0.14	0.17	0.20	0.24
68	0.12	0.16	0.19	0.22
69	0.12	0.15	0.18	0.21

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	1.95	2.97	5.58	2.58	6.92	2.87
26	2.02	3.08	5.79	2.68	7.18	2.99
27	2.10	3.21	6.03	2.79	7.48	3.11
28	2.18	3.34	6.27	2.91	7.78	3.24
29	2.27	3.48	6.53	3.02	8.10	3.37
30	2.37	3.63	6.81	3.15	8.45	3.52
31	2.47	3.78	7.09	3.28	8.80	3.67
32	2.57	3.94	7.40	3.43	9.19	3.82
33	2.67	4.10	7.70	3.56	9.55	3.98
34	2.78	4.26	8.01	3.71	9.93	4.14
35	2.89	4.43	8.31	3.85	10.31	4.30
36	2.99	4.59	8.62	3.99	10.69	4.46
37	3.11	4.74	8.91	4.13	11.06	4.62
38	3.22	4.90	9.20	4.26	11.41	4.77
39	3.32	5.06	9.50	4.40	11.79	4.92
40	3.42	5.21	9.78	4.53	12.14	5.07
41	3.52	5.35	10.05	4.65	12.46	5.21
42	3.61	5.48	10.28	4.76	12.76	5.34
43	3.73	5.63	10.57	4.89	13.06	5.46
44	3.85	5.76	10.83	5.01	13.33	5.58
45	3.93	5.88	11.05	5.12	13.56	5.67
46	4.00	5.98	11.23	5.20	13.72	5.74
47	4.05	6.05	11.36	5.26	13.82	5.78
48	4.06	6.70	12.22	5.28	14.83	5.80
49	4.06	7.29	12.95	5.28	15.68	5.78
50	4.03	7.80	13.59	5.26	16.41	5.74
51	3.98	8.24	14.11	5.20	16.99	5.67
52	3.92	8.61	14.52	5.13	17.45	5.57
53	3.82	10.82	17.65	4.99	21.36	5.41
54	3.69	12.86	20.53	4.83	24.93	5.23
55	3.56	14.66	23.08	4.66	28.06	5.03
56	3.41	16.27	25.32	4.47	30.82	4.82
57	3.28	17.74	27.35	4.29	33.30	4.60
58	2.92	17.69	27.08	3.82	32.98	4.09
59	2.64	17.59	26.75	3.43	32.56	3.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	2.10	3.20	6.00	2.78	7.45	3.10
26	2.18	3.33	6.27	2.90	7.77	3.23
27	2.29	3.48	6.54	3.03	8.11	3.38
28	2.38	3.65	6.85	3.17	8.50	3.54
29	2.49	3.81	7.16	3.32	8.89	3.70
30	2.61	4.00	7.51	3.48	9.32	3.88
31	2.73	4.19	7.87	3.64	9.76	4.07
32	2.86	4.39	8.24	3.81	10.22	4.26
33	3.00	4.59	8.62	3.99	10.69	4.46
34	3.14	4.80	9.02	4.18	11.19	4.67
35	3.28	5.02	9.42	4.36	11.69	4.88
36	3.43	5.23	9.83	4.55	12.20	5.10
37	3.58	5.46	10.26	4.75	12.73	5.31
38	3.74	5.69	10.69	4.95	13.26	5.54
39	3.90	5.92	11.12	5.15	13.80	5.76
40	4.06	6.15	11.56	5.35	14.35	5.99
41	4.22	6.39	12.00	5.56	14.89	6.23
42	4.38	6.63	12.45	5.76	15.44	6.46
43	4.57	6.89	12.94	5.99	16.00	6.69
44	4.75	7.15	13.43	6.22	16.53	6.92
45	4.93	7.41	13.91	6.44	17.05	7.14
46	5.09	7.66	14.39	6.66	17.58	7.36
47	5.26	7.91	14.86	6.88	18.07	7.56
48	5.41	8.97	16.37	7.07	19.86	7.77
49	5.54	9.99	17.78	7.26	21.52	7.95
50	5.67	11.00	19.20	7.44	23.18	8.13
51	5.79	11.98	20.54	7.60	24.74	8.29
52	5.89	12.94	21.85	7.74	26.25	8.42
53	5.99	17.03	27.82	7.87	33.64	8.55
54	6.07	21.18	33.85	7.98	41.08	8.64
55	6.12	25.33	39.87	8.05	48.49	8.70
56	6.14	29.46	45.83	8.09	55.79	8.72
57	6.14	33.42	51.54	8.09	62.76	8.70
58	6.11	37.26	57.04	8.05	69.43	8.66
59	6.03	40.75	61.97	7.96	75.44	8.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	2.31	3.52	6.61	3.06	8.20	3.41
26	2.42	3.69	6.92	3.21	8.59	3.57
27	2.53	3.87	7.27	3.37	9.02	3.75
28	2.67	4.08	7.65	3.54	9.49	3.95
29	2.80	4.28	8.04	3.72	9.97	4.16
30	2.95	4.51	8.47	3.92	10.51	4.38
31	3.11	4.75	8.93	4.13	11.07	4.61
32	3.28	5.00	9.40	4.35	11.66	4.86
33	3.45	5.27	9.90	4.58	12.28	5.13
34	3.64	5.55	10.42	4.82	12.93	5.40
35	3.83	5.84	10.97	5.08	13.61	5.68
36	4.04	6.15	11.54	5.34	14.32	5.98
37	4.25	6.46	12.13	5.62	15.05	6.29
38	4.47	6.79	12.75	5.90	15.82	6.62
39	4.71	7.13	13.40	6.20	16.62	6.95
40	4.94	7.49	14.06	6.51	17.45	7.30
41	5.19	7.85	14.74	6.83	18.29	7.66
42	5.42	8.23	15.46	7.16	19.18	8.03
43	5.70	8.65	16.24	7.52	20.07	8.41
44	6.00	9.09	17.07	7.90	21.02	8.80
45	6.31	9.56	17.96	8.31	22.02	9.21
46	6.64	10.04	18.86	8.73	23.03	9.65
47	6.98	10.54	19.81	9.17	24.09	10.10
48	7.32	12.21	22.28	9.63	27.03	10.57
49	7.67	13.87	24.72	10.10	29.92	11.07
50	8.04	15.62	27.27	10.59	32.93	11.58
51	8.42	17.45	29.93	11.10	36.06	12.10
52	8.80	19.36	32.71	11.61	39.31	12.63
53	9.24	26.32	43.00	12.19	52.01	13.24
54	9.67	33.85	54.10	12.76	65.67	13.83
55	10.09	41.86	65.89	13.31	80.13	14.40
56	10.48	50.33	78.30	13.83	95.31	14.92
57	10.83	59.06	91.07	14.29	110.89	15.38
58	11.02	67.30	103.03	14.54	125.45	15.64
59	11.16	75.54	114.87	14.75	139.84	15.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	3.36	5.16	12.10	4.48	15.62	5.01
26	3.53	5.43	12.73	4.72	16.43	5.28
27	3.72	5.72	13.43	4.97	17.32	5.56
28	3.92	6.04	14.18	5.25	18.30	5.88
29	4.14	6.38	14.99	5.55	19.35	6.22
30	4.38	6.76	15.87	5.88	20.48	6.57
31	4.63	7.15	16.79	6.22	21.67	6.96
32	4.90	7.57	17.77	6.58	22.94	7.37
33	5.19	8.01	18.80	6.96	24.26	7.79
34	5.49	8.46	19.87	7.36	25.63	8.24
35	5.79	8.93	20.96	7.76	27.05	8.70
36	6.11	9.42	22.10	8.19	28.52	9.17
37	6.44	9.90	23.24	8.61	29.98	9.65
38	6.77	10.40	24.41	9.04	31.51	10.14
39	7.11	10.91	25.61	9.48	33.04	10.64
40	7.45	11.41	26.78	9.92	34.56	11.12
41	7.77	11.90	27.94	10.35	36.05	11.60
42	8.10	12.38	29.05	10.76	37.49	12.08
43	8.48	12.89	30.26	11.21	38.90	12.53
44	8.86	13.38	31.42	11.63	40.21	12.96
45	9.21	13.85	32.51	12.04	41.45	13.35
46	9.52	14.25	33.45	12.39	42.49	13.70
47	9.76	14.59	34.26	12.69	43.34	13.98
48	9.93	16.40	37.32	12.91	47.10	14.19
49	10.05	18.09	40.15	13.08	50.55	14.33
50	10.10	19.66	42.69	13.17	53.62	14.40
51	10.10	21.04	44.89	13.17	56.23	14.37
52	10.03	22.23	46.67	13.09	58.34	14.25
53	9.84	28.16	57.30	12.86	72.05	13.97
54	9.59	33.61	66.98	12.53	84.51	13.58
55	9.26	38.42	75.45	12.11	95.36	13.08
56	8.86	42.44	82.44	11.58	104.28	12.49
57	8.38	45.56	87.73	10.96	111.01	11.79
58	7.83	47.69	91.20	10.26	115.54	11.03
59	7.21	48.65	92.51	9.46	117.31	10.16

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	1.61	2.52	4.74	2.20	5.88	2.46
26	1.62	2.55	4.78	2.21	5.93	2.48
27	1.64	2.57	4.83	2.24	6.00	2.51
28	1.65	2.59	4.87	2.26	6.05	2.53
29	1.67	2.63	4.95	2.29	6.13	2.56
30	1.69	2.66	5.00	2.32	6.20	2.59
31	1.70	2.69	5.05	2.34	6.27	2.62
32	1.72	2.71	5.10	2.36	6.32	2.65
33	1.74	2.74	5.14	2.38	6.38	2.67
34	1.75	2.75	5.16	2.39	6.40	2.69
35	1.76	2.76	5.18	2.40	6.43	2.69
36	1.76	2.76	5.18	2.40	6.43	2.69
37	1.75	2.75	5.17	2.40	6.42	2.69
38	1.75	2.74	5.15	2.38	6.39	2.67
39	1.74	2.71	5.09	2.36	6.31	2.65
40	1.72	2.68	5.02	2.33	6.24	2.61
41	1.69	2.63	4.93	2.28	6.12	2.57
42	1.65	2.57	4.82	2.23	5.98	2.51
43	1.63	2.51	4.71	2.18	5.82	2.44
44	1.59	2.44	4.58	2.12	5.64	2.37
45	1.55	2.36	4.43	2.05	5.43	2.28
46	1.49	2.26	4.24	1.96	5.18	2.17
47	1.43	2.15	4.03	1.87	4.90	2.06
48	1.35	2.23	4.04	1.75	4.91	1.92
49	1.24	2.25	3.98	1.62	4.82	1.77
50	1.13	2.21	3.84	1.47	4.63	1.62
51	1.02	2.14	3.65	1.33	4.40	1.46
52	0.91	2.02	3.39	1.19	4.08	1.29
53	0.79	2.28	3.71	1.04	4.49	1.12
54	0.68	2.40	3.82	0.89	4.63	0.97
55	0.57	2.41	3.78	0.76	4.59	0.82
56	0.48	2.30	3.58	0.63	4.36	0.68
57	0.40	2.16	3.32	0.52	4.04	0.56
58	0.32	1.97	3.01	0.42	3.67	0.46
59	0.26	1.79	2.72	0.35	3.32	0.38

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	1.79	2.80	5.25	2.43	6.52	2.72
26	1.80	2.82	5.31	2.46	6.59	2.76
27	1.82	2.87	5.39	2.49	6.68	2.80
28	1.85	2.91	5.47	2.53	6.79	2.84
29	1.88	2.95	5.55	2.57	6.89	2.89
30	1.91	3.01	5.64	2.61	7.00	2.93
31	1.94	3.05	5.74	2.66	7.12	2.98
32	1.97	3.10	5.82	2.70	7.22	3.02
33	2.00	3.14	5.90	2.73	7.32	3.06
34	2.02	3.17	5.96	2.76	7.40	3.10
35	2.04	3.21	6.01	2.79	7.47	3.12
36	2.06	3.22	6.06	2.80	7.51	3.15
37	2.07	3.24	6.10	2.82	7.56	3.17
38	2.08	3.25	6.10	2.83	7.57	3.17
39	2.08	3.24	6.08	2.82	7.55	3.16
40	2.08	3.23	6.06	2.81	7.52	3.16
41	2.07	3.21	6.03	2.79	7.48	3.13
42	2.05	3.18	5.97	2.77	7.42	3.10
43	2.05	3.14	5.91	2.74	7.30	3.06
44	2.03	3.11	5.84	2.70	7.18	3.01
45	2.01	3.05	5.73	2.66	7.03	2.95
46	1.98	2.98	5.60	2.59	6.83	2.87
47	1.93	2.90	5.44	2.52	6.61	2.78
48	1.86	3.08	5.59	2.42	6.78	2.66
49	1.77	3.20	5.67	2.31	6.87	2.53
50	1.67	3.27	5.67	2.18	6.85	2.39
51	1.57	3.28	5.59	2.05	6.73	2.23
52	1.45	3.24	5.44	1.90	6.53	2.07
53	1.33	3.84	6.24	1.75	7.54	1.90
54	1.21	4.26	6.79	1.59	8.24	1.72
55	1.09	4.56	7.17	1.44	8.71	1.55
56	0.97	4.69	7.29	1.28	8.86	1.38
57	0.86	4.70	7.24	1.13	8.80	1.22
58	0.76	4.64	7.10	1.00	8.66	1.08
59	0.67	4.51	6.86	0.88	8.35	0.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	2.01	3.14	5.90	2.73	7.32	3.06
26	2.04	3.19	5.99	2.77	7.43	3.11
27	2.07	3.25	6.11	2.83	7.58	3.17
28	2.11	3.32	6.23	2.89	7.73	3.23
29	2.15	3.38	6.35	2.94	7.88	3.30
30	2.20	3.45	6.48	3.00	8.04	3.37
31	2.24	3.52	6.61	3.06	8.21	3.43
32	2.28	3.59	6.74	3.12	8.37	3.50
33	2.33	3.66	6.86	3.18	8.51	3.57
34	2.37	3.73	6.99	3.24	8.67	3.62
35	2.41	3.77	7.08	3.28	8.78	3.68
36	2.44	3.83	7.18	3.33	8.91	3.73
37	2.48	3.88	7.28	3.37	9.03	3.78
38	2.50	3.90	7.32	3.39	9.08	3.81
39	2.52	3.93	7.38	3.42	9.15	3.83
40	2.54	3.95	7.41	3.43	9.20	3.86
41	2.55	3.96	7.43	3.44	9.22	3.86
42	2.56	3.96	7.44	3.44	9.22	3.86
43	2.58	3.97	7.44	3.45	9.20	3.85
44	2.59	3.95	7.42	3.44	9.14	3.83
45	2.60	3.94	7.40	3.43	9.07	3.81
46	2.60	3.91	7.34	3.40	8.97	3.76
47	2.58	3.86	7.25	3.36	8.82	3.69
48	2.52	4.17	7.58	3.28	9.20	3.61
49	2.45	4.43	7.84	3.19	9.50	3.50
50	2.37	4.62	8.02	3.09	9.69	3.38
51	2.28	4.76	8.11	2.97	9.77	3.25
52	2.17	4.83	8.12	2.84	9.76	3.10
53	2.05	5.90	9.61	2.70	11.62	2.93
54	1.93	6.78	10.81	2.53	13.12	2.75
55	1.81	7.51	11.80	2.37	14.34	2.56
56	1.68	8.07	12.55	2.21	15.27	2.39
57	1.55	8.51	13.12	2.05	15.96	2.21
58	1.45	8.87	13.58	1.91	16.55	2.06
59	1.35	9.15	13.92	1.78	16.95	1.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al
Original CPI COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	5.31	8.31	19.51	7.23	25.18	8.10
26	5.45	8.54	20.06	7.43	25.88	8.33
27	5.61	8.81	20.69	7.66	26.69	8.59
28	5.78	9.09	21.34	7.91	27.54	8.86
29	5.96	9.39	22.03	8.16	28.43	9.15
30	6.16	9.70	22.78	8.44	29.39	9.46
31	6.37	10.02	23.53	8.71	30.36	9.77
32	6.58	10.35	24.30	9.00	31.35	10.09
33	6.79	10.70	25.11	9.30	32.40	10.43
34	7.02	11.03	25.90	9.59	33.42	10.76
35	7.24	11.37	26.68	9.88	34.43	11.09
36	7.45	11.69	27.45	10.17	35.42	11.40
37	7.66	11.99	28.15	10.42	36.31	11.71
38	7.86	12.28	28.84	10.68	37.21	11.99
39	8.04	12.55	29.45	10.91	38.00	12.25
40	8.21	12.77	29.98	11.11	38.69	12.47
41	8.34	12.95	30.42	11.27	39.25	12.65
42	8.45	13.09	30.72	11.38	39.64	12.78
43	8.58	13.21	31.01	11.48	39.85	12.85
44	8.68	13.26	31.13	11.53	39.85	12.86
45	8.73	13.26	31.14	11.53	39.70	12.81
46	8.73	13.19	30.96	11.47	39.31	12.69
47	8.69	13.03	30.60	11.33	38.71	12.50
48	8.55	14.10	32.05	11.09	40.45	12.20
49	8.30	14.96	33.13	10.77	41.70	11.82
50	7.98	15.59	33.77	10.38	42.42	11.37
51	7.62	15.97	33.99	9.94	42.58	10.86
52	7.23	16.11	33.78	9.43	42.21	10.28
53	6.76	19.42	39.47	8.83	49.63	9.61
54	6.27	22.04	43.91	8.20	55.40	8.90
55	5.76	23.96	47.05	7.54	59.46	8.16
56	5.24	25.19	48.92	6.87	61.88	7.42
57	4.72	25.78	49.65	6.21	62.83	6.69
58	4.21	25.75	49.25	5.55	62.41	5.97
59	3.73	25.24	48.00	4.92	60.79	5.29

** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	0.62	0.97	1.82	0.84	2.25	0.94
26	0.63	0.98	1.85	0.86	2.30	0.96
27	0.64	1.00	1.89	0.87	2.34	0.98
28	0.66	1.03	1.93	0.90	2.40	1.00
29	0.67	1.06	1.99	0.92	2.48	1.03
30	0.69	1.08	2.03	0.94	2.51	1.05
31	0.70	1.11	2.08	0.96	2.57	1.08
32	0.71	1.13	2.12	0.98	2.63	1.10
33	0.73	1.15	2.16	1.00	2.68	1.12
34	0.75	1.17	2.20	1.02	2.73	1.14
35	0.76	1.19	2.23	1.03	2.77	1.16
36	0.76	1.20	2.24	1.04	2.78	1.17
37	0.77	1.21	2.27	1.05	2.82	1.18
38	0.78	1.22	2.29	1.06	2.84	1.19
39	0.78	1.22	2.28	1.06	2.84	1.19
40	0.78	1.22	2.28	1.06	2.83	1.18
41	0.78	1.20	2.26	1.05	2.80	1.18
42	0.77	1.19	2.24	1.04	2.78	1.17
43	0.77	1.18	2.22	1.03	2.74	1.15
44	0.76	1.16	2.18	1.01	2.69	1.13
45	0.75	1.14	2.14	0.99	2.62	1.09
46	0.73	1.11	2.08	0.96	2.53	1.06
47	0.71	1.06	1.99	0.92	2.43	1.01
48	0.67	1.11	2.02	0.87	2.45	0.96
49	0.63	1.14	2.01	0.82	2.44	0.90
50	0.58	1.13	1.97	0.76	2.38	0.83
51	0.53	1.12	1.89	0.69	2.29	0.75
52	0.48	1.07	1.79	0.62	2.15	0.68
53	0.42	1.21	1.98	0.55	2.39	0.60
54	0.37	1.30	2.07	0.48	2.51	0.53
55	0.32	1.30	2.05	0.41	2.49	0.45
56	0.27	1.28	1.99	0.35	2.42	0.38
57	0.22	1.21	1.87	0.29	2.28	0.32
58	0.18	1.14	1.73	0.24	2.11	0.26
59	0.16	1.07	1.62	0.21	1.97	0.21

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	0.67	1.05	1.98	0.92	2.46	1.02
26	0.69	1.08	2.02	0.94	2.51	1.05
27	0.71	1.10	2.08	0.96	2.59	1.08
28	0.73	1.14	2.14	0.99	2.65	1.11
29	0.74	1.18	2.21	1.02	2.74	1.15
30	0.77	1.20	2.26	1.05	2.81	1.18
31	0.79	1.25	2.34	1.08	2.90	1.21
32	0.81	1.27	2.39	1.10	2.96	1.24
33	0.83	1.30	2.45	1.13	3.03	1.27
34	0.85	1.33	2.50	1.16	3.10	1.30
35	0.87	1.36	2.56	1.18	3.17	1.33
36	0.89	1.39	2.61	1.21	3.24	1.35
37	0.90	1.41	2.65	1.23	3.29	1.38
38	0.92	1.43	2.68	1.24	3.32	1.39
39	0.93	1.45	2.72	1.26	3.38	1.41
40	0.94	1.45	2.73	1.27	3.39	1.42
41	0.95	1.47	2.75	1.27	3.41	1.43
42	0.95	1.46	2.75	1.27	3.41	1.43
43	0.96	1.47	2.76	1.28	3.41	1.43
44	0.96	1.47	2.77	1.28	3.40	1.43
45	0.96	1.46	2.75	1.27	3.36	1.41
46	0.96	1.44	2.72	1.26	3.32	1.39
47	0.96	1.42	2.67	1.24	3.25	1.36
48	0.92	1.53	2.79	1.20	3.38	1.32
49	0.89	1.61	2.86	1.16	3.45	1.27
50	0.86	1.66	2.89	1.11	3.48	1.22
51	0.81	1.69	2.88	1.05	3.46	1.16
52	0.76	1.70	2.85	1.00	3.43	1.09
53	0.71	2.04	3.31	0.93	4.01	1.01
54	0.65	2.29	3.66	0.86	4.44	0.93
55	0.60	2.50	3.92	0.79	4.76	0.85
56	0.54	2.60	4.04	0.71	4.92	0.77
57	0.48	2.65	4.09	0.64	4.97	0.69
58	0.43	2.67	4.09	0.58	4.99	0.62
59	0.39	2.60	3.96	0.51	4.82	0.55

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Policy Form(s) IDI2000-P/NC-ML et al
3% Simple COLA Benefit on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	0.75	1.16	2.18	1.01	2.70	1.14
26	0.77	1.21	2.26	1.05	2.81	1.17
27	0.80	1.24	2.33	1.08	2.89	1.21
28	0.81	1.28	2.41	1.11	2.99	1.25
29	0.85	1.32	2.48	1.15	3.08	1.29
30	0.87	1.37	2.57	1.19	3.19	1.34
31	0.90	1.41	2.66	1.23	3.29	1.38
32	0.93	1.46	2.74	1.27	3.40	1.42
33	0.96	1.50	2.82	1.31	3.50	1.47
34	0.99	1.55	2.91	1.35	3.61	1.51
35	1.02	1.58	2.97	1.38	3.69	1.55
36	1.04	1.64	3.07	1.42	3.81	1.59
37	1.07	1.67	3.14	1.45	3.89	1.63
38	1.09	1.70	3.19	1.48	3.96	1.66
39	1.12	1.74	3.26	1.51	4.05	1.69
40	1.14	1.76	3.32	1.54	4.12	1.73
41	1.16	1.79	3.36	1.56	4.17	1.75
42	1.18	1.81	3.40	1.57	4.22	1.77
43	1.20	1.84	3.46	1.60	4.28	1.79
44	1.23	1.86	3.50	1.62	4.31	1.81
45	1.25	1.88	3.52	1.63	4.32	1.82
46	1.26	1.89	3.54	1.64	4.33	1.81
47	1.26	1.88	3.54	1.64	4.30	1.81
48	1.25	2.07	3.76	1.63	4.56	1.79
49	1.23	2.22	3.95	1.61	4.78	1.76
50	1.20	2.35	4.09	1.57	4.93	1.73
51	1.18	2.47	4.20	1.54	5.07	1.68
52	1.14	2.53	4.26	1.50	5.12	1.63
53	1.09	3.13	5.11	1.43	6.17	1.56
54	1.04	3.67	5.86	1.37	7.11	1.49
55	0.99	4.12	6.48	1.30	7.87	1.41
56	0.93	4.49	6.98	1.23	8.49	1.33
57	0.88	4.80	7.41	1.16	9.02	1.24
58	0.83	5.06	7.76	1.09	9.45	1.17
59	0.78	5.26	8.00	1.03	9.75	1.10

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Policy Form(s) IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	2.67	4.15	9.73	3.60	12.55	4.04
26	2.77	4.31	10.13	3.75	13.08	4.21
27	2.89	4.50	10.58	3.92	13.65	4.39
28	3.02	4.71	11.05	4.09	14.26	4.59
29	3.14	4.92	11.55	4.28	14.90	4.79
30	3.28	5.14	12.07	4.47	15.57	5.01
31	3.44	5.38	12.63	4.68	16.30	5.24
32	3.59	5.62	13.20	4.89	17.03	5.48
33	3.76	5.88	13.80	5.11	17.80	5.74
34	3.93	6.14	14.42	5.34	18.60	5.99
35	4.10	6.41	15.05	5.57	19.41	6.25
36	4.28	6.68	15.68	5.81	20.23	6.51
37	4.46	6.94	16.30	6.04	21.03	6.78
38	4.64	7.21	16.94	6.27	21.85	7.04
39	4.82	7.47	17.55	6.50	22.64	7.30
40	5.00	7.72	18.13	6.72	23.40	7.54
41	5.15	7.96	18.69	6.92	24.12	7.77
42	5.30	8.17	19.17	7.10	24.74	7.98
43	5.48	8.38	19.69	7.29	25.30	8.16
44	5.63	8.57	20.12	7.45	25.77	8.31
45	5.76	8.73	20.49	7.59	26.12	8.43
46	5.88	8.84	20.75	7.68	26.36	8.50
47	5.94	8.90	20.88	7.73	26.41	8.53
48	5.92	9.80	22.29	7.71	28.12	8.48
49	5.86	10.58	23.46	7.64	29.54	8.39
50	5.76	11.25	24.42	7.52	30.66	8.23
51	5.62	11.77	25.09	7.35	31.43	8.03
52	5.45	12.14	25.47	7.13	31.83	7.78
53	5.21	14.97	30.45	6.83	38.29	7.43
54	4.94	17.38	34.64	6.48	43.71	7.04
55	4.65	19.36	38.02	6.10	48.05	6.61
56	4.33	20.84	40.49	5.69	51.23	6.15
57	4.00	21.88	42.15	5.27	53.34	5.67
58	3.66	22.38	42.81	4.82	54.26	5.19
59	3.31	22.47	42.74	4.38	54.12	4.71

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 16:21

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	0.98	1.52	2.86	1.33	3.56	1.49
26	0.98	1.54	2.90	1.34	3.60	1.51
27	1.00	1.57	2.94	1.36	3.65	1.53
28	1.02	1.59	2.99	1.38	3.71	1.56
29	1.03	1.62	3.04	1.41	3.77	1.58
30	1.04	1.64	3.08	1.42	3.82	1.60
31	1.06	1.66	3.12	1.45	3.88	1.63
32	1.07	1.69	3.17	1.47	3.94	1.65
33	1.09	1.71	3.21	1.48	3.98	1.67
34	1.09	1.72	3.23	1.50	4.01	1.69
35	1.11	1.74	3.27	1.51	4.05	1.70
36	1.11	1.75	3.27	1.52	4.06	1.70
37	1.11	1.75	3.28	1.52	4.08	1.70
38	1.12	1.74	3.27	1.51	4.05	1.70
39	1.11	1.73	3.25	1.51	4.04	1.69
40	1.11	1.72	3.22	1.49	3.99	1.67
41	1.09	1.69	3.18	1.47	3.95	1.66
42	1.08	1.66	3.11	1.44	3.86	1.62
43	1.06	1.64	3.07	1.42	3.79	1.59
44	1.04	1.58	2.98	1.38	3.67	1.54
45	1.01	1.54	2.90	1.34	3.55	1.49
46	0.98	1.48	2.78	1.29	3.40	1.43
47	0.95	1.42	2.65	1.23	3.23	1.35
48	0.89	1.47	2.66	1.15	3.23	1.27
49	0.83	1.49	2.64	1.07	3.20	1.18
50	0.76	1.48	2.56	0.98	3.09	1.07
51	0.69	1.44	2.43	0.89	2.94	0.98
52	0.61	1.36	2.28	0.80	2.74	0.86
53	0.54	1.54	2.51	0.70	3.03	0.76
54	0.46	1.62	2.59	0.61	3.14	0.66
55	0.39	1.63	2.56	0.51	3.11	0.56
56	0.33	1.58	2.45	0.43	2.98	0.46
57	0.27	1.48	2.29	0.36	2.78	0.38
58	0.22	1.34	2.05	0.29	2.49	0.31
59	0.18	1.26	1.92	0.25	2.33	0.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 16:21

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	1.07	1.68	3.16	1.46	3.91	1.64
26	1.09	1.71	3.20	1.48	3.98	1.67
27	1.11	1.74	3.27	1.51	4.06	1.69
28	1.13	1.78	3.33	1.54	4.13	1.73
29	1.15	1.82	3.41	1.58	4.23	1.77
30	1.17	1.84	3.47	1.61	4.30	1.80
31	1.20	1.89	3.54	1.64	4.39	1.84
32	1.23	1.92	3.61	1.67	4.47	1.87
33	1.24	1.95	3.66	1.70	4.55	1.91
34	1.26	1.98	3.72	1.72	4.62	1.94
35	1.28	2.01	3.77	1.75	4.69	1.96
36	1.30	2.03	3.82	1.77	4.74	1.98
37	1.32	2.06	3.85	1.78	4.78	2.00
38	1.32	2.06	3.86	1.79	4.80	2.01
39	1.33	2.07	3.89	1.80	4.83	2.02
40	1.34	2.08	3.89	1.80	4.83	2.02
41	1.33	2.06	3.87	1.79	4.81	2.01
42	1.32	2.05	3.85	1.78	4.78	2.00
43	1.32	2.03	3.82	1.77	4.72	1.98
44	1.32	2.02	3.79	1.75	4.67	1.96
45	1.32	1.99	3.73	1.73	4.58	1.92
46	1.29	1.96	3.67	1.70	4.49	1.88
47	1.28	1.90	3.58	1.66	4.35	1.83
48	1.23	2.03	3.69	1.60	4.48	1.76
49	1.17	2.12	3.75	1.53	4.54	1.67
50	1.12	2.17	3.76	1.45	4.54	1.59
51	1.04	2.19	3.73	1.37	4.50	1.49
52	0.98	2.18	3.66	1.28	4.40	1.39
53	0.90	2.58	4.20	1.18	5.08	1.28
54	0.82	2.88	4.59	1.07	5.57	1.17
55	0.74	3.10	4.88	0.98	5.93	1.06
56	0.67	3.21	4.99	0.88	6.07	0.95
57	0.59	3.26	5.02	0.79	6.11	0.84
58	0.52	3.20	4.91	0.69	5.98	0.75
59	0.46	3.14	4.77	0.61	5.81	0.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 16:21

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	1.20	1.88	3.53	1.63	4.38	1.83
26	1.23	1.92	3.61	1.67	4.48	1.87
27	1.25	1.97	3.69	1.71	4.58	1.91
28	1.28	2.01	3.78	1.75	4.69	1.96
29	1.31	2.06	3.87	1.79	4.80	2.01
30	1.35	2.11	3.97	1.84	4.92	2.06
31	1.38	2.16	4.06	1.88	5.04	2.11
32	1.41	2.22	4.17	1.93	5.18	2.17
33	1.44	2.26	4.25	1.97	5.27	2.21
34	1.47	2.31	4.34	2.01	5.39	2.26
35	1.51	2.36	4.42	2.05	5.49	2.30
36	1.54	2.40	4.51	2.09	5.60	2.34
37	1.56	2.44	4.58	2.12	5.69	2.38
38	1.58	2.47	4.64	2.15	5.76	2.41
39	1.60	2.50	4.70	2.17	5.82	2.44
40	1.62	2.52	4.73	2.19	5.88	2.46
41	1.64	2.54	4.76	2.20	5.90	2.48
42	1.65	2.54	4.78	2.21	5.93	2.48
43	1.67	2.56	4.81	2.23	5.94	2.49
44	1.69	2.57	4.82	2.23	5.93	2.48
45	1.70	2.57	4.82	2.23	5.91	2.48
46	1.70	2.56	4.81	2.22	5.86	2.46
47	1.70	2.54	4.77	2.21	5.80	2.43
48	1.67	2.75	5.00	2.16	6.07	2.38
49	1.62	2.93	5.20	2.12	6.29	2.32
50	1.58	3.07	5.34	2.06	6.45	2.25
51	1.52	3.18	5.42	1.99	6.53	2.17
52	1.46	3.25	5.46	1.91	6.56	2.08
53	1.39	3.98	6.48	1.82	7.84	1.98
54	1.31	4.60	7.34	1.72	8.90	1.86
55	1.23	5.12	8.05	1.62	9.78	1.75
56	1.15	5.51	8.57	1.51	10.43	1.63
57	1.07	5.84	9.00	1.41	10.95	1.51
58	1.00	6.10	9.34	1.32	11.38	1.42
59	0.93	6.33	9.62	1.23	11.72	1.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 7, 11 16:21

Policy Form(s) IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	6S	5S	5I	5A	4M	4A
18 - 25	3.62	5.66	13.28	4.92	17.13	5.51
26	3.74	5.85	13.74	5.09	17.72	5.70
27	3.87	6.06	14.23	5.27	18.37	5.90
28	4.01	6.29	14.77	5.47	19.06	6.13
29	4.16	6.53	15.33	5.68	19.78	6.37
30	4.32	6.78	15.93	5.90	20.55	6.61
31	4.49	7.05	16.56	6.13	21.36	6.87
32	4.66	7.32	17.18	6.37	22.17	7.14
33	4.85	7.60	17.85	6.61	23.02	7.41
34	5.03	7.89	18.53	6.86	23.91	7.70
35	5.22	8.17	19.18	7.11	24.75	7.98
36	5.41	8.45	19.86	7.35	25.62	8.25
37	5.59	8.73	20.49	7.59	26.44	8.52
38	5.78	9.01	21.14	7.83	27.28	8.79
39	5.95	9.26	21.74	8.05	28.05	9.04
40	6.11	9.49	22.29	8.25	28.76	9.27
41	6.26	9.70	22.76	8.43	29.37	9.47
42	6.39	9.87	23.17	8.58	29.91	9.64
43	6.54	10.05	23.59	8.74	30.32	9.78
44	6.68	10.18	23.90	8.85	30.61	9.87
45	6.77	10.27	24.11	8.93	30.74	9.91
46	6.84	10.30	24.19	8.96	30.72	9.92
47	6.87	10.28	24.14	8.94	30.54	9.86
48	6.80	11.23	25.53	8.83	32.21	9.71
49	6.66	12.02	26.64	8.67	33.53	9.51
50	6.48	12.66	27.45	8.45	34.47	9.25
51	6.27	13.12	27.94	8.18	35.00	8.93
52	6.01	13.40	28.10	7.86	35.12	8.56
53	5.69	16.35	33.25	7.45	41.81	8.11
54	5.35	18.81	37.48	7.01	47.28	7.61
55	4.99	20.74	40.74	6.54	51.49	7.07
56	4.60	22.12	42.97	6.04	54.36	6.52
57	4.21	22.98	44.26	5.54	56.02	5.96
58	3.81	23.31	44.59	5.02	56.50	5.41
59	3.42	23.20	44.13	4.52	55.87	4.86

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20 for occupational classes 4A to 6S, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:46

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.18	14.34	15.80	18.84	23.57	39.92	68.63
26	11.44	14.72	16.23	19.37	24.15	40.60	69.78
27	11.74	15.14	16.69	19.96	24.77	41.30	70.92
28	12.06	15.59	17.20	20.58	25.42	42.03	72.12
29	12.42	16.08	17.75	21.24	26.11	42.79	73.37
30	12.79	16.59	18.33	21.96	26.84	43.60	74.68
31	13.20	17.14	18.94	22.71	27.61	44.45	76.09
32	13.63	17.72	19.60	23.51	28.41	45.36	77.61
33	14.07	18.31	20.27	24.31	29.24	46.32	79.23
34	14.55	18.93	20.97	25.14	30.10	47.34	81.00
35	15.05	19.60	21.71	26.03	31.02	48.45	82.91
36	15.57	20.28	22.49	26.95	31.99	49.65	85.04
37	16.14	21.02	23.32	27.93	33.00	50.96	87.39
38	16.72	21.79	24.18	28.93	34.04	52.36	89.97
39	17.34	22.60	25.10	30.01	35.13	53.89	92.82
40	18.01	23.47	26.08	31.14	36.29	55.57	95.94
41	18.73	24.39	27.13	32.36	37.53	57.38	99.37
42	19.49	25.40	28.25	33.66	38.85	59.35	103.12
43	20.46	26.56	29.44	35.03	40.21	61.46	107.19
44	21.52	27.81	30.73	36.51	41.68	63.76	111.65
45	22.66	29.18	32.13	38.12	43.28	66.26	116.52
46	23.90	30.67	33.65	39.87	45.03	69.00	121.83
47	25.25	32.29	35.31	41.78	46.96	72.02	127.62
48	26.68	34.04	37.15	43.91	49.16	75.42	134.14
49	28.23	35.95	39.16	46.24	51.56	79.09	141.15
50	29.90	38.00	41.32	48.73	54.17	83.03	148.60
51	31.71	40.22	43.64	51.43	57.00	87.26	156.46
52	33.65	42.58	46.15	54.31	60.06	91.76	164.73
53	35.87	45.32	49.01	57.65	63.62	96.91	173.96
54	38.21	48.19	52.00	61.12	67.36	102.25	183.38
55	40.61	51.12	55.04	64.70	71.18	107.66	192.79
56	43.06	54.10	58.15	68.29	75.05	113.06	202.01
57	45.51	57.08	61.20	71.86	78.88	118.34	210.86
58	47.06	58.92	63.11	74.06	81.20	121.28	214.84
59	48.72	60.92	65.18	76.44	83.71	124.44	219.15
60	50.64	63.25	67.60	79.27	86.70	128.24	224.68
61	52.93	66.11	70.59	82.79	90.47	133.16	232.32
62	55.77	69.69	74.39	87.29	95.31	139.60	242.96
63	60.25	75.47	80.61	94.69	103.38	150.70	262.57
64	65.35	82.05	87.73	103.17	112.63	163.54	285.67
65	70.94	89.32	95.58	112.54	122.87	177.86	311.94
66	76.96	97.14	104.04	122.68	133.96	193.44	340.96
67	83.27	105.39	112.98	133.41	145.68	210.03	372.35
68	89.80	113.94	122.26	144.57	157.87	227.40	405.76
69	96.44	122.65	131.74	155.98	170.35	245.32	440.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.64	14.94	16.46	19.62	24.55	41.58	71.49
26	11.92	15.34	16.90	20.18	25.15	42.29	72.68
27	12.23	15.77	17.39	20.79	25.80	43.02	73.88
28	12.57	16.24	17.92	21.44	26.48	43.78	75.13
29	12.94	16.75	18.49	22.13	27.20	44.57	76.42
30	13.32	17.28	19.10	22.88	27.96	45.41	77.79
31	13.75	17.86	19.73	23.66	28.76	46.30	79.26
32	14.20	18.46	20.42	24.49	29.59	47.26	80.84
33	14.66	19.08	21.11	25.32	30.46	48.25	82.53
34	15.15	19.72	21.84	26.19	31.36	49.32	84.37
35	15.67	20.42	22.62	27.11	32.31	50.47	86.37
36	16.22	21.13	23.43	28.07	33.32	51.72	88.59
37	16.81	21.90	24.29	29.09	34.37	53.08	91.04
38	17.42	22.70	25.19	30.14	35.46	54.54	93.72
39	18.07	23.54	26.14	31.26	36.59	56.14	96.69
40	18.76	24.45	27.17	32.44	37.80	57.89	99.93
41	19.51	25.41	28.26	33.70	39.10	59.77	103.51
42	20.30	26.45	29.43	35.06	40.47	61.82	107.41
43	21.31	27.67	30.67	36.49	41.88	64.02	111.66
44	22.41	28.97	32.01	38.03	43.41	66.41	116.31
45	23.60	30.40	33.47	39.71	45.08	69.03	121.38
46	24.90	31.94	35.05	41.54	46.90	71.88	126.90
47	26.30	33.63	36.78	43.52	48.91	75.02	132.93
48	27.79	35.46	38.70	45.74	51.21	78.56	139.73
49	29.41	37.44	40.79	48.16	53.71	82.38	147.03
50	31.15	39.58	43.05	50.77	56.43	86.49	154.79
51	33.03	41.89	45.46	53.57	59.37	90.90	162.98
52	35.05	44.36	48.07	56.58	62.56	95.58	171.59
53	37.36	47.21	51.05	60.05	66.27	100.94	181.21
54	39.80	50.20	54.16	63.67	70.16	106.51	191.02
55	42.30	53.25	57.34	67.39	74.15	112.15	200.82
56	44.85	56.36	60.57	71.13	78.17	117.77	210.43
57	47.41	59.45	63.75	74.85	82.17	123.27	219.64
58	49.02	61.38	65.74	77.15	84.58	126.33	223.79
59	50.75	63.46	67.90	79.62	87.19	129.62	228.28
60	52.75	65.89	70.42	82.57	90.31	133.58	234.04
61	55.14	68.86	73.53	86.24	94.24	138.71	242.00
62	58.10	72.59	77.48	90.92	99.28	145.42	253.08
63	62.76	78.61	83.97	98.63	107.69	156.98	273.50
64	68.07	85.47	91.38	107.47	117.32	170.35	297.58
65	73.89	93.04	99.56	117.23	128.00	185.27	324.94
66	80.16	101.19	108.38	127.79	139.54	201.50	355.16
67	86.74	109.78	117.69	138.97	151.75	218.78	387.87
68	93.54	118.69	127.35	150.59	164.45	236.88	422.66
69	100.46	127.77	137.24	162.48	177.45	255.54	459.17

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.68	6.83	7.37	8.54	11.47	21.52	37.00
26	5.82	7.01	7.59	8.80	11.78	21.94	37.66
27	5.98	7.23	7.83	9.10	12.14	22.39	38.39
28	6.15	7.48	8.10	9.43	12.52	22.89	39.18
29	6.35	7.74	8.40	9.81	12.94	23.43	40.06
30	6.56	8.04	8.75	10.22	13.38	24.02	41.03
31	6.81	8.36	9.10	10.66	13.85	24.67	42.11
32	7.08	8.71	9.50	11.12	14.37	25.38	43.27
33	7.34	9.08	9.91	11.62	14.91	26.15	44.55
34	7.65	9.48	10.36	12.15	15.50	26.98	45.96
35	7.96	9.90	10.83	12.73	16.12	27.89	47.52
36	8.31	10.36	11.34	13.34	16.79	28.87	49.23
37	8.69	10.85	11.91	14.00	17.52	29.96	51.11
38	9.07	11.36	12.48	14.68	18.30	31.12	53.13
39	9.50	11.92	13.11	15.43	19.13	32.38	55.38
40	9.96	12.52	13.79	16.21	20.04	33.74	57.83
41	10.45	13.17	14.51	17.06	21.01	35.24	60.53
42	10.99	13.87	15.30	17.99	22.07	36.85	63.47
43	11.65	14.68	16.15	18.96	23.19	38.58	66.63
44	12.36	15.54	17.05	20.01	24.39	40.46	70.08
45	13.16	16.49	18.04	21.16	25.70	42.52	73.87
46	14.01	17.53	19.11	22.40	27.11	44.75	78.02
47	14.94	18.66	20.29	23.76	28.62	47.19	82.54
48	15.95	19.90	21.60	25.27	30.29	49.90	87.64
49	17.03	21.23	23.01	26.91	32.07	52.84	93.16
50	18.22	22.67	24.54	28.68	33.96	56.00	99.04
51	19.47	24.22	26.17	30.55	35.96	59.37	105.29
52	20.76	25.85	27.89	32.58	38.06	62.96	111.91
53	22.21	27.72	29.86	34.88	40.41	67.05	119.37
54	23.75	29.67	31.90	37.28	42.83	71.27	127.04
55	25.32	31.66	33.99	39.73	45.29	75.57	134.76
56	26.92	33.69	36.09	42.20	47.73	79.87	142.40
57	28.50	35.71	38.17	44.65	50.15	84.10	149.81
58	29.52	37.00	39.51	46.20	51.53	86.62	153.61
59	30.61	38.37	40.95	47.86	53.05	89.32	157.71
60	31.84	39.96	42.61	49.82	54.89	92.52	162.80
61	33.33	41.91	44.65	52.22	57.24	96.56	169.54
62	35.19	44.32	47.20	55.24	60.32	101.74	178.60
63	38.08	48.14	51.33	60.15	65.62	110.44	194.58
64	41.34	52.48	56.03	65.75	71.70	120.44	213.24
65	44.92	57.28	61.20	71.93	78.47	131.53	234.30
66	48.77	62.42	66.77	78.59	85.78	143.56	257.44
67	52.81	67.85	72.64	85.64	93.52	156.33	282.37
68	56.98	73.45	78.73	92.96	101.55	169.66	308.78
69	61.21	79.17	84.96	100.45	109.77	183.37	336.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.92	7.11	7.68	8.90	11.94	22.42	38.54
26	6.06	7.30	7.90	9.17	12.28	22.85	39.23
27	6.23	7.53	8.16	9.48	12.65	23.32	39.99
28	6.41	7.79	8.44	9.83	13.04	23.84	40.81
29	6.62	8.06	8.76	10.22	13.47	24.40	41.73
30	6.84	8.38	9.11	10.64	13.93	25.03	42.74
31	7.09	8.71	9.48	11.10	14.43	25.70	43.86
32	7.37	9.07	9.89	11.59	14.97	26.44	45.07
33	7.65	9.46	10.32	12.11	15.53	27.24	46.41
34	7.96	9.87	10.79	12.66	16.14	28.11	47.88
35	8.29	10.31	11.28	13.26	16.79	29.05	49.50
36	8.65	10.79	11.82	13.90	17.49	30.08	51.28
37	9.05	11.30	12.40	14.58	18.25	31.20	53.24
38	9.45	11.84	13.00	15.29	19.06	32.41	55.35
39	9.89	12.42	13.66	16.07	19.93	33.73	57.68
40	10.38	13.04	14.36	16.89	20.87	35.15	60.24
41	10.89	13.72	15.12	17.78	21.89	36.70	63.05
42	11.45	14.45	15.94	18.74	22.99	38.39	66.11
43	12.14	15.29	16.82	19.75	24.16	40.19	69.41
44	12.87	16.19	17.76	20.85	25.41	42.15	73.00
45	13.70	17.18	18.79	22.04	26.78	44.29	76.95
46	14.59	18.26	19.91	23.34	28.24	46.61	81.27
47	15.57	19.44	21.14	24.75	29.81	49.16	85.98
48	16.61	20.72	22.50	26.33	31.55	51.98	91.29
49	17.74	22.11	23.97	28.03	33.40	55.04	97.04
50	18.97	23.61	25.56	29.88	35.38	58.34	103.16
51	20.28	25.23	27.26	31.83	37.45	61.85	109.68
52	21.62	26.93	29.05	33.93	39.64	65.59	116.57
53	23.14	28.87	31.10	36.34	42.09	69.84	124.34
54	24.74	30.91	33.23	38.83	44.62	74.24	132.33
55	26.37	32.98	35.40	41.39	47.18	78.72	140.38
56	28.04	35.09	37.59	43.96	49.72	83.20	148.33
57	29.69	37.20	39.77	46.51	52.24	87.60	156.05
58	30.76	38.54	41.16	48.13	53.68	90.23	160.01
59	31.88	39.97	42.65	49.86	55.26	93.04	164.29
60	33.17	41.62	44.39	51.89	57.17	96.38	169.58
61	34.72	43.65	46.51	54.39	59.63	100.58	176.61
62	36.66	46.16	49.17	57.54	62.84	105.98	186.05
63	39.66	50.15	53.47	62.66	68.36	115.04	202.68
64	43.07	54.67	58.36	68.49	74.69	125.45	222.13
65	46.80	59.66	63.76	74.93	81.74	137.02	244.06
66	50.80	65.02	69.56	81.87	89.36	149.55	268.16
67	55.01	70.67	75.67	89.21	97.42	162.84	294.13
68	59.36	76.52	82.02	96.84	105.78	176.73	321.65
69	63.76	82.47	88.50	104.64	114.35	191.00	350.38

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.84	5.66	6.06	6.93	9.52	18.29	31.09
26	4.95	5.81	6.24	7.15	9.81	18.69	31.76
27	5.08	5.99	6.44	7.39	10.12	19.14	32.49
28	5.22	6.20	6.66	7.67	10.45	19.62	33.28
29	5.39	6.42	6.91	7.96	10.82	20.15	34.14
30	5.56	6.65	7.18	8.30	11.21	20.72	35.10
31	5.76	6.92	7.49	8.66	11.63	21.34	36.13
32	5.98	7.20	7.80	9.04	12.10	22.02	37.27
33	6.20	7.50	8.13	9.44	12.57	22.74	38.48
34	6.44	7.82	8.50	9.89	13.09	23.53	39.82
35	6.70	8.18	8.90	10.36	13.66	24.38	41.29
36	6.99	8.55	9.32	10.86	14.26	25.31	42.90
37	7.30	8.96	9.77	11.40	14.91	26.32	44.67
38	7.62	9.38	10.25	11.96	15.60	27.41	46.57
39	7.97	9.84	10.77	12.57	16.36	28.58	48.66
40	8.34	10.33	11.33	13.22	17.18	29.87	50.95
41	8.76	10.88	11.93	13.93	18.05	31.25	53.45
42	9.20	11.45	12.58	14.69	18.99	32.76	56.18
43	9.74	12.11	13.27	15.50	19.98	34.36	59.12
44	10.34	12.83	14.03	16.37	21.07	36.11	62.32
45	10.99	13.61	14.84	17.32	22.24	38.01	65.82
46	11.70	14.47	15.73	18.35	23.49	40.07	69.64
47	12.47	15.41	16.70	19.47	24.83	42.34	73.83
48	13.31	16.42	17.79	20.73	26.32	44.86	78.56
49	14.20	17.54	18.96	22.09	27.91	47.59	83.64
50	15.17	18.73	20.22	23.55	29.60	50.51	89.09
51	16.20	20.00	21.57	25.12	31.39	53.64	94.88
52	17.30	21.37	22.99	26.79	33.27	56.95	101.02
53	18.54	22.92	24.62	28.71	35.39	60.71	107.93
54	19.85	24.53	26.32	30.71	37.57	64.59	115.04
55	21.21	26.20	28.07	32.74	39.78	68.53	122.22
56	22.58	27.89	29.82	34.80	41.97	72.48	129.34
57	23.95	29.57	31.57	36.85	44.11	76.35	136.26
58	24.84	30.64	32.68	38.15	45.41	78.61	139.81
59	25.78	31.79	33.89	39.55	46.78	81.05	143.69
60	26.88	33.14	35.29	41.19	48.39	83.95	148.49
61	28.20	34.77	37.01	43.22	50.39	87.64	154.87
62	29.82	36.82	39.18	45.78	52.95	92.40	163.44
63	32.35	40.06	42.66	49.93	57.22	100.38	178.44
64	35.22	43.74	46.64	54.66	62.10	109.58	196.01
65	38.36	47.80	51.02	59.91	67.53	119.85	215.86
66	41.75	52.18	55.77	65.58	73.41	131.01	237.71
67	45.31	56.80	60.77	71.58	79.66	142.90	261.30
68	49.01	61.60	65.99	77.84	86.18	155.37	286.35
69	52.77	66.51	71.32	84.27	92.89	168.26	312.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.04	5.90	6.32	7.22	9.92	19.05	32.38
26	5.16	6.05	6.50	7.44	10.22	19.47	33.08
27	5.29	6.24	6.71	7.70	10.54	19.94	33.84
28	5.44	6.45	6.94	7.99	10.89	20.44	34.67
29	5.61	6.68	7.20	8.30	11.27	20.99	35.57
30	5.79	6.93	7.48	8.64	11.68	21.58	36.56
31	5.99	7.21	7.80	9.02	12.12	22.23	37.64
32	6.22	7.50	8.12	9.42	12.60	22.93	38.82
33	6.45	7.81	8.47	9.84	13.09	23.69	40.08
34	6.71	8.15	8.85	10.30	13.64	24.51	41.48
35	6.98	8.52	9.27	10.79	14.23	25.40	43.01
36	7.28	8.91	9.71	11.31	14.85	26.36	44.69
37	7.60	9.33	10.17	11.87	15.53	27.42	46.53
38	7.94	9.77	10.68	12.46	16.25	28.56	48.51
39	8.31	10.25	11.22	13.09	17.04	29.77	50.69
40	8.69	10.76	11.80	13.77	17.89	31.11	53.07
41	9.13	11.33	12.43	14.51	18.80	32.55	55.68
42	9.58	11.92	13.10	15.30	19.78	34.13	58.52
43	10.15	12.61	13.82	16.14	20.82	35.79	61.58
44	10.77	13.37	14.61	17.05	21.95	37.61	64.92
45	11.45	14.18	15.45	18.04	23.16	39.59	68.57
46	12.18	15.07	16.39	19.11	24.46	41.74	72.55
47	12.99	16.05	17.40	20.28	25.87	44.10	76.91
48	13.86	17.11	18.53	21.60	27.42	46.73	81.83
49	14.79	18.27	19.75	23.01	29.08	49.57	87.12
50	15.80	19.51	21.07	24.53	30.84	52.62	92.80
51	16.88	20.84	22.47	26.16	32.70	55.87	98.83
52	18.02	22.26	23.95	27.90	34.66	59.33	105.22
53	19.32	23.87	25.65	29.90	36.87	63.24	112.43
54	20.68	25.56	27.42	31.99	39.13	67.28	119.84
55	22.09	27.29	29.24	34.11	41.43	71.39	127.32
56	23.52	29.05	31.06	36.26	43.72	75.50	134.73
57	24.95	30.80	32.89	38.39	45.95	79.53	141.94
58	25.88	31.92	34.05	39.74	47.30	81.88	145.64
59	26.86	33.12	35.30	41.19	48.73	84.43	149.67
60	27.99	34.52	36.76	42.91	50.41	87.45	154.68
61	29.37	36.22	38.55	45.02	52.49	91.29	161.32
62	31.06	38.35	40.81	47.69	55.16	96.25	170.25
63	33.70	41.73	44.44	52.01	59.60	104.56	185.87
64	36.69	45.57	48.58	56.94	64.69	114.14	204.18
65	39.96	49.79	53.15	62.41	70.35	124.84	224.85
66	43.49	54.36	58.09	68.31	76.47	136.46	247.61
67	47.20	59.17	63.31	74.56	82.98	148.86	272.18
68	51.05	64.17	68.74	81.08	89.77	161.85	298.28
69	54.97	69.28	74.30	87.78	96.76	175.27	325.64

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	34.89	43.39	46.29	54.30	61.20	108.55	195.29
66	37.98	47.39	50.62	59.49	66.59	118.76	215.28
67	41.25	51.63	55.21	64.99	72.32	129.65	236.86
68	44.64	56.03	59.99	70.73	78.30	141.10	259.84
69	48.10	60.54	64.90	76.63	84.47	152.94	283.93

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	36.34	45.20	48.22	56.57	63.76	113.07	203.43
66	39.56	49.36	52.73	61.97	69.36	123.71	224.25
67	42.97	53.78	57.51	67.70	75.33	135.05	246.73
68	46.50	58.36	62.49	73.67	81.57	146.98	270.66
69	50.11	63.06	67.60	79.82	87.99	159.32	295.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	30.55	37.89	40.38	47.34	53.33	94.24	169.13
66	33.21	41.32	44.10	51.77	57.93	102.96	186.20
67	36.01	44.93	48.02	56.48	62.83	112.25	204.62
68	38.90	48.69	52.10	61.37	67.93	121.99	224.19
69	41.84	52.54	56.28	66.41	73.18	132.08	244.69

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	31.83	39.47	42.06	49.31	55.55	98.16	176.18
66	34.59	43.04	45.94	53.93	60.34	107.25	193.96
67	37.51	46.81	50.02	58.83	65.45	116.93	213.14
68	40.52	50.72	54.27	63.93	70.76	127.08	233.53
69	43.59	54.73	58.63	69.18	76.23	137.58	254.89

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.45	20.17	22.26	26.70	33.52	58.08	100.94
26	15.96	20.86	23.05	27.67	34.63	59.57	103.49
27	16.52	21.63	23.90	28.72	35.78	61.09	106.08
28	17.11	22.45	24.81	29.84	37.00	62.66	108.72
29	17.74	23.32	25.78	31.04	38.28	64.30	111.46
30	18.42	24.24	26.81	32.30	39.63	66.00	114.30
31	19.13	25.20	27.89	33.62	41.01	67.75	117.29
32	19.89	26.22	29.05	34.99	42.47	69.62	120.43
33	20.68	27.28	30.22	36.40	43.97	71.53	123.72
34	21.51	28.35	31.43	37.87	45.54	73.55	127.22
35	22.39	29.52	32.72	39.40	47.18	75.71	130.96
36	23.30	30.71	34.07	40.98	48.88	77.97	134.99
37	24.26	31.97	35.48	42.65	50.65	80.40	139.33
38	25.26	33.28	36.95	44.38	52.47	82.98	144.04
39	26.32	34.66	38.49	46.17	54.36	85.75	149.12
40	27.45	36.12	40.12	48.07	56.33	88.68	154.60
41	28.63	37.66	41.84	50.08	58.40	91.81	160.49
42	29.88	39.29	43.67	52.19	60.57	95.16	166.86
43	31.47	41.19	45.62	54.42	62.83	98.75	173.78
44	33.14	43.20	47.66	56.79	65.22	102.59	181.17
45	34.94	45.34	49.86	59.29	67.73	106.66	189.06
46	36.85	47.62	52.17	61.94	70.40	110.96	197.42
47	38.88	50.03	54.61	64.75	73.22	115.51	206.26
48	41.03	52.67	57.38	67.92	76.40	120.68	216.33
49	43.30	55.40	60.25	71.22	79.73	126.02	226.68
50	45.64	58.26	63.19	74.61	83.16	131.47	237.15
51	48.02	61.14	66.19	78.06	86.67	136.94	247.53
52	50.45	64.06	69.21	81.52	90.23	142.34	257.63
53	53.15	67.33	72.60	85.43	94.35	148.33	268.38
54	55.77	70.49	75.85	89.18	98.34	153.94	278.22
55	58.22	73.39	78.81	92.61	101.98	158.89	286.69
56	60.39	75.94	81.39	95.58	105.13	162.93	293.30
57	62.19	78.02	83.42	97.92	107.61	165.83	297.59
58	63.31	79.32	84.76	99.42	109.16	167.27	299.10
59	63.84	79.90	85.32	100.02	109.72	167.05	297.37
60	63.70	79.64	84.96	99.61	109.12	164.89	291.95
61	62.74	78.39	83.59	98.03	107.25	160.53	282.34
62	60.90	76.08	81.11	95.15	103.90	153.71	268.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.49	20.24	22.37	26.84	33.73	58.56	101.80
26	16.00	20.94	23.16	27.83	34.86	60.06	104.38
27	16.55	21.71	24.02	28.89	36.02	61.61	107.02
28	17.14	22.53	24.94	30.02	37.25	63.20	109.69
29	17.79	23.41	25.92	31.23	38.54	64.86	112.46
30	18.46	24.33	26.95	32.50	39.91	66.58	115.35
31	19.18	25.31	28.05	33.83	41.31	68.37	118.38
32	19.94	26.34	29.21	35.22	42.78	70.25	121.57
33	20.74	27.39	30.40	36.64	44.30	72.20	124.92
34	21.57	28.49	31.63	38.13	45.89	74.25	128.46
35	22.45	29.64	32.92	39.68	47.55	76.43	132.26
36	23.36	30.86	34.28	41.28	49.27	78.74	136.36
37	24.33	32.12	35.71	42.97	51.06	81.20	140.76
38	25.34	33.45	37.20	44.71	52.91	83.82	145.53
39	26.40	34.83	38.76	46.53	54.82	86.63	150.70
40	27.54	36.30	40.39	48.45	56.81	89.60	156.24
41	28.72	37.86	42.14	50.47	58.91	92.77	162.22
42	29.98	39.49	43.99	52.61	61.10	96.18	168.66
43	31.57	41.41	45.94	54.86	63.40	99.82	175.68
44	33.26	43.44	48.01	57.26	65.82	103.71	183.18
45	35.06	45.58	50.22	59.79	68.36	107.84	191.17
46	36.98	47.88	52.55	62.47	71.06	112.19	199.63
47	39.02	50.31	55.03	65.30	73.92	116.80	208.59
48	41.19	52.97	57.82	68.51	77.13	122.04	218.78
49	43.45	55.72	60.72	71.84	80.49	127.44	229.25
50	45.80	58.59	63.69	75.26	83.96	132.96	239.84
51	48.21	61.49	66.70	78.74	87.50	138.48	250.31
52	50.64	64.42	69.74	82.23	91.08	143.92	260.50
53	53.35	67.71	73.15	86.16	95.22	149.95	271.32
54	55.98	70.88	76.40	89.93	99.22	155.58	281.20
55	58.42	73.79	79.38	93.36	102.86	160.53	289.67
56	60.60	76.34	81.95	96.32	106.00	164.55	296.23
57	62.38	78.39	83.97	98.63	108.44	167.38	300.41
58	63.50	79.69	85.29	100.13	109.96	168.78	301.87
59	64.02	80.26	85.82	100.70	110.48	168.48	299.97
60	63.87	79.95	85.40	100.20	109.78	166.14	294.24
61	62.86	78.64	83.93	98.49	107.76	161.51	284.12
62	60.98	76.23	81.32	95.44	104.21	154.29	269.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.54	20.35	22.53	27.07	34.06	59.26	103.08
26	16.06	21.06	23.33	28.06	35.19	60.80	105.71
27	16.61	21.83	24.20	29.15	36.38	62.37	108.41
28	17.21	22.66	25.13	30.29	37.63	64.01	111.14
29	17.86	23.55	26.13	31.51	38.94	65.70	113.98
30	18.53	24.48	27.18	32.80	40.32	67.46	116.93
31	19.26	25.47	28.28	34.15	41.75	69.28	120.02
32	20.03	26.50	29.46	35.56	43.24	71.21	123.29
33	20.83	27.57	30.66	37.00	44.80	73.20	126.70
34	21.67	28.68	31.91	38.52	46.41	75.29	130.34
35	22.55	29.85	33.23	40.08	48.10	77.53	134.22
36	23.47	31.07	34.60	41.72	49.85	79.89	138.40
37	24.45	32.35	36.05	43.44	51.67	82.40	142.90
38	25.46	33.69	37.56	45.21	53.55	85.08	147.78
39	26.53	35.09	39.13	47.06	55.49	87.95	153.05
40	27.67	36.57	40.81	49.01	57.53	90.98	158.71
41	28.86	38.15	42.57	51.07	59.67	94.23	164.81
42	30.13	39.81	44.45	53.24	61.91	97.70	171.38
43	31.74	41.74	46.44	55.53	64.24	101.42	178.54
44	33.43	43.79	48.54	57.97	66.70	105.40	186.19
45	35.25	45.96	50.78	60.54	69.30	109.60	194.33
46	37.18	48.28	53.14	63.26	72.05	114.05	202.95
47	39.23	50.73	55.65	66.14	74.96	118.73	212.06
48	41.42	53.42	58.48	69.39	78.23	124.08	222.44
49	43.70	56.20	61.42	72.78	81.65	129.57	233.09
50	46.06	59.09	64.42	76.24	85.16	135.19	243.85
51	48.47	62.02	67.47	79.76	88.74	140.77	254.47
52	50.92	64.97	70.54	83.29	92.36	146.29	264.78
53	53.64	68.28	73.97	87.26	96.54	152.38	275.73
54	56.28	71.46	77.25	91.04	100.55	158.04	285.68
55	58.73	74.38	80.23	94.49	104.19	162.99	294.15
56	60.90	76.92	82.79	97.43	107.30	166.97	300.63
57	62.68	78.96	84.79	99.71	109.69	169.71	304.65
58	63.78	80.26	86.10	101.19	111.19	171.06	306.02
59	64.29	80.78	86.57	101.69	111.61	170.61	303.89
60	64.11	80.41	86.06	101.08	110.77	168.00	297.67
61	63.05	79.00	84.46	99.18	108.53	162.96	286.77
62	61.09	76.45	81.64	95.84	104.66	155.16	270.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.61	21.68	23.94	28.71	36.04	62.45	108.54
26	17.17	22.43	24.78	29.75	37.23	64.06	111.28
27	17.76	23.26	25.70	30.89	38.47	65.69	114.07
28	18.39	24.14	26.67	32.08	39.78	67.38	116.91
29	19.08	25.07	27.73	33.38	41.16	69.14	119.85
30	19.80	26.06	28.83	34.72	42.61	70.96	122.91
31	20.57	27.10	29.99	36.14	44.10	72.86	126.11
32	21.38	28.20	31.23	37.62	45.66	74.85	129.49
33	22.24	29.33	32.49	39.13	47.28	76.91	133.03
34	23.13	30.49	33.80	40.72	48.97	79.09	136.80
35	24.07	31.73	35.18	42.36	50.73	81.40	140.82
36	25.05	33.03	36.63	44.07	52.56	83.84	145.16
37	26.08	34.37	38.15	45.87	54.46	86.45	149.82
38	27.17	35.79	39.73	47.72	56.42	89.22	154.88
39	28.30	37.27	41.39	49.65	58.45	92.20	160.35
40	29.52	38.83	43.14	51.69	60.57	95.35	166.23
41	30.78	40.50	44.99	53.85	62.80	98.72	172.58
42	32.13	42.25	46.97	56.12	65.13	102.33	179.41
43	33.84	44.29	49.05	58.51	67.56	106.19	186.86
44	35.63	46.45	51.25	61.06	70.13	110.31	194.81
45	37.57	48.75	53.61	63.75	72.83	114.68	203.29
46	39.62	51.20	56.09	66.61	75.70	119.31	212.28
47	41.80	53.79	58.72	69.63	78.73	124.20	221.79
48	44.12	56.63	61.70	73.03	82.15	129.76	232.61
49	46.55	59.58	64.79	76.58	85.73	135.50	243.74
50	49.07	62.64	67.95	80.22	89.42	141.37	255.00
51	51.64	65.74	71.17	83.93	93.19	147.24	266.16
52	54.24	68.89	74.42	87.66	97.02	153.06	277.02
53	57.16	72.40	78.06	91.86	101.46	159.50	288.59
54	59.97	75.79	81.56	95.89	105.74	165.53	299.16
55	62.60	78.92	84.74	99.58	109.66	170.85	308.26
56	64.94	81.66	87.52	102.77	113.04	175.20	315.37
57	66.87	83.89	89.71	105.28	115.70	178.31	319.99
58	68.07	85.30	91.14	106.90	117.37	179.86	321.61
59	68.65	85.91	91.74	107.55	117.97	179.63	319.76
60	68.50	85.63	91.35	107.10	117.33	177.30	313.92
61	67.46	84.30	89.88	105.41	115.32	172.61	303.59
62	65.48	81.81	87.22	102.32	111.72	165.28	288.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.65	21.76	24.05	28.86	36.27	62.96	109.46
26	17.20	22.52	24.90	29.92	37.48	64.58	112.24
27	17.80	23.35	25.83	31.06	38.73	66.25	115.07
28	18.44	24.23	26.81	32.28	40.06	67.96	117.95
29	19.13	25.17	27.88	33.58	41.44	69.74	120.93
30	19.85	26.16	28.99	34.94	42.91	71.60	124.04
31	20.63	27.22	30.16	36.37	44.41	73.52	127.29
32	21.45	28.32	31.41	37.87	46.00	75.54	130.72
33	22.30	29.45	32.68	39.40	47.63	77.63	134.31
34	23.20	30.63	34.00	41.00	49.34	79.83	138.13
35	24.14	31.87	35.40	42.66	51.13	82.18	142.22
36	25.12	33.18	36.86	44.39	52.98	84.66	146.62
37	26.16	34.54	38.39	46.20	54.90	87.31	151.35
38	27.25	35.97	40.00	48.07	56.88	90.13	156.49
39	28.39	37.45	41.67	50.03	58.94	93.15	162.04
40	29.61	39.03	43.44	52.10	61.09	96.34	168.00
41	30.89	40.71	45.31	54.27	63.34	99.76	174.43
42	32.23	42.47	47.30	56.57	65.70	103.42	181.36
43	33.95	44.53	49.40	58.99	68.16	107.33	188.91
44	35.75	46.70	51.63	61.57	70.77	111.51	196.97
45	37.70	49.02	54.01	64.28	73.51	115.95	205.56
46	39.76	51.48	56.51	67.17	76.41	120.64	214.66
47	41.96	54.09	59.17	70.22	79.48	125.59	224.29
48	44.29	56.95	62.17	73.66	82.94	131.23	235.24
49	46.73	59.92	65.29	77.25	86.56	137.03	246.51
50	49.25	63.00	68.48	80.92	90.28	142.96	257.88
51	51.83	66.12	71.72	84.66	94.08	148.90	269.15
52	54.45	69.27	74.99	88.41	97.94	154.76	280.10
53	57.37	72.80	78.65	92.65	102.40	161.24	291.75
54	60.19	76.21	82.16	96.69	106.69	167.29	302.37
55	62.82	79.34	85.35	100.39	110.61	172.61	311.48
56	65.16	82.09	88.11	103.57	113.98	176.93	318.52
57	67.08	84.30	90.29	106.06	116.60	179.98	323.02
58	68.28	85.69	91.71	107.66	118.25	181.49	324.59
59	68.84	86.29	92.28	108.28	118.79	181.16	322.56
60	68.68	85.97	91.83	107.74	118.04	178.64	316.39
61	67.59	84.56	90.25	105.90	115.87	173.66	305.50
62	65.56	81.97	87.45	102.62	112.05	165.91	289.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.71	21.88	24.23	29.11	36.62	63.72	110.84
26	17.27	22.64	25.09	30.18	37.84	65.38	113.67
27	17.86	23.48	26.02	31.34	39.12	67.07	116.56
28	18.51	24.37	27.02	32.57	40.46	68.82	119.51
29	19.20	25.32	28.10	33.89	41.87	70.65	122.56
30	19.93	26.32	29.22	35.27	43.36	72.54	125.73
31	20.72	27.39	30.41	36.72	44.89	74.50	129.06
32	21.53	28.49	31.68	38.24	46.50	76.57	132.57
33	22.40	29.65	32.96	39.79	48.17	78.71	136.24
34	23.29	30.84	34.31	41.41	49.90	80.96	140.15
35	24.24	32.09	35.73	43.10	51.72	83.36	144.32
36	25.24	33.41	37.21	44.86	53.60	85.90	148.82
37	26.29	34.79	38.76	46.70	55.56	88.61	153.66
38	27.38	36.22	40.38	48.61	57.58	91.48	158.90
39	28.53	37.73	42.08	50.60	59.67	94.56	164.57
40	29.75	39.33	43.88	52.69	61.86	97.83	170.65
41	31.04	41.02	45.78	54.91	64.16	101.32	177.21
42	32.40	42.80	47.79	57.24	66.56	105.05	184.28
43	34.13	44.88	49.93	59.71	69.07	109.06	191.98
44	35.95	47.08	52.19	62.33	71.73	113.33	200.20
45	37.90	49.42	54.60	65.09	74.52	117.84	208.96
46	39.98	51.91	57.15	68.02	77.48	122.63	218.23
47	42.19	54.55	59.84	71.12	80.60	127.67	228.03
48	44.54	57.44	62.88	74.62	84.12	133.42	239.18
49	46.99	60.43	66.04	78.26	87.79	139.32	250.64
50	49.53	63.54	69.26	81.98	91.56	145.36	262.20
51	52.12	66.69	72.55	85.76	95.42	151.37	273.63
52	54.75	69.86	75.85	89.56	99.31	157.30	284.72
53	57.68	73.42	79.54	93.83	103.80	163.85	296.48
54	60.52	76.83	83.06	97.90	108.12	169.94	307.18
55	63.15	79.97	86.27	101.60	112.03	175.26	316.29
56	65.48	82.71	89.02	104.76	115.38	179.54	323.26
57	67.40	84.90	91.17	107.22	117.95	182.49	327.58
58	68.59	86.29	92.58	108.80	119.56	183.94	329.06
59	69.13	86.86	93.09	109.35	120.01	183.44	326.76
60	68.93	86.46	92.54	108.68	119.12	180.65	320.07
61	67.80	84.95	90.82	106.65	116.70	175.23	308.36
62	65.68	82.21	87.78	103.06	112.53	166.84	291.05

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.62	9.46	10.26	12.05	16.52	32.62	57.24
26	7.88	9.80	10.65	12.53	17.12	33.53	58.77
27	8.16	10.20	11.09	13.07	17.77	34.51	60.41
28	8.47	10.64	11.57	13.65	18.47	35.56	62.15
29	8.83	11.11	12.10	14.31	19.23	36.68	64.02
30	9.22	11.63	12.69	15.01	20.04	37.88	66.04
31	9.64	12.20	13.31	15.76	20.89	39.17	68.20
32	10.09	12.80	13.99	16.58	21.81	40.56	70.53
33	10.58	13.45	14.70	17.43	22.77	42.03	73.01
34	11.09	14.12	15.46	18.35	23.80	43.60	75.71
35	11.65	14.86	16.28	19.32	24.90	45.29	78.61
36	12.25	15.64	17.15	20.35	26.07	47.11	81.77
37	12.88	16.47	18.08	21.45	27.32	49.05	85.18
38	13.56	17.36	19.06	22.62	28.64	51.15	88.84
39	14.27	18.30	20.11	23.84	30.04	53.38	92.82
40	15.05	19.29	21.23	25.15	31.55	55.78	97.11
41	15.87	20.38	22.42	26.55	33.16	58.35	101.75
42	16.76	21.52	23.71	28.05	34.88	61.11	106.75
43	17.84	22.84	25.09	29.63	36.74	64.07	112.18
44	19.00	24.25	26.55	31.34	38.71	67.24	118.01
45	20.27	25.78	28.12	33.14	40.80	70.60	124.24
46	21.60	27.39	29.78	35.07	42.99	74.18	130.88
47	23.04	29.12	31.57	37.12	45.30	77.99	137.95
48	24.60	31.02	33.58	39.42	47.84	82.28	146.03
49	26.24	33.03	35.67	41.83	50.47	86.74	154.39
50	27.95	35.09	37.83	44.32	53.13	91.29	162.92
51	29.69	37.20	40.04	46.84	55.78	95.87	171.49
52	31.46	39.34	42.27	49.39	58.40	100.42	179.92
53	33.36	41.68	44.70	52.23	61.21	105.39	189.08
54	35.13	43.94	47.04	54.96	63.86	110.05	197.61
55	36.78	46.02	49.18	57.47	66.22	114.23	205.15
56	38.24	47.87	51.06	59.67	68.19	117.71	211.31
57	39.45	49.39	52.58	61.45	69.66	120.30	215.75
58	40.19	50.38	53.60	62.64	70.46	121.80	218.07
59	40.55	50.87	54.09	63.21	70.59	122.02	217.91
60	40.44	50.80	54.00	63.11	69.96	120.75	214.89
61	39.84	50.08	53.23	62.23	68.47	117.81	208.63
62	38.64	48.64	51.72	60.50	66.07	113.00	198.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.66	9.53	10.37	12.20	16.73	33.10	58.10
26	7.91	9.88	10.76	12.69	17.34	34.02	59.66
27	8.20	10.28	11.21	13.24	18.00	35.02	61.34
28	8.52	10.72	11.70	13.83	18.73	36.10	63.12
29	8.88	11.20	12.24	14.49	19.48	37.24	65.03
30	9.28	11.73	12.83	15.22	20.31	38.47	67.08
31	9.69	12.30	13.47	15.97	21.19	39.78	69.29
32	10.15	12.92	14.16	16.81	22.12	41.20	71.68
33	10.63	13.56	14.89	17.68	23.09	42.70	74.21
34	11.16	14.26	15.65	18.61	24.15	44.30	76.96
35	11.72	15.00	16.48	19.60	25.27	46.02	79.91
36	12.32	15.79	17.36	20.64	26.46	47.88	83.12
37	12.95	16.63	18.30	21.77	27.73	49.86	86.59
38	13.64	17.52	19.31	22.94	29.07	51.98	90.33
39	14.35	18.46	20.37	24.19	30.50	54.27	94.40
40	15.14	19.47	21.51	25.53	32.03	56.71	98.75
41	15.96	20.57	22.72	26.95	33.67	59.32	103.48
42	16.85	21.72	24.02	28.47	35.41	62.13	108.56
43	17.94	23.06	25.42	30.07	37.30	65.14	114.08
44	19.11	24.49	26.90	31.81	39.31	68.36	120.01
45	20.39	26.01	28.49	33.63	41.43	71.78	126.35
46	21.74	27.65	30.18	35.60	43.66	75.42	133.09
47	23.19	29.40	31.98	37.67	46.00	79.28	140.27
48	24.75	31.32	34.02	40.01	48.58	83.64	148.47
49	26.40	33.34	36.13	42.45	51.24	88.17	156.96
50	28.12	35.42	38.32	44.97	53.94	92.77	165.61
51	29.88	37.55	40.54	47.53	56.61	97.41	174.27
52	31.64	39.70	42.79	50.10	59.25	102.00	182.79
53	33.55	42.06	45.25	52.96	62.09	107.01	192.02
54	35.33	44.33	47.60	55.70	64.74	111.69	200.59
55	36.99	46.42	49.75	58.23	67.10	115.87	208.14
56	38.45	48.26	51.62	60.41	69.05	119.32	214.24
57	39.64	49.76	53.13	62.17	70.50	121.86	218.57
58	40.39	50.75	54.13	63.34	71.27	123.31	220.84
59	40.74	51.22	54.60	63.89	71.36	123.45	220.51
60	40.61	51.11	54.44	63.70	70.62	122.00	217.18
61	39.96	50.33	53.57	62.69	68.99	118.79	210.40
62	38.71	48.79	51.93	60.77	66.37	113.58	199.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.71	9.64	10.53	12.43	17.05	33.80	59.38
26	7.97	10.00	10.93	12.92	17.68	34.76	60.99
27	8.25	10.40	11.40	13.49	18.37	35.80	62.74
28	8.59	10.85	11.90	14.10	19.10	36.90	64.58
29	8.94	11.34	12.45	14.78	19.89	38.08	66.55
30	9.35	11.87	13.05	15.51	20.73	39.34	68.67
31	9.77	12.45	13.71	16.31	21.63	40.70	70.94
32	10.23	13.09	14.41	17.15	22.59	42.15	73.39
33	10.72	13.74	15.14	18.05	23.59	43.69	76.01
34	11.25	14.44	15.94	19.00	24.68	45.35	78.83
35	11.82	15.20	16.78	20.01	25.82	47.12	81.87
36	12.43	16.00	17.69	21.09	27.04	49.02	85.18
37	13.07	16.86	18.65	22.24	28.34	51.06	88.74
38	13.75	17.76	19.67	23.44	29.72	53.25	92.58
39	14.48	18.73	20.75	24.73	31.18	55.59	96.75
40	15.27	19.75	21.92	26.08	32.75	58.09	101.22
41	16.10	20.86	23.15	27.54	34.43	60.77	106.07
42	17.01	22.04	24.48	29.09	36.21	63.65	111.28
43	18.11	23.39	25.91	30.74	38.15	66.74	116.94
44	19.30	24.84	27.42	32.52	40.20	70.05	123.02
45	20.57	26.39	29.05	34.39	42.37	73.54	129.51
46	21.94	28.05	30.76	36.39	44.64	77.26	136.41
47	23.40	29.82	32.60	38.51	47.04	81.21	143.75
48	24.98	31.77	34.67	40.89	49.67	85.68	152.14
49	26.65	33.82	36.83	43.39	52.39	90.30	160.81
50	28.37	35.92	39.05	45.95	55.12	95.00	169.63
51	30.14	38.07	41.32	48.55	57.85	99.70	178.44
52	31.94	40.24	43.59	51.15	60.53	104.36	187.08
53	33.84	42.63	46.08	54.06	63.40	109.43	196.42
54	35.63	44.91	48.44	56.82	66.07	114.15	205.07
55	37.29	47.01	50.60	59.35	68.43	118.33	212.61
56	38.76	48.84	52.46	61.53	70.36	121.75	218.64
57	39.93	50.34	53.94	63.25	71.75	124.19	222.81
58	40.67	51.30	54.93	64.41	72.49	125.59	225.00
59	41.00	51.74	55.35	64.88	72.49	125.58	224.42
60	40.85	51.57	55.11	64.58	71.61	123.87	220.61
61	40.15	50.68	54.09	63.39	69.76	120.24	213.07
62	38.83	49.01	52.24	61.19	66.82	114.45	201.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.19	10.17	11.04	12.95	17.76	35.08	61.55
26	8.47	10.54	11.45	13.47	18.40	36.05	63.19
27	8.77	10.96	11.92	14.05	19.10	37.11	64.96
28	9.12	11.44	12.44	14.68	19.86	38.24	66.84
29	9.50	11.95	13.02	15.38	20.67	39.44	68.84
30	9.92	12.50	13.64	16.14	21.54	40.74	71.01
31	10.37	13.11	14.32	16.95	22.47	42.12	73.33
32	10.85	13.77	15.05	17.83	23.45	43.61	75.84
33	11.37	14.46	15.81	18.74	24.48	45.19	78.51
34	11.92	15.19	16.62	19.73	25.60	46.89	81.41
35	12.53	15.98	17.50	20.78	26.78	48.70	84.52
36	13.17	16.82	18.44	21.89	28.04	50.65	87.92
37	13.85	17.71	19.44	23.07	29.37	52.75	91.58
38	14.58	18.66	20.50	24.31	30.79	54.99	95.52
39	15.35	19.67	21.62	25.63	32.30	57.40	99.81
40	16.18	20.74	22.83	27.04	33.92	59.98	104.42
41	17.06	21.91	24.11	28.55	35.66	62.74	109.41
42	18.01	23.14	25.49	30.16	37.51	65.71	114.79
43	19.18	24.56	26.98	31.86	39.50	68.90	120.62
44	20.43	26.07	28.55	33.70	41.62	72.30	126.89
45	21.79	27.71	30.24	35.63	43.87	75.92	133.59
46	23.23	29.45	32.02	37.71	46.23	79.76	140.73
47	24.77	31.31	33.94	39.91	48.71	83.86	148.33
48	26.45	33.35	36.11	42.39	51.44	88.48	157.02
49	28.21	35.51	38.35	44.98	54.27	93.27	166.01
50	30.05	37.73	40.68	47.65	57.13	98.16	175.19
51	31.93	40.00	43.05	50.37	59.98	103.08	184.40
52	33.83	42.29	45.44	53.11	62.80	107.98	193.47
53	35.87	44.82	48.07	56.16	65.82	113.32	203.31
54	37.77	47.25	50.58	59.09	68.67	118.33	212.48
55	39.55	49.49	52.89	61.80	71.20	122.83	220.59
56	41.12	51.47	54.90	64.16	73.32	126.57	227.22
57	42.42	53.11	56.54	66.08	74.91	129.36	231.99
58	43.22	54.17	57.63	67.36	75.77	130.97	234.48
59	43.60	54.70	58.17	67.97	75.91	131.21	234.31
60	43.49	54.62	58.06	67.87	75.22	129.84	231.06
61	42.84	53.85	57.24	66.92	73.63	126.68	224.33
62	41.54	52.30	55.61	65.05	71.04	121.51	213.73

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.23	10.25	11.15	13.11	17.99	35.59	62.47
26	8.51	10.63	11.57	13.64	18.65	36.58	64.15
27	8.82	11.05	12.06	14.23	19.36	37.66	65.96
28	9.16	11.53	12.58	14.87	20.13	38.82	67.87
29	9.55	12.05	13.16	15.58	20.95	40.04	69.92
30	9.97	12.61	13.80	16.36	21.84	41.37	72.13
31	10.42	13.23	14.48	17.18	22.78	42.78	74.51
32	10.91	13.90	15.22	18.08	23.79	44.30	77.07
33	11.43	14.58	16.01	19.01	24.83	45.91	79.80
34	11.99	15.33	16.83	20.01	25.97	47.63	82.75
35	12.60	16.12	17.72	21.08	27.17	49.48	85.92
36	13.24	16.98	18.67	22.20	28.45	51.48	89.38
37	13.93	17.88	19.69	23.41	29.81	53.61	93.11
38	14.67	18.84	20.76	24.67	31.26	55.90	97.13
39	15.44	19.85	21.90	26.01	32.80	58.35	101.50
40	16.28	20.94	23.13	27.45	34.44	60.98	106.19
41	17.17	22.12	24.43	28.97	36.20	63.78	111.27
42	18.12	23.36	25.83	30.61	38.08	66.80	116.73
43	19.30	24.80	27.33	32.33	40.11	70.04	122.67
44	20.56	26.33	28.93	34.21	42.27	73.51	129.04
45	21.92	27.98	30.63	36.17	44.55	77.18	135.86
46	23.37	29.74	32.45	38.27	46.94	81.09	143.11
47	24.93	31.61	34.39	40.51	49.46	85.25	150.83
48	26.62	33.68	36.58	43.02	52.23	89.94	159.65
49	28.39	35.85	38.85	45.65	55.10	94.80	168.78
50	30.24	38.09	41.21	48.36	57.99	99.76	178.08
51	32.12	40.37	43.60	51.10	60.87	104.74	187.39
52	34.03	42.68	46.02	53.86	63.71	109.67	196.55
53	36.08	45.22	48.66	56.94	66.77	115.06	206.47
54	37.99	47.66	51.18	59.89	69.62	120.09	215.69
55	39.77	49.91	53.50	62.61	72.15	124.59	223.80
56	41.34	51.89	55.50	64.96	74.25	128.30	230.37
57	42.63	53.51	57.12	66.85	75.80	131.03	235.02
58	43.43	54.57	58.20	68.11	76.64	132.60	237.46
59	43.80	55.08	58.70	68.69	76.73	132.74	237.11
60	43.67	54.96	58.54	68.50	75.94	131.18	233.53
61	42.97	54.11	57.60	67.41	74.18	127.73	226.24
62	41.62	52.46	55.84	65.35	71.37	122.14	214.84

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.29	10.37	11.33	13.36	18.33	36.34	63.85
26	8.57	10.75	11.76	13.90	19.01	37.37	65.59
27	8.88	11.18	12.25	14.50	19.75	38.49	67.46
28	9.23	11.67	12.80	15.16	20.54	39.68	69.44
29	9.62	12.20	13.38	15.89	21.38	40.95	71.55
30	10.05	12.77	14.04	16.68	22.29	42.31	73.83
31	10.51	13.39	14.74	17.53	23.26	43.76	76.28
32	11.00	14.07	15.50	18.44	24.29	45.33	78.92
33	11.53	14.78	16.29	19.40	25.37	46.98	81.73
34	12.09	15.53	17.13	20.42	26.53	48.76	84.76
35	12.71	16.34	18.05	21.52	27.76	50.66	88.03
36	13.36	17.20	19.02	22.68	29.08	52.71	91.58
37	14.05	18.13	20.06	23.91	30.47	54.90	95.42
38	14.79	19.10	21.15	25.20	31.95	57.25	99.55
39	15.58	20.13	22.32	26.58	33.53	59.77	104.02
40	16.42	21.23	23.57	28.05	35.22	62.46	108.84
41	17.32	22.43	24.90	29.61	37.02	65.35	114.05
42	18.29	23.69	26.32	31.28	38.94	68.44	119.65
43	19.47	25.15	27.86	33.05	41.02	71.76	125.74
44	20.75	26.71	29.49	34.96	43.23	75.32	132.27
45	22.12	28.38	31.23	36.98	45.56	79.08	139.26
46	23.59	30.17	33.08	39.12	48.00	83.08	146.68
47	25.16	32.07	35.06	41.40	50.57	87.32	154.57
48	26.87	34.16	37.29	43.97	53.41	92.13	163.59
49	28.65	36.36	39.60	46.66	56.33	97.09	172.91
50	30.51	38.62	41.99	49.41	59.28	102.15	182.40
51	32.41	40.94	44.42	52.20	62.21	107.21	191.87
52	34.34	43.27	46.87	55.01	65.08	112.22	201.16
53	36.40	45.84	49.54	58.12	68.17	117.66	211.20
54	38.32	48.29	52.09	61.10	71.04	122.74	220.50
55	40.09	50.55	54.41	63.82	73.58	127.24	228.62
56	41.67	52.52	56.41	66.16	75.65	130.91	235.10
57	42.94	54.12	58.00	68.02	77.15	133.54	239.58
58	43.74	55.17	59.07	69.26	77.95	135.04	241.93
59	44.09	55.64	59.51	69.77	77.95	135.03	241.31
60	43.92	55.45	59.25	69.44	77.01	133.19	237.21
61	43.17	54.50	58.17	68.16	75.01	129.30	229.10
62	41.75	52.69	56.17	65.79	71.85	123.07	216.51

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.50	7.92	8.54	9.94	14.15	29.02	50.64
26	6.72	8.22	8.88	10.35	14.69	29.92	52.19
27	6.97	8.55	9.24	10.81	15.29	30.89	53.81
28	7.24	8.93	9.64	11.28	15.92	31.90	55.55
29	7.54	9.33	10.10	11.84	16.61	33.01	57.38
30	7.87	9.76	10.58	12.43	17.34	34.18	59.35
31	8.22	10.23	11.11	13.06	18.11	35.43	61.47
32	8.60	10.74	11.68	13.75	18.96	36.76	63.72
33	9.00	11.28	12.28	14.46	19.82	38.17	66.14
34	9.44	11.85	12.92	15.23	20.76	39.70	68.73
35	9.91	12.47	13.60	16.05	21.76	41.32	71.54
36	10.42	13.14	14.34	16.90	22.84	43.06	74.54
37	10.95	13.83	15.12	17.84	23.97	44.92	77.81
38	11.52	14.57	15.95	18.81	25.18	46.90	81.31
39	12.12	15.37	16.83	19.84	26.48	49.04	85.10
40	12.78	16.21	17.76	20.95	27.84	51.31	89.19
41	13.47	17.12	18.77	22.13	29.31	53.77	93.60
42	14.20	18.08	19.85	23.38	30.88	56.38	98.33
43	15.14	19.21	21.01	24.73	32.58	59.20	103.49
44	16.11	20.40	22.25	26.15	34.37	62.19	109.01
45	17.18	21.68	23.57	27.68	36.26	65.38	114.88
46	18.31	23.04	24.97	29.30	38.26	68.76	121.16
47	19.53	24.49	26.47	31.03	40.35	72.34	127.82
48	20.84	26.10	28.16	32.96	42.66	76.40	135.44
49	22.22	27.77	29.92	34.98	45.06	80.62	143.32
50	23.66	29.52	31.74	37.07	47.47	84.91	151.34
51	25.12	31.28	33.59	39.20	49.87	89.20	159.38
52	26.60	33.05	35.46	41.33	52.24	93.46	167.29
53	28.20	35.02	37.48	43.71	54.79	98.08	175.85
54	29.74	36.89	39.44	46.00	57.17	102.41	183.81
55	31.17	38.64	41.23	48.09	59.29	106.25	190.81
56	32.45	40.18	42.79	49.91	61.05	109.40	196.49
57	33.49	41.42	44.04	51.38	62.34	111.70	200.52
58	34.15	42.22	44.86	52.33	62.99	112.91	202.52
59	34.47	42.60	45.24	52.78	63.00	112.89	202.16
60	34.40	42.50	45.11	52.65	62.30	111.42	199.06
61	33.88	41.84	44.42	51.85	60.81	108.32	192.89
62	32.88	40.59	43.10	50.35	58.44	103.41	183.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.54	8.00	8.65	10.08	14.36	29.50	51.50
26	6.76	8.30	8.99	10.50	14.92	30.41	53.08
27	7.01	8.63	9.36	10.96	15.52	31.40	54.74
28	7.29	9.01	9.78	11.47	16.17	32.45	56.51
29	7.59	9.42	10.23	12.02	16.87	33.56	58.39
30	7.91	9.86	10.73	12.64	17.62	34.77	60.39
31	8.26	10.35	11.27	13.27	18.41	36.04	62.57
32	8.65	10.86	11.84	13.97	19.26	37.39	64.86
33	9.06	11.40	12.46	14.70	20.15	38.85	67.34
34	9.51	11.99	13.10	15.49	21.10	40.39	69.98
35	9.98	12.60	13.81	16.32	22.13	42.04	72.84
36	10.48	13.28	14.56	17.20	23.22	43.82	75.91
37	11.03	13.98	15.35	18.15	24.38	45.72	79.23
38	11.61	14.74	16.19	19.14	25.61	47.75	82.82
39	12.21	15.54	17.09	20.20	26.94	49.92	86.68
40	12.87	16.39	18.04	21.33	28.33	52.24	90.83
41	13.57	17.32	19.07	22.52	29.82	54.74	95.33
42	14.31	18.30	20.17	23.80	31.41	57.39	100.14
43	15.24	19.43	21.34	25.17	33.15	60.26	105.40
44	16.23	20.64	22.60	26.63	34.97	63.31	111.01
45	17.30	21.92	23.94	28.18	36.89	66.56	116.99
46	18.44	23.30	25.36	29.82	38.92	70.00	123.37
47	19.68	24.77	26.88	31.58	41.04	73.63	130.14
48	20.99	26.40	28.60	33.55	43.40	77.77	137.89
49	22.39	28.10	30.39	35.60	45.82	82.04	145.89
50	23.83	29.86	32.23	37.73	48.27	86.39	154.04
51	25.31	31.64	34.09	39.88	50.70	90.74	162.16
52	26.80	33.43	35.98	42.03	53.09	95.03	170.16
53	28.41	35.40	38.03	44.44	55.67	99.70	178.79
54	29.96	37.29	40.00	46.74	58.05	104.05	186.78
55	31.39	39.05	41.80	48.84	60.17	107.89	193.79
56	32.67	40.59	43.35	50.66	61.91	111.01	199.42
57	33.70	41.81	44.58	52.10	63.18	113.25	203.34
58	34.36	42.61	45.40	53.04	63.80	114.43	205.29
59	34.66	42.96	45.74	53.45	63.76	114.31	204.77
60	34.57	42.81	45.55	53.24	62.96	112.66	201.35
61	34.02	42.10	44.77	52.32	61.32	109.29	194.66
62	32.96	40.74	43.31	50.64	58.75	103.99	184.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.60	8.10	8.82	10.31	14.68	30.20	52.79
26	6.82	8.41	9.17	10.74	15.26	31.15	54.42
27	7.08	8.76	9.54	11.22	15.88	32.17	56.14
28	7.35	9.14	9.98	11.74	16.54	33.25	57.97
29	7.66	9.56	10.45	12.31	17.27	34.41	59.90
30	7.99	10.01	10.95	12.94	18.04	35.64	61.98
31	8.35	10.50	11.51	13.60	18.85	36.96	64.21
32	8.73	11.03	12.10	14.33	19.73	38.35	66.58
33	9.15	11.58	12.72	15.07	20.64	39.85	69.13
34	9.60	12.17	13.38	15.88	21.63	41.44	71.84
35	10.08	12.80	14.11	16.74	22.68	43.14	74.79
36	10.59	13.50	14.87	17.64	23.80	44.97	77.95
37	11.14	14.21	15.69	18.62	24.99	46.92	81.37
38	11.72	14.98	16.54	19.64	26.25	49.01	85.05
39	12.34	15.80	17.48	20.73	27.61	51.24	89.03
40	13.00	16.67	18.44	21.89	29.05	53.62	93.30
41	13.71	17.60	19.50	23.12	30.58	56.19	97.92
42	14.46	18.60	20.63	24.43	32.21	58.92	102.85
43	15.40	19.76	21.83	25.84	33.99	61.86	108.25
44	16.41	20.99	23.12	27.33	35.86	65.00	114.01
45	17.49	22.30	24.49	28.93	37.83	68.32	120.15
46	18.65	23.70	25.95	30.62	39.92	71.84	126.68
47	19.89	25.19	27.51	32.42	42.08	75.57	133.62
48	21.22	26.85	29.26	34.43	44.49	79.80	141.55
49	22.62	28.57	31.08	36.54	46.97	84.17	149.73
50	24.09	30.35	32.96	38.71	49.46	88.62	158.05
51	25.57	32.16	34.87	40.90	51.95	93.03	166.32
52	27.09	33.99	36.78	43.09	54.37	97.40	174.44
53	28.71	35.99	38.86	45.54	56.98	102.12	183.19
54	30.28	37.90	40.84	47.86	59.38	106.52	191.26
55	31.72	39.66	42.64	49.97	61.50	110.35	198.27
56	32.99	41.19	44.19	51.77	63.21	113.44	203.83
57	34.02	42.40	45.40	53.19	64.42	115.58	207.58
58	34.67	43.19	46.20	54.10	65.02	116.71	209.45
59	34.96	43.51	46.49	54.45	64.90	116.44	208.67
60	34.83	43.30	46.22	54.11	63.96	114.52	204.78
61	34.22	42.48	45.29	53.01	62.09	110.75	197.32
62	33.08	40.97	43.63	51.04	59.20	104.85	185.86

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.00	8.52	9.19	10.68	15.22	31.20	54.45
26	7.23	8.84	9.55	11.12	15.80	32.17	56.12
27	7.50	9.20	9.94	11.62	16.44	33.21	57.86
28	7.79	9.60	10.38	12.14	17.12	34.30	59.73
29	8.10	10.03	10.86	12.72	17.86	35.49	61.70
30	8.46	10.50	11.38	13.37	18.65	36.75	63.82
31	8.84	11.01	11.95	14.04	19.47	38.10	66.10
32	9.24	11.55	12.56	14.78	20.38	39.52	68.52
33	9.68	12.14	13.21	15.55	21.31	41.05	71.12
34	10.16	12.74	13.89	16.38	22.33	42.68	73.90
35	10.66	13.41	14.63	17.26	23.40	44.42	76.92
36	11.20	14.12	15.42	18.18	24.56	46.30	80.16
37	11.77	14.87	16.25	19.18	25.78	48.29	83.66
38	12.39	15.67	17.14	20.23	27.07	50.43	87.44
39	13.03	16.53	18.09	21.34	28.47	52.73	91.51
40	13.74	17.43	19.10	22.53	29.94	55.18	95.90
41	14.48	18.41	20.19	23.80	31.52	57.82	100.65
42	15.28	19.45	21.35	25.14	33.20	60.62	105.73
43	16.27	20.65	22.60	26.58	35.03	63.65	111.28
44	17.33	21.93	23.92	28.12	36.96	66.87	117.21
45	18.47	23.31	25.34	29.76	38.99	70.30	123.53
46	19.69	24.77	26.85	31.50	41.14	73.94	130.28
47	21.00	26.34	28.46	33.36	43.38	77.78	137.44
48	22.40	28.06	30.28	35.45	45.87	82.16	145.63
49	23.89	29.87	32.17	37.61	48.44	86.69	154.11
50	25.44	31.74	34.14	39.86	51.04	91.30	162.74
51	27.02	33.64	36.12	42.15	53.63	95.91	171.37
52	28.60	35.54	38.12	44.44	56.17	100.49	179.88
53	30.32	37.65	40.30	47.00	58.92	105.47	189.09
54	31.98	39.67	42.41	49.46	61.48	110.12	197.64
55	33.52	41.55	44.33	51.71	63.76	114.25	205.17
56	34.88	43.21	46.02	53.67	65.64	117.64	211.28
57	36.01	44.54	47.35	55.26	67.03	120.10	215.61
58	36.72	45.40	48.24	56.28	67.73	121.41	217.76
59	37.07	45.80	48.65	56.75	67.74	121.39	217.38
60	36.99	45.69	48.51	56.61	66.99	119.80	214.04
61	36.43	44.99	47.77	55.76	65.38	116.47	207.41
62	35.35	43.64	46.35	54.15	62.84	111.19	197.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.03	8.60	9.30	10.84	15.44	31.72	55.38
26	7.27	8.92	9.67	11.29	16.04	32.70	57.08
27	7.54	9.28	10.07	11.79	16.69	33.77	58.86
28	7.83	9.69	10.52	12.33	17.39	34.88	60.76
29	8.16	10.13	11.01	12.93	18.14	36.09	62.78
30	8.51	10.60	11.54	13.59	18.95	37.38	64.94
31	8.89	11.12	12.12	14.27	19.79	38.76	67.28
32	9.30	11.68	12.73	15.03	20.72	40.21	69.75
33	9.74	12.26	13.40	15.81	21.67	41.77	72.41
34	10.23	12.88	14.09	16.66	22.70	43.43	75.24
35	10.73	13.55	14.85	17.56	23.80	45.21	78.32
36	11.27	14.28	15.65	18.50	24.97	47.12	81.62
37	11.85	15.04	16.50	19.52	26.22	49.16	85.19
38	12.48	15.85	17.41	20.58	27.54	51.34	89.05
39	13.12	16.71	18.37	21.72	28.96	53.68	93.20
40	13.83	17.63	19.40	22.93	30.46	56.17	97.67
41	14.59	18.62	20.50	24.22	32.07	58.85	102.50
42	15.38	19.67	21.68	25.59	33.77	61.71	107.68
43	16.39	20.89	22.95	27.06	35.64	64.79	113.33
44	17.45	22.18	24.30	28.64	37.60	68.08	119.36
45	18.60	23.58	25.74	30.30	39.67	71.57	125.80
46	19.84	25.05	27.27	32.07	41.85	75.27	132.65
47	21.16	26.64	28.91	33.96	44.13	79.17	139.94
48	22.57	28.39	30.76	36.08	46.67	83.62	148.26
49	24.07	30.21	32.67	38.28	49.27	88.22	156.87
50	25.63	32.10	34.66	40.57	51.90	92.89	165.62
51	27.21	34.02	36.66	42.88	54.52	97.57	174.36
52	28.82	35.95	38.69	45.20	57.09	102.19	182.96
53	30.54	38.07	40.89	47.78	59.86	107.21	192.24
54	32.21	40.10	43.01	50.26	62.43	111.88	200.84
55	33.76	41.99	44.94	52.52	64.71	116.01	208.38
56	35.12	43.64	46.61	54.47	66.57	119.37	214.43
57	36.24	44.96	47.93	56.03	67.93	121.77	218.64
58	36.95	45.81	48.81	57.03	68.60	123.04	220.74
59	37.28	46.19	49.18	57.47	68.56	122.92	220.18
60	37.17	46.03	48.98	57.24	67.70	121.14	216.51
61	36.58	45.27	48.14	56.25	65.94	117.52	209.32
62	35.44	43.81	46.58	54.45	63.17	111.81	198.18

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.09	8.71	9.48	11.09	15.79	32.47	56.76
26	7.33	9.05	9.86	11.55	16.40	33.49	58.51
27	7.60	9.42	10.26	12.06	17.08	34.59	60.36
28	7.90	9.83	10.73	12.62	17.79	35.75	62.33
29	8.23	10.28	11.23	13.24	18.57	37.00	64.41
30	8.59	10.76	11.77	13.91	19.40	38.32	66.64
31	8.98	11.29	12.37	14.63	20.27	39.74	69.04
32	9.39	11.85	13.01	15.40	21.22	41.24	71.60
33	9.84	12.45	13.68	16.21	22.20	42.85	74.33
34	10.32	13.09	14.40	17.07	23.26	44.55	77.26
35	10.83	13.77	15.17	18.00	24.38	46.38	80.42
36	11.39	14.51	15.99	18.97	25.60	48.36	83.82
37	11.98	15.29	16.87	20.02	26.88	50.45	87.50
38	12.60	16.10	17.79	21.12	28.23	52.69	91.46
39	13.26	16.99	18.79	22.29	29.69	55.10	95.73
40	13.97	17.93	19.84	23.53	31.23	57.66	100.32
41	14.74	18.93	20.97	24.86	32.89	60.42	105.28
42	15.55	20.00	22.18	26.27	34.64	63.35	110.60
43	16.56	21.24	23.48	27.78	36.55	66.52	116.40
44	17.64	22.56	24.86	29.39	38.56	69.89	122.59
45	18.81	23.98	26.34	31.11	40.68	73.46	129.19
46	20.06	25.48	27.90	32.92	42.92	77.26	136.22
47	21.38	27.10	29.58	34.86	45.25	81.25	143.68
48	22.82	28.87	31.46	37.03	47.85	85.81	152.20
49	24.33	30.72	33.42	39.29	50.50	90.51	161.00
50	25.90	32.64	35.45	41.62	53.19	95.29	169.95
51	27.50	34.58	37.49	43.98	55.85	100.04	178.84
52	29.13	36.55	39.55	46.34	58.46	104.73	187.57
53	30.88	38.70	41.78	48.96	61.27	109.82	196.98
54	32.56	40.75	43.91	51.46	63.85	114.53	205.66
55	34.11	42.64	45.86	53.72	66.13	118.66	213.20
56	35.47	44.29	47.52	55.67	67.97	121.98	219.16
57	36.58	45.59	48.81	57.19	69.27	124.28	223.20
58	37.29	46.44	49.68	58.18	69.92	125.49	225.21
59	37.59	46.78	49.99	58.55	69.78	125.21	224.38
60	37.45	46.55	49.69	58.19	68.77	123.15	220.19
61	36.80	45.67	48.70	57.00	66.77	119.08	212.18
62	35.57	44.05	46.91	54.89	63.65	112.75	199.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.91	7.12	7.65	8.83	12.41	25.21	43.64
26	6.13	7.40	7.96	9.22	12.93	26.12	45.19
27	6.36	7.71	8.30	9.64	13.50	27.07	46.82
28	6.61	8.06	8.69	10.10	14.09	28.07	48.54
29	6.89	8.43	9.10	10.61	14.74	29.14	50.34
30	7.19	8.84	9.55	11.16	15.43	30.27	52.28
31	7.52	9.28	10.03	11.75	16.17	31.49	54.33
32	7.88	9.75	10.57	12.37	16.94	32.77	56.53
33	8.25	10.24	11.11	13.03	17.76	34.13	58.85
34	8.65	10.78	11.70	13.75	18.65	35.57	61.34
35	9.08	11.35	12.34	14.50	19.57	37.12	64.01
36	9.55	11.96	13.02	15.30	20.57	38.76	66.89
37	10.05	12.60	13.74	16.17	21.63	40.52	69.98
38	10.58	13.30	14.50	17.06	22.76	42.41	73.30
39	11.14	14.03	15.32	18.01	23.96	44.41	76.87
40	11.74	14.81	16.19	19.04	25.24	46.57	80.70
41	12.39	15.65	17.12	20.13	26.60	48.85	84.82
42	13.07	16.54	18.13	21.30	28.07	51.30	89.26
43	13.92	17.58	19.20	22.54	29.64	53.94	94.05
44	14.83	18.67	20.33	23.86	31.30	56.72	99.20
45	15.81	19.86	21.55	25.26	33.05	59.69	104.68
46	16.86	21.12	22.85	26.76	34.90	62.84	110.50
47	17.97	22.46	24.23	28.35	36.83	66.17	116.68
48	19.18	23.94	25.78	30.14	38.97	69.93	123.73
49	20.46	25.48	27.41	32.00	41.17	73.83	131.01
50	21.78	27.09	29.08	33.92	43.39	77.78	138.42
51	23.13	28.71	30.77	35.87	45.60	81.74	145.83
52	24.48	30.33	32.47	37.82	47.78	85.65	153.10
53	25.94	32.12	34.34	39.99	50.11	89.90	160.94
54	27.34	33.84	36.12	42.06	52.29	93.85	168.21
55	28.65	35.42	37.74	43.97	54.21	97.33	174.57
56	29.80	36.81	39.16	45.63	55.79	100.18	179.70
57	30.74	37.93	40.28	46.94	56.94	102.20	183.26
58	31.32	38.62	40.99	47.77	57.49	103.24	184.95
59	31.57	38.93	41.30	48.12	57.44	103.09	184.42
60	31.47	38.77	41.13	47.95	56.73	101.61	181.33
61	30.95	38.13	40.44	47.17	55.30	98.61	175.40
62	29.98	36.92	39.18	45.72	53.06	93.91	166.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.95	7.19	7.75	8.98	12.62	25.69	44.49
26	6.16	7.48	8.07	9.38	13.16	26.60	46.09
27	6.40	7.79	8.42	9.80	13.74	27.58	47.75
28	6.65	8.14	8.82	10.28	14.34	28.61	49.51
29	6.94	8.52	9.24	10.81	15.00	29.69	51.36
30	7.24	8.94	9.70	11.36	15.71	30.86	53.33
31	7.57	9.38	10.19	11.96	16.46	32.09	55.43
32	7.93	9.86	10.73	12.60	17.25	33.40	57.68
33	8.31	10.36	11.29	13.27	18.08	34.80	60.04
34	8.71	10.91	11.89	14.01	18.99	36.26	62.59
35	9.15	11.48	12.54	14.78	19.93	37.85	65.31
36	9.62	12.10	13.24	15.60	20.95	39.54	68.24
37	10.12	12.76	13.97	16.47	22.04	41.33	71.39
38	10.66	13.46	14.75	17.39	23.20	43.25	74.79
39	11.22	14.20	15.58	18.37	24.42	45.30	78.43
40	11.83	15.00	16.46	19.42	25.72	47.49	82.35
41	12.49	15.84	17.42	20.52	27.11	49.82	86.56
42	13.16	16.76	18.44	21.71	28.60	52.32	91.06
43	14.03	17.80	19.53	22.98	30.21	55.00	95.96
44	14.94	18.91	20.68	24.33	31.90	57.84	101.21
45	15.94	20.11	21.92	25.77	33.69	60.87	106.80
46	16.99	21.38	23.24	27.29	35.56	64.07	112.71
47	18.12	22.74	24.64	28.91	37.52	67.46	119.00
48	19.34	24.24	26.23	30.73	39.70	71.29	126.17
49	20.63	25.80	27.88	32.62	41.93	75.25	133.58
50	21.95	27.42	29.58	34.58	44.19	79.26	141.11
51	23.31	29.07	31.28	36.55	46.43	83.28	148.61
52	24.68	30.70	33.01	38.53	48.63	87.23	155.96
53	26.15	32.52	34.89	40.72	50.99	91.52	163.88
54	27.55	34.23	36.68	42.81	53.17	95.49	171.20
55	28.87	35.83	38.31	44.72	55.10	98.96	177.55
56	30.02	37.22	39.71	46.37	56.65	101.79	182.64
57	30.95	38.32	40.82	47.66	57.77	103.76	186.08
58	31.53	39.00	41.53	48.47	58.30	104.76	187.71
59	31.77	39.29	41.80	48.80	58.19	104.52	187.02
60	31.64	39.10	41.57	48.54	57.39	102.85	183.62
61	31.09	38.39	40.78	47.63	55.82	99.58	177.18
62	30.06	37.07	39.39	46.01	53.36	94.49	167.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.01	7.30	7.91	9.20	12.94	26.39	45.78
26	6.22	7.59	8.25	9.62	13.50	27.34	47.41
27	6.46	7.91	8.60	10.06	14.09	28.35	49.14
28	6.72	8.27	9.01	10.55	14.72	29.41	50.96
29	7.00	8.66	9.44	11.09	15.40	30.54	52.87
30	7.31	9.08	9.92	11.66	16.12	31.74	54.90
31	7.66	9.53	10.43	12.28	16.90	33.02	57.08
32	8.01	10.02	10.98	12.94	17.71	34.36	59.40
33	8.40	10.54	11.55	13.64	18.59	35.80	61.84
34	8.81	11.10	12.18	14.40	19.51	37.31	64.47
35	9.25	11.69	12.84	15.19	20.49	38.95	67.28
36	9.72	12.32	13.55	16.04	21.53	40.68	70.29
37	10.23	12.99	14.32	16.94	22.65	42.53	73.54
38	10.77	13.70	15.11	17.89	23.84	44.51	77.04
39	11.35	14.46	15.96	18.89	25.10	46.61	80.78
40	11.96	15.27	16.88	19.98	26.44	48.88	84.81
41	12.63	16.13	17.86	21.12	27.88	51.27	89.14
42	13.32	17.06	18.89	22.34	29.40	53.84	93.78
43	14.19	18.13	20.02	23.65	31.05	56.60	98.82
44	15.13	19.26	21.21	25.04	32.80	59.53	104.22
45	16.12	20.49	22.48	26.51	34.63	62.63	109.96
46	17.20	21.79	23.83	28.08	36.55	65.92	116.04
47	18.33	23.16	25.26	29.74	38.56	69.39	122.48
48	19.57	24.69	26.88	31.62	40.80	73.33	129.84
49	20.87	26.28	28.57	33.56	43.08	77.38	137.43
50	22.20	27.92	30.31	35.56	45.39	81.49	145.13
51	23.58	29.59	32.05	37.58	47.67	85.58	152.78
52	24.97	31.27	33.80	39.58	49.90	89.60	160.25
53	26.47	33.11	35.72	41.81	52.30	93.94	168.29
54	27.89	34.84	37.52	43.93	54.50	97.95	175.67
55	29.20	36.43	39.16	45.85	56.42	101.43	182.03
56	30.34	37.82	40.56	47.48	57.96	104.22	187.04
57	31.28	38.90	41.64	48.74	59.02	106.09	190.33
58	31.85	39.58	42.33	49.54	59.52	107.03	191.88
59	32.07	39.84	42.55	49.79	59.34	106.65	190.93
60	31.90	39.57	42.24	49.41	58.40	104.72	187.05
61	31.29	38.76	41.31	48.32	56.58	101.04	179.84
62	30.18	37.30	39.70	46.41	53.81	95.36	168.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.36	7.66	8.22	9.50	13.34	27.11	46.92
26	6.59	7.96	8.55	9.92	13.90	28.08	48.59
27	6.84	8.29	8.92	10.37	14.51	29.10	50.34
28	7.11	8.67	9.34	10.86	15.15	30.18	52.19
29	7.41	9.06	9.79	11.41	15.85	31.33	54.14
30	7.74	9.50	10.27	11.99	16.59	32.55	56.21
31	8.09	9.97	10.79	12.63	17.38	33.85	58.42
32	8.47	10.48	11.36	13.31	18.22	35.24	60.79
33	8.87	11.02	11.95	14.01	19.10	36.70	63.28
34	9.30	11.59	12.58	14.78	20.05	38.24	65.96
35	9.77	12.21	13.26	15.59	21.04	39.92	68.83
36	10.27	12.86	14.00	16.46	22.11	41.69	71.92
37	10.81	13.55	14.78	17.38	23.26	43.58	75.24
38	11.37	14.30	15.59	18.35	24.47	45.60	78.81
39	11.98	15.08	16.47	19.37	25.77	47.76	82.65
40	12.62	15.93	17.41	20.48	27.14	50.07	86.78
41	13.32	16.83	18.42	21.65	28.61	52.53	91.21
42	14.05	17.79	19.49	22.90	30.18	55.16	95.97
43	14.97	18.90	20.64	24.24	31.87	57.99	101.14
44	15.95	20.08	21.86	25.65	33.66	60.99	106.67
45	17.00	21.36	23.17	27.17	35.54	64.19	112.56
46	18.13	22.71	24.57	28.78	37.52	67.57	118.82
47	19.32	24.15	26.05	30.48	39.60	71.15	125.46
48	20.63	25.74	27.73	32.41	41.90	75.20	133.04
49	22.00	27.40	29.47	34.41	44.26	79.38	140.88
50	23.42	29.13	31.28	36.48	46.66	83.64	148.84
51	24.87	30.88	33.09	38.57	49.03	87.89	156.81
52	26.32	32.61	34.92	40.66	51.37	92.10	164.62
53	27.90	34.54	36.92	43.00	53.88	96.67	173.06
54	29.40	36.38	38.84	45.23	56.22	100.92	180.88
55	30.81	38.09	40.59	47.28	58.29	104.66	187.70
56	32.04	39.58	42.11	49.06	59.99	107.72	193.23
57	33.05	40.78	43.31	50.48	61.22	109.89	197.06
58	33.68	41.53	44.08	51.37	61.82	111.01	198.87
59	33.95	41.86	44.40	51.74	61.76	110.85	198.30
60	33.84	41.69	44.23	51.56	61.00	109.26	194.98
61	33.28	41.00	43.48	50.71	59.46	106.03	188.60
62	32.23	39.70	42.13	49.17	57.05	100.98	178.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.40	7.74	8.33	9.65	13.57	27.62	47.85
26	6.63	8.04	8.68	10.08	14.15	28.61	49.55
27	6.88	8.38	9.06	10.54	14.77	29.66	51.34
28	7.15	8.76	9.48	11.05	15.43	30.76	53.23
29	7.46	9.16	9.94	11.62	16.13	31.93	55.22
30	7.79	9.61	10.43	12.21	16.89	33.18	57.34
31	8.14	10.08	10.96	12.86	17.70	34.51	59.60
32	8.53	10.60	11.54	13.55	18.55	35.92	62.02
33	8.93	11.14	12.14	14.27	19.45	37.42	64.57
34	9.37	11.73	12.79	15.07	20.42	38.99	67.30
35	9.84	12.35	13.48	15.89	21.44	40.70	70.23
36	10.34	13.02	14.23	16.77	22.53	42.51	73.38
37	10.89	13.72	15.02	17.71	23.70	44.44	76.77
38	11.46	14.48	15.86	18.70	24.94	46.51	80.42
39	12.06	15.27	16.76	19.75	26.26	48.71	84.34
40	12.72	16.12	17.71	20.88	27.66	51.07	88.55
41	13.43	17.04	18.74	22.07	29.15	53.57	93.07
42	14.16	18.01	19.83	23.35	30.76	56.25	97.92
43	15.08	19.14	21.00	24.71	32.48	59.14	103.19
44	16.07	20.34	22.24	26.16	34.30	62.20	108.83
45	17.13	21.62	23.57	27.70	36.22	65.45	114.83
46	18.27	22.99	24.99	29.34	38.24	68.90	121.19
47	19.48	24.45	26.50	31.08	40.35	72.54	127.96
48	20.79	26.07	28.20	33.04	42.69	76.66	135.67
49	22.18	27.75	29.97	35.08	45.09	80.92	143.64
50	23.60	29.49	31.80	37.18	47.52	85.23	151.73
51	25.06	31.26	33.63	39.30	49.92	89.55	159.80
52	26.53	33.02	35.49	41.42	52.29	93.80	167.70
53	28.12	34.96	37.51	43.78	54.82	98.41	176.22
54	29.63	36.81	39.44	46.03	57.17	102.68	184.08
55	31.05	38.53	41.19	48.09	59.24	106.42	190.92
56	32.28	40.01	42.71	49.86	60.92	109.45	196.38
57	33.28	41.20	43.89	51.25	62.12	111.57	200.09
58	33.91	41.94	44.65	52.12	62.69	112.64	201.85
59	34.16	42.25	44.94	52.47	62.58	112.38	201.10
60	34.02	42.04	44.70	52.19	61.71	110.60	197.45
61	33.43	41.27	43.85	51.21	60.02	107.08	190.51
62	32.32	39.86	42.35	49.46	57.38	101.60	179.87

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.46	7.85	8.51	9.90	13.91	28.38	49.23
26	6.69	8.17	8.86	10.34	14.51	29.40	50.99
27	6.94	8.51	9.25	10.82	15.15	30.48	52.84
28	7.22	8.90	9.69	11.34	15.83	31.63	54.80
29	7.53	9.31	10.16	11.92	16.56	32.83	56.85
30	7.87	9.77	10.67	12.54	17.34	34.13	59.04
31	8.23	10.25	11.21	13.21	18.17	35.50	61.37
32	8.62	10.78	11.81	13.92	19.05	36.95	63.87
33	9.03	11.33	12.43	14.67	19.98	38.49	66.49
34	9.47	11.93	13.09	15.48	20.98	40.12	69.32
35	9.94	12.57	13.81	16.33	22.03	41.88	72.34
36	10.45	13.24	14.57	17.25	23.15	43.74	75.58
37	11.01	13.97	15.39	18.22	24.36	45.73	79.08
38	11.58	14.73	16.24	19.24	25.63	47.86	82.83
39	12.21	15.55	17.17	20.32	26.99	50.12	86.86
40	12.86	16.42	18.15	21.48	28.43	52.55	91.19
41	13.58	17.34	19.20	22.71	29.97	55.13	95.85
42	14.33	18.35	20.32	24.02	31.62	57.89	100.84
43	15.26	19.49	21.52	25.43	33.39	60.86	106.26
44	16.26	20.72	22.80	26.92	35.26	64.01	112.06
45	17.34	22.03	24.16	28.51	37.23	67.35	118.23
46	18.49	23.43	25.63	30.19	39.30	70.88	124.77
47	19.71	24.90	27.17	31.98	41.47	74.62	131.70
48	21.04	26.55	28.91	33.99	43.87	78.85	139.61
49	22.44	28.26	30.72	36.09	46.32	83.20	147.78
50	23.87	30.03	32.59	38.24	48.80	87.62	156.05
51	25.35	31.82	34.46	40.40	51.26	92.02	164.28
52	26.84	33.62	36.34	42.57	53.66	96.34	172.31
53	28.46	35.60	38.40	44.96	56.23	101.02	180.95
54	29.98	37.46	40.35	47.24	58.60	105.33	188.89
55	31.40	39.18	42.11	49.30	60.67	109.07	195.73
56	32.63	40.66	43.61	51.06	62.32	112.06	201.12
57	33.62	41.84	44.77	52.41	63.47	114.07	204.65
58	34.24	42.57	45.51	53.27	64.00	115.09	206.32
59	34.48	42.84	45.75	53.54	63.80	114.67	205.30
60	34.30	42.56	45.42	53.13	62.79	112.60	201.13
61	33.65	41.68	44.41	51.96	60.84	108.64	193.37
62	32.45	40.11	42.69	49.90	57.86	102.54	181.54

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.32	6.30	6.73	7.73	10.69	21.40	36.56
26	5.53	6.56	7.02	8.09	11.17	22.26	38.06
27	5.73	6.85	7.34	8.47	11.69	23.18	39.63
28	5.96	7.17	7.67	8.89	12.23	24.14	41.29
29	6.20	7.51	8.06	9.35	12.82	25.14	43.01
30	6.49	7.88	8.47	9.84	13.46	26.22	44.84
31	6.78	8.26	8.91	10.36	14.12	27.33	46.77
32	7.09	8.69	9.37	10.93	14.83	28.53	48.82
33	7.43	9.13	9.87	11.52	15.57	29.79	50.99
34	7.80	9.61	10.39	12.15	16.36	31.13	53.29
35	8.18	10.12	10.96	12.83	17.20	32.53	55.74
36	8.60	10.67	11.57	13.54	18.09	34.04	58.38
37	9.04	11.25	12.21	14.32	19.05	35.65	61.20
38	9.51	11.87	12.89	15.12	20.06	37.36	64.20
39	10.01	12.51	13.62	15.96	21.14	39.17	67.43
40	10.55	13.21	14.40	16.89	22.28	41.10	70.89
41	11.12	13.97	15.22	17.85	23.50	43.16	74.60
42	11.73	14.76	16.11	18.88	24.80	45.36	78.58
43	12.49	15.67	17.06	19.98	26.21	47.71	82.87
44	13.29	16.65	18.07	21.16	27.67	50.21	87.45
45	14.16	17.70	19.15	22.40	29.22	52.85	92.33
46	15.08	18.81	20.28	23.72	30.86	55.64	97.50
47	16.08	19.99	21.50	25.12	32.56	58.59	102.97
48	17.14	21.30	22.88	26.71	34.44	61.93	109.20
49	18.27	22.67	24.31	28.34	36.39	65.37	115.63
50	19.44	24.06	25.78	30.02	38.34	68.84	122.15
51	20.62	25.49	27.25	31.73	40.28	72.32	128.64
52	21.81	26.92	28.74	33.42	42.17	75.73	134.98
53	23.10	28.47	30.38	35.31	44.20	79.42	141.79
54	24.32	29.97	31.93	37.12	46.09	82.83	148.08
55	25.45	31.35	33.33	38.76	47.74	85.84	153.53
56	26.44	32.53	34.54	40.17	49.09	88.25	157.89
57	27.24	33.48	35.48	41.29	50.05	89.94	160.85
58	27.72	34.06	36.07	41.98	50.48	90.73	162.12
59	27.91	34.28	36.30	42.23	50.38	90.47	161.44
60	27.79	34.11	36.12	42.03	49.70	89.04	158.51
61	27.30	33.49	35.47	41.31	48.40	86.25	153.04
62	26.40	32.39	34.32	40.01	46.39	81.97	144.73

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.36	6.37	6.84	7.88	10.90	21.88	37.42
26	5.55	6.64	7.14	8.25	11.40	22.75	38.96
27	5.77	6.93	7.46	8.63	11.92	23.69	40.56
28	6.00	7.25	7.81	9.06	12.49	24.68	42.26
29	6.26	7.59	8.20	9.53	13.09	25.70	44.02
30	6.53	7.97	8.61	10.04	13.74	26.80	45.89
31	6.83	8.37	9.06	10.58	14.41	27.95	47.87
32	7.15	8.80	9.53	11.16	15.14	29.17	49.98
33	7.49	9.25	10.05	11.77	15.89	30.46	52.18
34	7.87	9.74	10.58	12.42	16.70	31.82	54.54
35	8.25	10.25	11.17	13.11	17.57	33.26	57.04
36	8.67	10.82	11.78	13.84	18.48	34.80	59.73
37	9.11	11.40	12.44	14.63	19.47	36.45	62.61
38	9.59	12.03	13.14	15.44	20.50	38.19	65.69
39	10.09	12.69	13.88	16.32	21.60	40.05	69.01
40	10.64	13.38	14.67	17.26	22.77	42.03	72.54
41	11.22	14.16	15.51	18.24	24.02	44.13	76.32
42	11.83	14.96	16.43	19.30	25.33	46.37	80.38
43	12.59	15.89	17.39	20.42	26.77	48.78	84.78
44	13.40	16.89	18.42	21.63	28.27	51.33	89.46
45	14.28	17.94	19.52	22.90	29.86	54.03	94.44
46	15.22	19.07	20.68	24.24	31.52	56.88	99.71
47	16.22	20.28	21.92	25.68	33.26	59.88	105.29
48	17.30	21.60	23.33	27.30	35.18	63.29	111.65
49	18.43	22.99	24.77	28.95	37.15	66.79	118.20
50	19.61	24.39	26.27	30.68	39.14	70.32	124.84
51	20.79	25.85	27.76	32.41	41.10	73.86	131.42
52	22.00	27.29	29.28	34.13	43.02	77.32	137.85
53	23.32	28.86	30.92	36.04	45.07	81.04	144.73
54	24.53	30.37	32.48	37.86	46.97	84.47	151.06
55	25.67	31.75	33.89	39.51	48.62	87.47	156.52
56	26.66	32.93	35.09	40.92	49.96	89.86	160.82
57	27.46	33.87	36.03	42.01	50.89	91.48	163.67
58	27.93	34.43	36.61	42.68	51.29	92.24	164.89
59	28.12	34.64	36.79	42.90	51.15	91.90	164.05
60	27.97	34.43	36.56	42.62	50.36	90.29	160.81
61	27.43	33.75	35.82	41.76	48.92	87.23	154.82
62	26.48	32.55	34.54	40.29	46.70	82.55	145.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.42	6.49	7.00	8.10	11.22	22.58	38.70
26	5.61	6.76	7.30	8.47	11.74	23.49	40.29
27	5.83	7.06	7.65	8.89	12.28	24.46	41.95
28	6.06	7.38	8.01	9.34	12.87	25.48	43.71
29	6.32	7.74	8.40	9.82	13.49	26.54	45.54
30	6.61	8.12	8.83	10.35	14.15	27.68	47.47
31	6.91	8.53	9.29	10.90	14.85	28.86	49.52
32	7.23	8.96	9.79	11.50	15.61	30.12	51.69
33	7.58	9.42	10.31	12.14	16.39	31.46	53.97
34	7.96	9.93	10.87	12.80	17.23	32.87	56.41
35	8.35	10.46	11.47	13.52	18.12	34.36	59.00
36	8.77	11.03	12.10	14.28	19.06	35.95	61.78
37	9.22	11.63	12.79	15.09	20.07	37.66	64.76
38	9.71	12.27	13.50	15.95	21.14	39.46	67.94
39	10.23	12.94	14.26	16.85	22.27	41.37	71.36
40	10.77	13.67	15.08	17.82	23.49	43.41	75.00
41	11.36	14.44	15.95	18.84	24.77	45.58	78.91
42	11.99	15.27	16.89	19.93	26.13	47.89	83.10
43	12.76	16.22	17.88	21.10	27.61	50.38	87.63
44	13.59	17.24	18.95	22.33	29.16	53.02	92.46
45	14.47	18.31	20.07	23.65	30.80	55.79	97.60
46	15.42	19.47	21.27	25.04	32.52	58.73	103.04
47	16.43	20.70	22.54	26.51	34.30	61.81	108.78
48	17.53	22.04	23.98	28.18	36.28	65.32	115.32
49	18.67	23.46	25.47	29.89	38.30	68.92	122.05
50	19.86	24.90	27.00	31.65	40.34	72.55	128.86
51	21.07	26.36	28.53	33.43	42.35	76.16	135.58
52	22.28	27.83	30.07	35.19	44.30	79.68	142.14
53	23.63	29.45	31.75	37.14	46.38	83.46	149.13
54	24.86	30.98	33.33	38.98	48.29	86.94	155.54
55	26.00	32.36	34.74	40.63	49.95	89.94	161.00
56	26.99	33.54	35.94	42.03	51.26	92.29	165.22
57	27.77	34.46	36.85	43.08	52.14	93.83	167.91
58	28.24	35.02	37.41	43.74	52.51	94.52	169.05
59	28.41	35.18	37.55	43.90	52.28	94.03	167.96
60	28.23	34.91	37.22	43.50	51.37	92.15	164.23
61	27.64	34.13	36.34	42.46	49.68	88.68	157.48
62	26.60	32.78	34.85	40.70	47.15	83.42	147.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.73	6.78	7.24	8.31	11.49	23.01	39.31
26	5.94	7.06	7.55	8.69	12.01	23.94	40.93
27	6.16	7.37	7.89	9.11	12.57	24.92	42.61
28	6.41	7.71	8.25	9.56	13.16	25.95	44.40
29	6.67	8.07	8.67	10.05	13.79	27.03	46.25
30	6.97	8.47	9.10	10.58	14.47	28.19	48.22
31	7.29	8.89	9.57	11.14	15.18	29.39	50.29
32	7.63	9.34	10.08	11.75	15.95	30.68	52.50
33	7.99	9.82	10.61	12.39	16.74	32.03	54.82
34	8.39	10.33	11.18	13.07	17.59	33.47	57.31
35	8.80	10.89	11.78	13.80	18.50	34.98	59.94
36	9.25	11.47	12.44	14.56	19.46	36.60	62.77
37	9.72	12.09	13.13	15.39	20.49	38.33	65.80
38	10.23	12.76	13.86	16.25	21.57	40.16	69.03
39	10.76	13.46	14.64	17.17	22.73	42.12	72.51
40	11.34	14.20	15.48	18.15	23.96	44.19	76.23
41	11.96	15.01	16.37	19.19	25.27	46.41	80.21
42	12.61	15.87	17.33	20.30	26.66	48.77	84.49
43	13.43	16.85	18.35	21.49	28.18	51.30	89.11
44	14.29	17.90	19.43	22.75	29.75	53.99	94.04
45	15.22	19.03	20.59	24.09	31.42	56.83	99.28
46	16.22	20.22	21.82	25.50	33.18	59.83	104.84
47	17.28	21.50	23.12	27.02	35.02	63.00	110.72
48	18.44	22.90	24.60	28.71	37.04	66.59	117.42
49	19.64	24.38	26.14	30.47	39.12	70.29	124.34
50	20.90	25.87	27.72	32.28	41.23	74.03	131.35
51	22.17	27.41	29.30	34.12	43.31	77.77	138.32
52	23.45	28.94	30.91	35.94	45.35	81.44	145.15
53	24.84	30.62	32.67	37.97	47.53	85.40	152.47
54	26.15	32.23	34.33	39.91	49.55	89.07	159.23
55	27.37	33.70	35.83	41.68	51.33	92.29	165.09
56	28.43	34.98	37.14	43.20	52.78	94.89	169.77
57	29.30	36.00	38.16	44.40	53.82	96.70	172.96
58	29.81	36.62	38.79	45.14	54.28	97.56	174.33
59	30.02	36.85	39.03	45.41	54.17	97.28	173.60
60	29.88	36.68	38.83	45.20	53.44	95.74	170.45
61	29.35	36.02	38.14	44.41	52.04	92.74	164.56
62	28.39	34.83	36.91	43.02	49.89	88.14	155.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.76	6.86	7.36	8.47	11.72	23.52	40.23
26	5.98	7.15	7.67	8.86	12.26	24.46	41.89
27	6.20	7.45	8.03	9.28	12.82	25.48	43.61
28	6.45	7.80	8.40	9.75	13.43	26.53	45.43
29	6.72	8.17	8.82	10.25	14.07	27.63	47.34
30	7.02	8.57	9.26	10.80	14.77	28.82	49.34
31	7.34	9.00	9.74	11.37	15.50	30.05	51.47
32	7.69	9.46	10.25	11.99	16.28	31.36	53.73
33	8.05	9.94	10.81	12.65	17.09	32.75	56.11
34	8.46	10.47	11.38	13.35	17.96	34.21	58.64
35	8.87	11.03	12.00	14.10	18.89	35.76	61.34
36	9.32	11.62	12.67	14.88	19.87	37.43	64.23
37	9.79	12.26	13.38	15.73	20.93	39.20	67.33
38	10.31	12.94	14.12	16.61	22.04	41.07	70.64
39	10.85	13.64	14.92	17.55	23.22	43.07	74.20
40	11.44	14.40	15.78	18.56	24.48	45.19	77.99
41	12.06	15.22	16.68	19.62	25.82	47.45	82.07
42	12.72	16.09	17.66	20.75	27.24	49.86	86.43
43	13.54	17.09	18.70	21.96	28.78	52.45	91.16
44	14.41	18.15	19.81	23.26	30.40	55.19	96.19
45	15.36	19.29	20.99	24.62	32.10	58.10	101.55
46	16.36	20.50	22.24	26.07	33.90	61.16	107.22
47	17.44	21.80	23.57	27.61	35.76	64.39	113.22
48	18.60	23.22	25.08	29.35	37.83	68.05	120.05
49	19.82	24.72	26.64	31.13	39.95	71.82	127.10
50	21.08	26.23	28.25	32.98	42.09	75.62	134.24
51	22.36	27.79	29.85	34.85	44.20	79.42	141.31
52	23.65	29.34	31.48	36.70	46.26	83.13	148.23
53	25.07	31.04	33.26	38.76	48.47	87.14	155.63
54	26.38	32.66	34.93	40.71	50.50	90.83	162.43
55	27.61	34.14	36.44	42.49	52.28	94.05	168.30
56	28.67	35.41	37.73	44.00	53.72	96.62	172.92
57	29.52	36.42	38.74	45.17	54.72	98.38	175.99
58	30.03	37.03	39.36	45.89	55.15	99.18	177.30
59	30.23	37.24	39.56	46.13	54.99	98.82	176.40
60	30.07	37.02	39.31	45.83	54.16	97.08	172.91
61	29.50	36.29	38.51	44.91	52.60	93.79	166.47
62	28.48	35.00	37.14	43.32	50.21	88.77	156.74

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.83	6.97	7.53	8.71	12.06	24.28	41.62
26	6.04	7.27	7.86	9.12	12.62	25.26	43.32
27	6.27	7.59	8.22	9.56	13.21	26.30	45.11
28	6.52	7.94	8.61	10.04	13.83	27.39	47.00
29	6.79	8.32	9.04	10.56	14.50	28.54	48.96
30	7.10	8.73	9.50	11.12	15.22	29.76	51.04
31	7.43	9.17	10.00	11.72	15.97	31.04	53.24
32	7.78	9.64	10.52	12.36	16.78	32.39	55.58
33	8.15	10.14	11.09	13.05	17.63	33.83	58.04
34	8.55	10.67	11.69	13.76	18.52	35.34	60.66
35	8.98	11.25	12.33	14.54	19.48	36.94	63.44
36	9.43	11.85	13.02	15.36	20.50	38.66	66.43
37	9.92	12.50	13.75	16.23	21.59	40.49	69.63
38	10.44	13.19	14.51	17.14	22.73	42.42	73.05
39	10.99	13.92	15.34	18.12	23.95	44.48	76.73
40	11.58	14.70	16.22	19.16	25.26	46.68	80.64
41	12.21	15.53	17.15	20.26	26.64	49.02	84.85
42	12.88	16.42	18.15	21.43	28.10	51.50	89.36
43	13.72	17.44	19.23	22.69	29.69	54.17	94.23
44	14.61	18.53	20.37	24.02	31.35	57.01	99.42
45	15.56	19.69	21.59	25.43	33.11	59.99	104.95
46	16.58	20.94	22.87	26.92	34.96	63.15	110.79
47	17.67	22.26	24.24	28.51	36.88	66.47	116.96
48	18.85	23.71	25.78	30.30	39.01	70.24	123.99
49	20.08	25.23	27.39	32.15	41.18	74.10	131.23
50	21.36	26.77	29.03	34.04	43.38	78.01	138.56
51	22.65	28.35	30.68	35.95	45.54	81.89	145.79
52	23.96	29.93	32.33	37.84	47.63	85.68	152.84
53	25.41	31.67	34.14	39.93	49.88	89.74	160.36
54	26.73	33.31	35.83	41.91	51.93	93.48	167.24
55	27.96	34.80	37.36	43.69	53.71	96.70	173.11
56	29.02	36.06	38.64	45.20	55.11	99.23	177.65
57	29.87	37.06	39.62	46.33	56.06	100.88	180.55
58	30.37	37.66	40.22	47.04	56.46	101.63	181.77
59	30.54	37.83	40.37	47.20	56.21	101.10	180.60
60	30.35	37.54	40.02	46.77	55.23	99.09	176.60
61	29.72	36.70	39.07	45.65	53.42	95.36	169.33
62	28.61	35.24	37.47	43.76	50.70	89.70	158.40

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.04	34.76	38.47	47.52	60.61	104.25	182.18
26	26.97	36.06	39.92	49.35	62.71	107.15	187.13
27	27.94	37.42	41.43	51.27	64.86	109.97	191.95
28	28.95	38.83	43.01	53.26	67.04	112.76	196.62
29	30.01	40.28	44.63	55.31	69.25	115.52	201.19
30	31.10	41.77	46.31	57.39	71.47	118.21	205.67
31	32.23	43.30	48.00	59.52	73.70	120.89	210.09
32	33.36	44.85	49.74	61.66	75.94	123.52	214.48
33	34.51	46.38	51.44	63.77	78.20	126.10	218.81
34	35.68	47.92	53.17	65.89	80.43	128.66	223.15
35	36.85	49.47	54.90	68.00	82.66	131.21	227.54
36	38.04	51.03	56.65	70.08	84.86	133.76	232.02
37	39.25	52.58	58.38	72.16	87.00	136.32	236.59
38	40.44	54.13	60.10	74.18	89.06	138.95	241.45
39	41.64	55.66	61.82	76.20	91.05	141.58	246.43
40	42.84	57.20	63.55	78.19	93.00	144.24	251.54
41	44.06	58.73	65.27	80.14	94.88	146.88	256.80
42	45.27	60.27	66.99	82.10	96.70	149.56	262.19
43	46.87	62.08	68.74	84.04	98.50	152.35	267.99
44	48.50	63.89	70.48	85.97	100.21	155.12	273.84
45	50.12	65.70	72.20	87.83	101.83	157.83	279.68
46	51.75	67.49	73.90	89.66	103.36	160.44	285.40
47	53.38	69.25	75.55	91.41	104.76	162.94	290.94
48	54.89	70.95	77.23	93.18	106.02	165.44	296.65
49	56.36	72.57	78.84	94.84	107.16	167.73	301.90
50	57.75	74.10	80.34	96.35	108.15	169.71	306.51
51	59.05	75.50	81.69	97.70	108.97	171.35	310.29
52	60.22	76.74	82.85	98.82	109.64	172.54	313.04
53	61.23	77.78	83.83	99.68	110.26	173.15	314.05
54	62.08	78.62	84.55	100.26	110.67	173.18	313.76
55	62.74	79.22	85.03	100.55	110.80	172.65	312.17
56	63.18	79.54	85.20	100.51	110.62	171.49	309.21
57	63.39	79.57	85.07	100.14	110.10	169.64	304.81
58	62.07	77.77	83.09	97.51	107.04	164.12	293.19
59	60.74	75.99	81.13	94.96	104.09	158.57	281.48
60	59.62	74.48	79.46	92.91	101.68	153.69	271.03
61	58.92	73.59	78.46	91.80	100.36	150.19	263.23
62	58.93	73.63	78.50	92.08	100.55	148.76	259.45
63						153.91	268.38
64						161.58	282.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.07	34.83	38.58	47.66	60.81	104.71	183.00
26	27.00	36.13	40.03	49.50	62.93	107.62	187.99
27	27.98	37.50	41.54	51.43	65.08	110.48	192.84
28	28.99	38.91	43.14	53.42	67.28	113.29	197.56
29	30.06	40.37	44.77	55.48	69.50	116.06	202.16
30	31.15	41.86	46.46	57.60	71.74	118.78	206.69
31	32.28	43.41	48.15	59.73	73.99	121.48	211.16
32	33.41	44.96	49.90	61.89	76.24	124.13	215.59
33	34.58	46.49	51.61	64.01	78.51	126.75	219.97
34	35.74	48.05	53.35	66.14	80.77	129.33	224.36
35	36.92	49.61	55.10	68.26	83.02	131.91	228.80
36	38.11	51.17	56.85	70.37	85.23	134.51	233.33
37	39.32	52.73	58.60	72.46	87.39	137.10	237.96
38	40.52	54.29	60.34	74.50	89.47	139.76	242.89
39	41.72	55.83	62.07	76.54	91.50	142.45	247.94
40	42.93	57.38	63.82	78.55	93.46	145.14	253.13
41	44.16	58.92	65.55	80.52	95.37	147.82	258.47
42	45.36	60.47	67.29	82.49	97.22	150.54	263.94
43	46.97	62.30	69.05	84.47	99.04	153.38	269.83
44	48.60	64.12	70.82	86.42	100.79	156.21	275.78
45	50.25	65.94	72.56	88.32	102.45	158.97	281.72
46	51.88	67.74	74.28	90.17	104.00	161.64	287.54
47	53.52	69.51	75.95	91.95	105.44	164.19	293.18
48	55.04	71.24	77.66	93.75	106.74	166.76	299.02
49	56.51	72.88	79.29	95.44	107.91	169.11	304.39
50	57.92	74.41	80.81	96.98	108.93	171.14	309.11
51	59.22	75.84	82.17	98.36	109.77	172.84	312.98
52	60.39	77.09	83.36	99.51	110.46	174.07	315.81
53	61.42	78.14	84.36	100.39	111.10	174.72	316.89
54	62.28	79.00	85.10	100.98	111.52	174.77	316.65
55	62.93	79.60	85.57	101.28	111.65	174.23	315.07
56	63.39	79.91	85.74	101.24	111.46	173.04	312.04
57	63.57	79.94	85.59	100.83	110.91	171.14	307.53
58	62.26	78.14	83.60	98.19	107.84	165.58	295.86
59	60.91	76.32	81.61	95.61	104.83	159.95	283.99
60	59.77	74.78	79.88	93.48	102.33	154.90	273.25
61	59.04	73.83	78.80	92.24	100.86	151.13	264.96
62	59.00	73.78	78.70	92.36	100.85	149.32	260.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.13	34.94	38.74	47.88	61.12	105.39	184.25
26	27.05	36.24	40.20	49.73	63.25	108.34	189.29
27	28.04	37.61	41.72	51.67	65.44	111.22	194.19
28	29.05	39.04	43.32	53.69	67.65	114.07	198.97
29	30.12	40.51	44.96	55.77	69.89	116.87	203.63
30	31.21	42.01	46.66	57.89	72.14	119.64	208.22
31	32.35	43.56	48.37	60.04	74.41	122.36	212.75
32	33.49	45.12	50.14	62.22	76.70	125.06	217.25
33	34.65	46.67	51.87	64.36	79.00	127.71	221.71
34	35.82	48.23	53.63	66.51	81.28	130.35	226.17
35	37.01	49.80	55.40	68.66	83.55	132.98	230.69
36	38.22	51.37	57.16	70.80	85.79	135.62	235.31
37	39.42	52.95	58.93	72.91	87.98	138.26	240.04
38	40.64	54.52	60.69	74.98	90.09	140.98	245.06
39	41.84	56.07	62.44	77.05	92.15	143.71	250.22
40	43.06	57.64	64.21	79.09	94.16	146.48	255.52
41	44.29	59.21	65.97	81.10	96.11	149.23	260.97
42	45.50	60.77	67.74	83.11	98.00	152.02	266.56
43	47.13	62.61	69.54	85.11	99.86	154.93	272.60
44	48.78	64.46	71.32	87.10	101.66	157.84	278.69
45	50.42	66.30	73.10	89.05	103.36	160.67	284.78
46	52.08	68.13	74.84	90.94	104.96	163.43	290.75
47	53.73	69.92	76.55	92.76	106.44	166.06	296.55
48	55.26	71.67	78.29	94.61	107.80	168.73	302.56
49	56.74	73.34	79.96	96.35	109.01	171.17	308.11
50	58.17	74.90	81.51	97.94	110.08	173.30	313.00
51	59.49	76.35	82.92	99.35	110.98	175.07	317.01
52	60.68	77.62	84.14	100.54	111.70	176.36	319.97
53	61.71	78.70	85.15	101.45	112.37	177.06	321.15
54	62.57	79.56	85.91	102.06	112.81	177.15	320.98
55	63.24	80.17	86.39	102.37	112.94	176.62	319.40
56	63.68	80.48	86.56	102.31	112.72	175.39	316.30
57	63.87	80.48	86.38	101.88	112.11	173.40	311.63
58	62.53	78.67	84.38	99.22	109.01	167.79	299.90
59	61.18	76.83	82.33	96.58	105.93	162.01	287.78
60	60.00	75.23	80.52	94.33	103.29	156.70	276.57
61	59.22	74.18	79.31	92.92	101.60	152.54	267.53
62	59.12	73.99	79.01	92.75	101.28	150.15	261.95
63				96.55	105.39		
64				101.84	111.16		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.33	35.36	39.36	48.75	62.41	108.25	189.44
26	27.26	36.68	40.84	50.64	64.59	111.28	194.62
27	28.25	38.06	42.40	52.62	66.82	114.24	199.65
28	29.27	39.50	44.03	54.67	69.09	117.16	204.54
29	30.35	40.99	45.70	56.80	71.38	120.04	209.33
30	31.46	42.52	47.42	58.96	73.68	122.87	214.03
31	32.60	44.09	49.17	61.16	76.00	125.66	218.65
32	33.76	45.67	50.97	63.38	78.33	128.43	223.26
33	34.93	47.25	52.73	65.57	80.67	131.13	227.81
34	36.11	48.83	54.52	67.76	83.00	133.82	232.35
35	37.30	50.42	56.31	69.95	85.32	136.51	236.95
36	38.52	52.01	58.11	72.12	87.60	139.18	241.63
37	39.73	53.60	59.91	74.27	89.82	141.86	246.41
38	40.96	55.18	61.70	76.38	91.97	144.62	251.49
39	42.18	56.76	63.47	78.48	94.05	147.37	256.68
40	43.39	58.34	65.26	80.55	96.08	150.15	262.01
41	44.63	59.92	67.04	82.57	98.04	152.90	267.48
42	45.86	61.49	68.82	84.59	99.93	155.69	273.06
43	47.48	63.34	70.62	86.61	101.82	158.59	279.07
44	49.14	65.20	72.42	88.61	103.60	161.45	285.13
45	50.79	67.04	74.19	90.54	105.29	164.25	291.13
46	52.44	68.87	75.93	92.42	106.87	166.93	296.98
47	54.08	70.65	77.62	94.21	108.31	169.46	302.61
48	55.61	72.37	79.32	96.01	109.59	171.99	308.40
49	57.08	74.02	80.95	97.69	110.71	174.28	313.67
50	58.49	75.54	82.45	99.20	111.68	176.19	318.20
51	59.79	76.95	83.79	100.52	112.45	177.73	321.82
52	60.95	78.16	84.93	101.60	113.02	178.76	324.31
53	61.95	79.16	85.83	102.36	113.49	179.11	324.84
54	62.77	79.95	86.47	102.81	113.72	178.82	323.99
55	63.40	80.47	86.83	102.94	113.64	177.90	321.73
56	63.80	80.70	86.87	102.73	113.22	176.31	317.98
57	63.94	80.63	86.59	102.14	112.44	173.98	312.72
58	62.55	78.69	84.41	99.26	109.07	167.88	300.03
59	61.14	76.76	82.24	96.44	105.78	161.72	287.19
60	59.95	75.12	80.35	94.11	103.04	156.23	275.62
61	59.17	74.08	79.16	92.73	101.38	152.13	266.74
62	59.12	73.99	79.01	92.75	101.28	150.15	261.95
63	61.34	76.92	82.17				
64	64.46	80.99	86.60				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	28.93	38.62	42.75	52.80	67.34	115.83	202.42
26	29.96	40.07	44.35	54.83	69.68	119.06	207.93
27	31.05	41.57	46.03	56.96	72.06	122.20	213.27
28	32.16	43.14	47.79	59.17	74.48	125.29	218.47
29	33.34	44.76	49.59	61.45	76.94	128.36	223.55
30	34.56	46.41	51.45	63.77	79.41	131.35	228.53
31	35.81	48.12	53.34	66.13	81.89	134.31	233.44
32	37.07	49.83	55.26	68.52	84.38	137.24	238.31
33	38.35	51.53	57.16	70.86	86.88	140.10	243.13
34	39.64	53.25	59.07	73.21	89.37	142.96	247.95
35	40.95	54.97	61.00	75.55	91.85	145.79	252.82
36	42.27	56.70	62.94	77.87	94.28	148.62	257.80
37	43.60	58.42	64.86	80.18	96.66	151.47	262.87
38	44.93	60.14	66.78	82.43	98.95	154.39	268.27
39	46.27	61.85	68.69	84.66	101.17	157.32	273.80
40	47.60	63.55	70.61	86.87	103.33	160.27	279.49
41	48.95	65.26	72.52	89.05	105.42	163.20	285.33
42	50.29	66.97	74.44	91.21	107.45	166.18	291.32
43	52.08	68.98	76.38	93.38	109.45	169.28	297.77
44	53.88	70.99	78.31	95.52	111.35	172.36	304.27
45	55.70	73.00	80.23	97.59	113.15	175.37	310.75
46	57.50	74.98	82.11	99.62	114.84	178.27	317.11
47	59.31	76.94	83.94	101.57	116.41	181.04	323.26
48	60.98	78.83	85.81	103.53	117.81	183.82	329.60
49	62.61	80.63	87.60	105.37	119.06	186.37	335.45
50	64.17	82.32	89.26	107.06	120.16	188.57	340.57
51	65.61	83.89	90.76	108.56	121.08	190.39	344.77
52	66.91	85.26	92.06	109.81	121.82	191.72	347.83
53	68.03	86.42	93.14	110.76	122.50	192.39	348.94
54	68.97	87.36	93.95	111.40	122.96	192.43	348.63
55	69.70	88.02	94.47	111.72	123.11	191.83	346.86
56	70.21	88.38	94.67	111.68	122.91	190.54	343.56
57	70.43	88.41	94.52	111.26	122.33	188.49	338.67
58	68.97	86.42	92.32	108.35	118.94	182.35	325.77
59	67.49	84.43	90.14	105.51	115.65	176.18	312.75
60	66.25	82.76	88.28	103.23	112.98	170.77	301.14
61	65.46	81.77	87.18	102.00	111.50	166.87	292.49
62	65.48	81.81	87.22	102.32	111.72	165.28	288.28
63						171.01	298.21
64						179.53	313.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	28.97	38.70	42.86	52.96	67.57	116.34	203.34
26	30.00	40.15	44.48	55.00	69.92	119.58	208.89
27	31.09	41.66	46.16	57.14	72.32	122.75	214.27
28	32.21	43.23	47.93	59.36	74.76	125.88	219.51
29	33.40	44.85	49.74	61.65	77.22	128.96	224.63
30	34.61	46.52	51.61	63.99	79.71	131.98	229.65
31	35.86	48.23	53.50	66.36	82.21	134.97	234.62
32	37.13	49.96	55.44	68.76	84.72	137.92	239.54
33	38.41	51.66	57.35	71.12	87.23	140.83	244.41
34	39.71	53.39	59.28	73.49	89.74	143.70	249.29
35	41.02	55.11	61.22	75.85	92.24	146.57	254.22
36	42.35	56.86	63.17	78.19	94.70	149.45	259.26
37	43.68	58.59	65.11	80.51	97.10	152.33	264.40
38	45.02	60.32	67.05	82.78	99.41	155.29	269.88
39	46.36	62.03	68.97	85.04	101.67	158.27	275.49
40	47.70	63.75	70.91	87.28	103.85	161.26	281.26
41	49.06	65.47	72.84	89.47	105.97	164.24	287.19
42	50.40	67.19	74.77	91.66	108.02	167.27	293.26
43	52.19	69.22	76.73	93.85	110.05	170.42	299.82
44	54.01	71.24	78.69	96.03	111.99	173.56	306.42
45	55.83	73.26	80.63	98.13	113.83	176.63	313.02
46	57.64	75.27	82.54	100.19	115.55	179.60	319.48
47	59.47	77.24	84.39	102.17	117.15	182.43	325.76
48	61.15	79.15	86.28	104.17	118.60	185.28	332.24
49	62.79	80.98	88.10	106.04	119.89	187.90	338.21
50	64.35	82.68	89.79	107.76	121.03	190.16	343.46
51	65.81	84.27	91.31	109.29	121.97	192.04	347.76
52	67.11	85.65	92.63	110.56	122.73	193.42	350.91
53	68.24	86.83	93.73	111.54	123.45	194.13	352.10
54	69.19	87.77	94.55	112.20	123.91	194.19	351.83
55	69.92	88.44	95.08	112.53	124.06	193.59	350.07
56	70.43	88.79	95.27	112.48	123.84	192.27	346.71
57	70.64	88.82	95.10	112.03	123.23	190.16	341.70
58	69.18	86.81	92.89	109.10	119.81	183.98	328.74
59	67.68	84.81	90.68	106.23	116.47	177.72	315.55
60	66.41	83.09	88.76	103.87	113.70	172.11	303.61
61	65.60	82.03	87.55	102.49	112.06	167.92	294.40
62	65.56	81.97	87.45	102.62	112.05	165.91	289.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.03	38.83	43.04	53.20	67.91	117.10	204.72
26	30.06	40.27	44.66	55.26	70.29	120.38	210.32
27	31.15	41.79	46.36	57.41	72.71	123.58	215.77
28	32.28	43.38	48.14	59.66	75.16	126.74	221.07
29	33.47	45.00	49.96	61.96	77.65	129.86	226.26
30	34.68	46.68	51.84	64.32	80.16	132.92	231.35
31	35.94	48.40	53.75	66.71	82.68	135.96	236.39
32	37.22	50.13	55.71	69.13	85.22	138.95	241.39
33	38.50	51.85	57.63	71.52	87.77	141.90	246.34
34	39.80	53.59	59.58	73.90	90.31	144.83	251.30
35	41.12	55.33	61.55	76.29	92.83	147.75	256.33
36	42.46	57.09	63.51	78.66	95.32	150.68	261.46
37	43.81	58.84	65.48	81.01	97.76	153.62	266.71
38	45.15	60.57	67.43	83.32	100.11	156.65	272.29
39	46.49	62.30	69.38	85.62	102.40	159.68	278.02
40	47.85	64.05	71.35	87.88	104.62	162.75	283.91
41	49.21	65.78	73.30	90.11	106.79	165.81	289.97
42	50.56	67.52	75.27	92.34	108.88	168.91	296.18
43	52.37	69.57	77.26	94.57	110.96	172.15	302.89
44	54.20	71.62	79.25	96.78	112.95	175.38	309.65
45	56.03	73.66	81.22	98.94	114.84	178.53	316.42
46	57.86	75.70	83.16	101.04	116.62	181.59	323.06
47	59.70	77.70	85.06	103.07	118.27	184.51	329.50
48	61.40	79.63	87.00	105.12	119.78	187.48	336.18
49	63.04	81.49	88.84	107.05	121.12	190.19	342.35
50	64.63	83.22	90.57	108.82	122.31	192.55	347.78
51	66.10	84.83	92.14	110.39	123.31	194.52	352.24
52	67.42	86.24	93.48	111.71	124.11	195.96	355.52
53	68.57	87.45	94.61	112.72	124.85	196.73	356.83
54	69.52	88.40	95.45	113.41	125.34	196.84	356.65
55	70.26	89.07	95.99	113.74	125.49	196.24	354.89
56	70.75	89.42	96.18	113.68	125.24	194.88	351.45
57	70.96	89.43	95.98	113.19	124.57	192.67	346.26
58	69.48	87.41	93.76	110.25	121.12	186.43	333.21
59	67.97	85.37	91.48	107.31	117.69	180.00	319.76
60	66.67	83.59	89.47	104.81	114.77	174.12	307.30
61	65.80	82.42	88.11	103.24	112.89	169.49	297.26
62	65.68	82.21	87.78	103.06	112.53	166.84	291.05
63				107.28	117.10		
64				113.16	123.51		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.25	39.28	43.74	54.17	69.34	120.28	210.49
26	30.29	40.75	45.38	56.26	71.77	123.65	216.24
27	31.39	42.29	47.11	58.46	74.25	126.93	221.83
28	32.52	43.89	48.92	60.75	76.76	130.18	227.27
29	33.72	45.55	50.78	63.10	79.31	133.38	232.59
30	34.95	47.25	52.69	65.51	81.87	136.51	237.81
31	36.22	48.99	54.64	67.95	84.44	139.63	242.95
32	37.51	50.75	56.63	70.42	87.03	142.69	248.06
33	38.81	52.49	58.59	72.86	89.64	145.70	253.11
34	40.12	54.25	60.57	75.28	92.22	148.69	258.17
35	41.45	56.02	62.57	77.72	94.79	151.67	263.28
36	42.79	57.79	64.57	80.13	97.33	154.64	268.48
37	44.15	59.56	66.56	82.53	99.80	157.63	273.79
38	45.50	61.32	68.55	84.87	102.19	160.69	279.43
39	46.86	63.07	70.52	87.20	104.51	163.75	285.20
40	48.22	64.82	72.51	89.50	106.75	166.83	291.12
41	49.59	66.57	74.48	91.75	108.94	169.89	297.19
42	50.95	68.32	76.46	93.99	111.04	172.99	303.40
43	52.76	70.38	78.47	96.24	113.12	176.21	310.09
44	54.60	72.44	80.47	98.45	115.11	179.40	316.81
45	56.43	74.48	82.44	100.60	116.99	182.50	323.48
46	58.26	76.52	84.37	102.69	118.74	185.48	329.98
47	60.10	78.50	86.24	104.68	120.34	188.29	336.24
48	61.78	80.41	88.14	106.67	121.77	191.10	342.66
49	63.42	82.24	89.94	108.54	123.02	193.64	348.52
50	64.99	83.93	91.61	110.23	124.09	195.77	353.56
51	66.43	85.49	93.10	111.69	124.94	197.48	357.58
52	67.72	86.85	94.36	112.89	125.58	198.62	360.34
53	68.83	87.96	95.37	113.73	126.10	199.00	360.94
54	69.75	88.83	96.08	114.23	126.36	198.69	359.99
55	70.44	89.41	96.47	114.38	126.27	197.67	357.47
56	70.88	89.66	96.53	114.14	125.80	195.90	353.31
57	71.04	89.58	96.21	113.49	124.93	193.32	347.46
58	69.50	87.44	93.79	110.29	121.18	186.53	333.36
59	67.94	85.29	91.37	107.16	117.52	179.69	319.10
60	66.61	83.46	89.28	104.56	114.49	173.59	306.24
61	65.74	82.31	87.96	103.03	112.65	169.04	296.38
62	65.68	82.21	87.78	103.06	112.53	166.84	291.05
63	68.16	85.47	91.30				
64	71.62	89.99	96.22				

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.14	15.66	17.08	21.31	30.31	60.18	107.28
26	12.58	16.28	17.75	22.18	31.44	61.88	110.13
27	13.05	16.95	18.50	23.14	32.62	63.61	113.02
28	13.59	17.67	19.30	24.16	33.86	65.38	115.95
29	14.15	18.44	20.16	25.26	35.14	67.18	118.93
30	14.76	19.28	21.08	26.43	36.48	69.04	121.99
31	15.41	20.16	22.05	27.66	37.84	70.94	125.10
32	16.09	21.08	23.06	28.93	39.25	72.90	128.33
33	16.80	22.02	24.12	30.25	40.70	74.90	131.63
34	17.54	23.01	25.21	31.61	42.20	76.96	135.05
35	18.31	24.03	26.34	33.00	43.73	79.08	138.61
36	19.11	25.08	27.53	34.43	45.29	81.25	142.30
37	19.96	26.18	28.74	35.92	46.90	83.49	146.16
38	20.81	27.29	29.98	37.41	48.51	85.84	150.24
39	21.71	28.45	31.27	38.93	50.18	88.26	154.48
40	22.62	29.63	32.59	40.49	51.86	90.73	158.91
41	23.57	30.84	33.94	42.06	53.58	93.25	163.49
42	24.53	32.08	35.33	43.67	55.33	95.84	168.22
43	25.75	33.53	36.79	45.35	57.22	98.57	173.32
44	27.01	35.00	38.27	47.03	59.09	101.33	178.53
45	28.29	36.49	39.77	48.71	60.96	104.10	183.78
46	29.60	38.00	41.28	50.39	62.77	106.82	189.02
47	30.93	39.52	42.79	52.04	64.52	109.51	194.22
48	32.24	41.05	44.35	53.74	66.21	112.28	199.70
49	33.53	42.54	45.89	55.38	67.76	114.92	204.93
50	34.79	43.98	47.36	56.93	69.15	117.33	209.73
51	35.98	45.34	48.73	58.35	70.32	119.46	213.99
52	37.08	46.57	49.98	59.61	71.25	121.23	217.54
53	38.07	47.65	51.06	60.63	71.76	122.41	219.90
54	38.92	48.58	51.95	61.44	71.99	123.13	221.35
55	39.42	49.26	52.60	62.04	71.94	123.38	221.81
56	39.78	49.76	53.03	62.38	71.61	123.12	221.24
57	39.97	50.03	53.24	62.48	71.02	122.33	219.55
58	39.20	49.09	52.23	61.06	68.79	118.79	212.32
59	38.39	48.13	51.18	59.66	66.61	115.22	204.97
60	37.73	47.33	50.32	58.57	64.85	112.11	198.50
61	37.34	46.91	49.86	58.10	63.85	109.98	193.95
62	37.39	47.07	50.05	58.55	63.94	109.36	192.36
63						113.53	200.14
64						119.51	211.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.16	15.73	17.19	21.45	30.52	60.64	108.11
26	12.61	16.35	17.86	22.33	31.66	62.36	111.00
27	13.09	17.03	18.61	23.29	32.85	64.11	113.92
28	13.62	17.76	19.43	24.33	34.10	65.89	116.88
29	14.20	18.53	20.29	25.45	35.39	67.72	119.91
30	14.80	19.37	21.22	26.63	36.74	69.61	123.01
31	15.45	20.26	22.20	27.86	38.13	71.54	126.17
32	16.14	21.19	23.22	29.15	39.56	73.52	129.44
33	16.85	22.13	24.29	30.48	41.02	75.55	132.78
34	17.60	23.14	25.39	31.86	42.53	77.63	136.26
35	18.37	24.16	26.54	33.27	44.08	79.78	139.87
36	19.18	25.23	27.74	34.72	45.66	82.00	143.62
37	20.03	26.33	28.96	36.22	47.29	84.27	147.53
38	20.89	27.45	30.22	37.73	48.94	86.65	151.69
39	21.79	28.62	31.51	39.27	50.63	89.11	156.01
40	22.70	29.81	32.85	40.85	52.32	91.62	160.50
41	23.65	31.03	34.23	42.44	54.07	94.19	165.16
42	24.62	32.28	35.63	44.08	55.84	96.83	169.97
43	25.85	33.74	37.11	45.77	57.76	99.60	175.16
44	27.12	35.23	38.61	47.48	59.67	102.41	180.46
45	28.41	36.73	40.12	49.19	61.57	105.23	185.82
46	29.74	38.25	41.66	50.89	63.41	108.02	191.16
47	31.08	39.79	43.19	52.58	65.20	110.77	196.47
48	32.39	41.33	44.78	54.31	66.92	113.60	202.07
49	33.69	42.85	46.34	55.98	68.51	116.30	207.41
50	34.95	44.31	47.84	57.56	69.92	118.76	212.33
51	36.16	45.67	49.23	59.01	71.12	120.95	216.68
52	37.27	46.92	50.49	60.30	72.08	122.76	220.32
53	38.26	48.02	51.59	61.34	72.60	123.97	222.75
54	39.12	48.95	52.48	62.16	72.85	124.71	224.23
55	39.63	49.64	53.14	62.77	72.79	124.96	224.71
56	39.98	50.12	53.57	63.10	72.45	124.68	224.07
57	40.16	50.40	53.76	63.18	71.83	123.83	222.28
58	39.39	49.45	52.74	61.74	69.57	120.26	214.99
59	38.57	48.47	51.66	60.31	67.35	116.60	207.49
60	37.88	47.63	50.74	59.14	65.49	113.32	200.72
61	37.45	47.15	50.20	58.55	64.35	110.92	195.67
62	37.46	47.21	50.26	58.81	64.23	109.92	193.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.22	15.85	17.34	21.67	30.83	61.33	109.35
26	12.66	16.46	18.02	22.56	31.99	63.07	112.29
27	13.15	17.15	18.79	23.54	33.20	64.85	115.27
28	13.68	17.88	19.61	24.60	34.47	66.67	118.29
29	14.26	18.66	20.49	25.72	35.78	68.53	121.38
30	14.86	19.52	21.43	26.92	37.14	70.45	124.54
31	15.52	20.41	22.42	28.18	38.55	72.42	127.76
32	16.22	21.35	23.47	29.49	40.00	74.44	131.10
33	16.93	22.30	24.54	30.84	41.50	76.52	134.53
34	17.69	23.32	25.67	32.23	43.04	78.65	138.07
35	18.47	24.36	26.83	33.67	44.62	80.84	141.76
36	19.29	25.43	28.05	35.15	46.23	83.11	145.60
37	20.14	26.55	29.30	36.67	47.88	85.43	149.61
38	21.01	27.68	30.57	38.21	49.56	87.88	153.86
39	21.90	28.86	31.88	39.78	51.29	90.38	158.29
40	22.84	30.07	33.25	41.39	53.03	92.95	162.88
41	23.80	31.31	34.65	43.02	54.81	95.59	167.66
42	24.77	32.59	36.08	44.69	56.62	98.30	172.60
43	26.01	34.06	37.58	46.42	58.57	101.16	177.93
44	27.29	35.57	39.12	48.17	60.54	104.04	183.37
45	28.59	37.10	40.66	49.92	62.48	106.94	188.87
46	29.93	38.64	42.22	51.66	64.37	109.82	194.38
47	31.28	40.20	43.79	53.39	66.20	112.63	199.84
48	32.61	41.77	45.43	55.17	67.99	115.57	205.61
49	33.92	43.30	47.01	56.89	69.62	118.36	211.13
50	35.20	44.79	48.54	58.51	71.09	120.91	216.22
51	36.41	46.18	49.97	60.00	72.33	123.17	220.71
52	37.54	47.45	51.26	61.33	73.31	125.05	224.47
53	38.55	48.58	52.39	62.39	73.87	126.32	227.01
54	39.41	49.52	53.30	63.25	74.13	127.10	228.56
55	39.93	50.21	53.97	63.85	74.08	127.34	229.04
56	40.28	50.69	54.38	64.19	73.71	127.02	228.33
57	40.45	50.94	54.55	64.22	73.04	126.09	226.39
58	39.66	49.98	53.51	62.77	70.75	122.46	219.02
59	38.83	48.98	52.40	61.27	68.45	118.66	211.27
60	38.11	48.08	51.38	60.00	66.46	115.12	204.04
61	37.64	47.49	50.71	59.22	65.09	112.34	198.25
62	37.58	47.42	50.56	59.21	64.67	110.77	194.86
63				61.73	67.28		
64				65.20	71.01		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.42	16.26	17.97	22.55	32.12	64.19	114.54
26	12.87	16.90	18.67	23.47	33.33	66.02	117.62
27	13.36	17.60	19.46	24.48	34.58	67.87	120.73
28	13.90	18.35	20.32	25.57	35.91	69.77	123.87
29	14.49	19.16	21.23	26.75	37.27	71.70	127.08
30	15.11	20.03	22.19	27.99	38.68	73.69	130.35
31	15.78	20.94	23.22	29.30	40.14	75.72	133.66
32	16.48	21.90	24.29	30.64	41.63	77.81	137.10
33	17.21	22.88	25.41	32.04	43.18	79.94	140.62
34	17.97	23.91	26.56	33.48	44.77	82.12	144.25
35	18.76	24.97	27.76	34.96	46.38	84.37	148.02
36	19.59	26.07	29.00	36.48	48.04	86.67	151.91
37	20.45	27.20	30.27	38.03	49.72	89.04	155.98
38	21.33	28.35	31.57	39.60	51.44	91.51	160.28
39	22.24	29.55	32.91	41.21	53.19	94.05	164.74
40	23.17	30.77	34.29	42.85	54.94	96.63	169.37
41	24.13	32.02	35.71	44.49	56.74	99.27	174.16
42	25.12	33.31	37.15	46.17	58.56	101.97	179.10
43	26.36	34.79	38.68	47.92	60.53	104.82	184.41
44	27.65	36.31	40.21	49.68	62.48	107.67	189.81
45	28.95	37.83	41.76	51.42	64.42	110.52	195.23
46	30.30	39.38	43.30	53.14	66.28	113.31	200.61
47	31.64	40.92	44.85	54.84	68.07	116.04	205.90
48	32.96	42.48	46.46	56.58	69.78	118.84	211.45
49	34.26	43.98	48.00	58.23	71.32	121.46	216.68
50	35.53	45.43	49.47	59.78	72.68	123.82	221.42
51	36.71	46.77	50.84	61.18	73.80	125.84	225.53
52	37.82	48.00	52.05	62.38	74.64	127.45	228.81
53	38.79	49.04	53.06	63.31	74.99	128.36	230.71
54	39.62	49.90	53.86	63.99	75.05	128.76	231.57
55	40.08	50.51	54.40	64.43	74.78	128.63	231.37
56	40.39	50.91	54.70	64.60	74.22	127.94	230.01
57	40.52	51.08	54.76	64.50	73.37	126.68	227.46
58	39.68	50.01	53.55	62.81	70.80	122.56	219.16
59	38.80	48.91	52.29	61.13	68.30	118.37	210.68
60	38.06	47.96	51.22	59.77	66.20	114.65	203.09
61	37.58	47.40	50.56	59.03	64.88	111.94	197.45
62	37.58	47.42	50.56	59.21	64.67	110.77	194.86
63	38.98	49.37	52.65				
64	40.94	52.03	55.55				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.48	17.41	18.98	23.68	33.68	66.87	119.20
26	13.97	18.08	19.72	24.65	34.94	68.75	122.37
27	14.50	18.83	20.55	25.70	36.25	70.67	125.58
28	15.09	19.63	21.45	26.84	37.62	72.64	128.83
29	15.73	20.50	22.40	28.07	39.05	74.64	132.15
30	16.39	21.42	23.42	29.37	40.52	76.71	135.55
31	17.12	22.40	24.50	30.73	42.05	78.82	139.00
32	17.87	23.42	25.63	32.15	43.61	81.00	142.59
33	18.66	24.46	26.80	33.61	45.22	83.22	146.26
34	19.48	25.56	28.01	35.12	46.89	85.51	150.06
35	20.35	26.70	29.27	36.67	48.58	87.86	154.01
36	21.23	27.87	30.59	38.26	50.33	90.28	158.11
37	22.18	29.08	31.94	39.91	52.10	92.77	162.40
38	23.13	30.32	33.32	41.56	53.91	95.37	166.94
39	24.12	31.61	34.74	43.25	55.76	98.06	171.65
40	25.13	32.92	36.20	44.99	57.62	100.80	176.56
41	26.18	34.27	37.72	46.74	59.53	103.61	181.65
42	27.25	35.65	39.26	48.52	61.48	106.49	186.91
43	28.61	37.25	40.88	50.38	63.57	109.52	192.58
44	30.01	38.89	42.52	52.25	65.66	112.59	198.36
45	31.43	40.55	44.18	54.12	67.73	115.66	204.20
46	32.89	42.22	45.87	55.99	69.75	118.69	210.03
47	34.37	43.91	47.54	57.82	71.69	121.68	215.80
48	35.82	45.61	49.28	59.72	73.57	124.76	221.88
49	37.25	47.26	50.99	61.53	75.29	127.69	227.69
50	38.65	48.87	52.62	63.25	76.83	130.36	233.03
51	39.98	50.37	54.15	64.84	78.14	132.73	237.77
52	41.20	51.74	55.53	66.24	79.17	134.70	241.72
53	42.30	52.95	56.73	67.36	79.73	136.00	244.34
54	43.24	53.98	57.72	68.27	79.99	136.81	245.94
55	43.81	54.74	58.44	68.93	79.93	137.09	246.46
56	44.20	55.28	58.92	69.32	79.57	136.80	245.82
57	44.41	55.59	59.15	69.42	78.91	135.92	243.94
58	43.55	54.54	58.03	67.85	76.43	131.99	235.91
59	42.66	53.48	56.87	66.28	74.01	128.02	227.74
60	41.92	52.59	55.91	65.08	72.05	124.57	220.55
61	41.48	52.12	55.40	64.56	70.95	122.21	215.50
62	41.54	52.30	55.61	65.05	71.04	121.51	213.73
63						126.14	222.38
64						132.79	235.10

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.52	17.49	19.10	23.84	33.91	67.38	120.12
26	14.01	18.16	19.84	24.82	35.18	69.28	123.33
27	14.55	18.92	20.68	25.88	36.50	71.23	126.58
28	15.14	19.73	21.59	27.03	37.89	73.22	129.87
29	15.78	20.59	22.55	28.27	39.33	75.24	133.23
30	16.45	21.52	23.58	29.59	40.82	77.34	136.67
31	17.17	22.51	24.67	30.96	42.36	79.48	140.18
32	17.93	23.54	25.80	32.39	43.95	81.68	143.82
33	18.73	24.59	26.99	33.87	45.58	83.94	147.54
34	19.55	25.70	28.21	35.40	47.26	86.26	151.40
35	20.42	26.84	29.49	36.97	48.98	88.64	155.41
36	21.31	28.03	30.82	38.58	50.74	91.11	159.57
37	22.26	29.25	32.18	40.24	52.54	93.63	163.93
38	23.21	30.50	33.58	41.91	54.38	96.28	168.55
39	24.21	31.79	35.02	43.63	56.25	99.01	173.34
40	25.23	33.11	36.50	45.39	58.14	101.80	178.33
41	26.29	34.48	38.03	47.16	60.08	104.65	183.51
42	27.36	35.87	39.59	48.97	62.05	107.58	188.86
43	28.72	37.49	41.23	50.86	64.18	110.67	194.63
44	30.13	39.14	42.90	52.76	66.30	113.79	200.52
45	31.57	40.81	44.58	54.66	68.41	116.93	206.47
46	33.04	42.50	46.29	56.55	70.46	120.02	212.41
47	34.53	44.21	47.99	58.42	72.44	123.07	218.30
48	35.99	45.93	49.76	60.35	74.36	126.22	224.51
49	37.43	47.61	51.49	62.20	76.12	129.22	230.45
50	38.83	49.23	53.15	63.96	77.70	131.96	235.92
51	40.17	50.75	54.69	65.57	79.02	134.38	240.76
52	41.40	52.13	56.10	66.99	80.09	136.40	244.80
53	42.51	53.35	57.32	68.15	80.67	137.75	247.50
54	43.46	54.39	58.32	69.07	80.94	138.57	249.15
55	44.03	55.16	59.05	69.74	80.88	138.85	249.67
56	44.42	55.70	59.52	70.12	80.50	138.53	248.97
57	44.62	55.99	59.73	70.20	79.81	137.59	246.98
58	43.76	54.94	58.60	68.60	77.30	133.62	238.88
59	42.86	53.86	57.40	67.00	74.83	129.55	230.54
60	42.09	52.92	56.38	65.72	72.77	125.91	223.02
61	41.62	52.39	55.77	65.05	71.50	123.25	217.41
62	41.62	52.46	55.84	65.35	71.37	122.14	214.84

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.58	17.61	19.27	24.09	34.25	68.14	121.50
26	14.07	18.29	20.03	25.07	35.54	70.07	124.77
27	14.61	19.05	20.87	26.15	36.89	72.05	128.08
28	15.21	19.87	21.79	27.32	38.30	74.08	131.44
29	15.85	20.74	22.77	28.58	39.76	76.15	134.86
30	16.52	21.68	23.80	29.91	41.27	78.28	138.37
31	17.25	22.68	24.91	31.31	42.84	80.47	141.95
32	18.02	23.72	26.07	32.76	44.45	82.71	145.67
33	18.81	24.78	27.27	34.27	46.11	85.02	149.47
34	19.65	25.91	28.52	35.82	47.82	87.38	153.41
35	20.52	27.06	29.81	37.41	49.57	89.82	157.51
36	21.43	28.26	31.16	39.05	51.37	92.34	161.77
37	22.38	29.50	32.55	40.74	53.20	94.93	166.23
38	23.35	30.76	33.97	42.45	55.07	97.64	170.96
39	24.34	32.07	35.43	44.20	56.98	100.43	175.87
40	25.38	33.41	36.94	45.99	58.92	103.29	180.98
41	26.44	34.79	38.50	47.80	60.90	106.22	186.29
42	27.53	36.20	40.08	49.65	62.91	109.22	191.78
43	28.90	37.84	41.76	51.58	65.08	112.39	197.70
44	30.32	39.52	43.46	53.52	67.26	115.61	203.75
45	31.77	41.22	45.18	55.47	69.42	118.82	209.86
46	33.26	42.94	46.91	57.40	71.53	122.01	215.98
47	34.76	44.67	48.66	59.32	73.56	125.14	222.04
48	36.24	46.41	50.47	61.30	75.54	128.41	228.46
49	37.68	48.12	52.24	63.21	77.35	131.51	234.59
50	39.11	49.76	53.94	65.01	78.98	134.35	240.24
51	40.46	51.31	55.52	66.67	80.36	136.86	245.24
52	41.71	52.72	56.95	68.14	81.46	138.94	249.41
53	42.84	53.97	58.20	69.33	82.08	140.35	252.23
54	43.79	55.02	59.22	70.28	82.37	141.22	253.96
55	44.36	55.79	59.96	70.95	82.31	141.50	254.49
56	44.75	56.32	60.43	71.32	81.90	141.13	253.70
57	44.95	56.60	60.61	71.36	81.15	140.10	251.54
58	44.07	55.54	59.46	69.75	78.61	136.07	243.36
59	43.15	54.42	58.21	68.08	76.05	131.84	234.75
60	42.35	53.42	57.09	66.66	73.84	127.92	226.71
61	41.82	52.77	56.34	65.80	72.33	124.82	220.27
62	41.75	52.69	56.17	65.79	71.85	123.07	216.51
63				68.59	74.75		
64				72.44	78.90		

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.80	18.07	19.97	25.05	35.68	71.32	127.27
26	14.30	18.77	20.75	26.07	37.03	73.35	130.69
27	14.85	19.55	21.62	27.20	38.43	75.41	134.14
28	15.45	20.39	22.57	28.42	39.90	77.52	137.63
29	16.10	21.29	23.58	29.73	41.41	79.67	141.20
30	16.79	22.26	24.66	31.10	42.98	81.88	144.83
31	17.53	23.27	25.80	32.55	44.60	84.14	148.52
32	18.31	24.33	26.99	34.05	46.26	86.45	152.34
33	19.12	25.42	28.23	35.60	47.98	88.82	156.24
34	19.97	26.57	29.51	37.20	49.74	91.25	160.27
35	20.85	27.75	30.84	38.84	51.53	93.74	164.46
36	21.76	28.96	32.22	40.52	53.37	96.30	168.79
37	22.72	30.22	33.63	42.26	55.25	98.93	173.31
38	23.70	31.50	35.09	44.00	57.15	101.68	178.09
39	24.71	32.83	36.57	45.79	59.09	104.49	183.05
40	25.75	34.19	38.10	47.61	61.05	107.37	188.20
41	26.81	35.58	39.68	49.44	63.04	110.30	193.51
42	27.91	37.00	41.28	51.30	65.07	113.30	198.99
43	29.30	38.65	42.97	53.24	67.25	116.46	204.90
44	30.72	40.34	44.68	55.19	69.42	119.63	210.90
45	32.17	42.04	46.39	57.13	71.57	122.80	216.92
46	33.66	43.75	48.12	59.05	73.65	125.90	222.90
47	35.16	45.47	49.83	60.93	75.63	128.93	228.78
48	36.63	47.19	51.61	62.86	77.53	132.04	234.94
49	38.06	48.87	53.34	64.70	79.24	134.96	240.76
50	39.47	50.48	54.97	66.42	80.76	137.57	246.02
51	40.80	51.97	56.49	67.97	82.00	139.82	250.58
52	42.02	53.33	57.83	69.32	82.93	141.61	254.23
53	43.10	54.49	58.96	70.34	83.33	142.62	256.34
54	44.02	55.45	59.85	71.10	83.39	143.07	257.30
55	44.54	56.13	60.45	71.59	83.09	142.92	257.07
56	44.88	56.57	60.78	71.78	82.46	142.16	255.57
57	45.03	56.76	60.84	71.66	81.51	140.75	252.74
58	44.09	55.56	59.50	69.79	78.67	136.17	243.50
59	43.11	54.34	58.10	67.93	75.88	131.52	234.09
60	42.28	53.29	56.91	66.41	73.56	127.39	225.65
61	41.76	52.66	56.18	65.59	72.09	124.37	219.39
62	41.75	52.69	56.17	65.79	71.85	123.07	216.51
63	43.31	54.85	58.50				
64	45.49	57.81	61.71				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.44	13.32	14.45	18.07	26.93	55.97	99.57
26	10.82	13.84	15.02	18.81	27.97	57.61	102.37
27	11.22	14.41	15.65	19.63	29.03	59.29	105.20
28	11.68	15.02	16.33	20.50	30.16	61.00	108.06
29	12.16	15.68	17.05	21.44	31.33	62.75	110.93
30	12.67	16.38	17.84	22.42	32.52	64.53	113.87
31	13.22	17.12	18.65	23.46	33.77	66.36	116.87
32	13.79	17.89	19.51	24.54	35.05	68.23	119.95
33	14.39	18.69	20.39	25.64	36.36	70.14	123.11
34	15.01	19.53	21.30	26.80	37.73	72.08	126.36
35	15.66	20.38	22.26	27.98	39.12	74.09	129.72
36	16.35	21.27	23.25	29.18	40.53	76.14	133.21
37	17.05	22.18	24.25	30.42	41.98	78.25	136.82
38	17.77	23.12	25.30	31.67	43.45	80.44	140.65
39	18.51	24.09	26.36	32.94	44.96	82.68	144.61
40	19.27	25.07	27.46	34.23	46.49	84.99	148.72
41	20.06	26.07	28.58	35.55	48.04	87.34	152.97
42	20.86	27.10	29.74	36.88	49.62	89.72	157.34
43	21.89	28.30	30.93	38.26	51.30	92.24	162.03
44	22.92	29.51	32.16	39.64	52.98	94.77	166.81
45	23.99	30.75	33.39	41.02	54.64	97.28	171.60
46	25.07	31.99	34.63	42.39	56.24	99.76	176.37
47	26.17	33.23	35.85	43.73	57.77	102.18	181.07
48	27.24	34.47	37.12	45.10	59.23	104.67	185.96
49	28.29	35.68	38.36	46.39	60.57	106.99	190.60
50	29.30	36.85	39.54	47.63	61.74	109.10	194.84
51	30.28	37.93	40.64	48.75	62.74	110.95	198.55
52	31.17	38.92	41.63	49.72	63.50	112.45	201.61
53	31.94	39.77	42.49	50.49	63.88	113.37	203.49
54	32.57	40.44	43.17	51.08	64.02	113.85	204.55
55	33.04	40.97	43.67	51.52	63.90	113.92	204.71
56	33.39	41.35	44.01	51.74	63.54	113.48	203.95
57	33.61	41.55	44.16	51.78	62.96	112.59	202.20
58	33.03	40.80	43.34	50.59	61.01	109.21	195.50
59	32.43	40.03	42.51	49.43	59.12	105.78	188.72
60	31.93	39.41	41.84	48.58	57.54	102.82	182.80
61	31.68	39.10	41.52	48.26	56.60	100.74	178.72
62	31.81	39.27	41.71	48.73	56.56	100.07	177.37
63						103.75	184.58
64						109.15	195.22

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.47	13.39	14.55	18.21	27.13	56.43	100.40
26	10.85	13.91	15.14	18.97	28.19	58.09	103.24
27	11.26	14.48	15.77	19.79	29.27	59.79	106.09
28	11.71	15.11	16.46	20.68	30.40	61.52	108.99
29	12.21	15.77	17.19	21.62	31.57	63.29	111.91
30	12.72	16.47	17.98	22.62	32.80	65.10	114.88
31	13.27	17.23	18.80	23.66	34.06	66.96	117.94
32	13.84	18.00	19.67	24.76	35.36	68.84	121.06
33	14.45	18.81	20.56	25.88	36.68	70.78	124.26
34	15.07	19.65	21.49	27.05	38.06	72.75	127.56
35	15.73	20.50	22.46	28.24	39.48	74.79	130.98
36	16.42	21.41	23.45	29.46	40.91	76.88	134.53
37	17.12	22.33	24.47	30.72	42.38	79.02	138.20
38	17.85	23.28	25.54	31.99	43.88	81.26	142.10
39	18.59	24.25	26.61	33.28	45.41	83.54	146.13
40	19.36	25.24	27.73	34.59	46.96	85.89	150.31
41	20.16	26.26	28.87	35.93	48.53	88.27	154.64
42	20.95	27.30	30.04	37.29	50.13	90.71	159.09
43	21.98	28.51	31.25	38.69	51.85	93.27	163.88
44	23.03	29.74	32.50	40.11	53.57	95.86	168.75
45	24.11	30.98	33.75	41.50	55.25	98.42	173.65
46	25.19	32.24	35.01	42.89	56.88	100.95	178.51
47	26.31	33.50	36.26	44.26	58.44	103.43	183.31
48	27.39	34.75	37.55	45.66	59.95	105.98	188.33
49	28.45	35.99	38.81	47.00	61.32	108.37	193.09
50	29.47	37.17	40.01	48.26	62.52	110.54	197.44
51	30.46	38.27	41.13	49.40	63.54	112.44	201.24
52	31.35	39.27	42.15	50.41	64.33	113.98	204.38
53	32.13	40.13	43.01	51.19	64.72	114.94	206.33
54	32.77	40.82	43.71	51.81	64.87	115.44	207.43
55	33.25	41.37	44.22	52.24	64.75	115.50	207.60
56	33.60	41.74	44.55	52.47	64.38	115.04	206.78
57	33.81	41.94	44.69	52.47	63.76	114.09	204.93
58	33.23	41.17	43.85	51.28	61.79	110.68	198.18
59	32.61	40.37	43.00	50.08	59.85	107.17	191.24
60	32.09	39.71	42.27	49.15	58.19	104.02	185.02
61	31.81	39.34	41.85	48.70	57.10	101.68	180.44
62	31.89	39.42	41.92	49.00	56.85	100.63	178.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.52	13.51	14.70	18.43	27.45	57.11	101.65
26	10.90	14.03	15.30	19.20	28.51	58.80	104.53
27	11.32	14.61	15.95	20.04	29.61	60.54	107.44
28	11.77	15.24	16.64	20.94	30.77	62.30	110.40
29	12.27	15.90	17.39	21.90	31.96	64.11	113.38
30	12.79	16.61	18.18	22.92	33.20	65.95	116.42
31	13.34	17.38	19.02	23.98	34.49	67.84	119.53
32	13.92	18.16	19.91	25.10	35.81	69.77	122.72
33	14.53	18.97	20.81	26.24	37.16	71.75	126.00
34	15.16	19.84	21.76	27.43	38.56	73.77	129.38
35	15.82	20.71	22.75	28.64	40.00	75.85	132.87
36	16.52	21.61	23.76	29.89	41.47	77.99	136.51
37	17.23	22.55	24.81	31.17	42.97	80.19	140.28
38	17.96	23.50	25.88	32.47	44.50	82.48	144.27
39	18.71	24.50	26.98	33.79	46.06	84.81	148.40
40	19.49	25.51	28.12	35.13	47.65	87.23	152.70
41	20.29	26.54	29.29	36.51	49.27	89.69	157.14
42	21.11	27.61	30.48	37.90	50.91	92.18	161.72
43	22.14	28.83	31.72	39.34	52.67	94.83	166.65
44	23.21	30.08	33.00	40.79	54.43	97.49	171.66
45	24.29	31.35	34.28	42.23	56.16	100.13	176.70
46	25.39	32.63	35.57	43.67	57.84	102.75	181.73
47	26.51	33.92	36.86	45.07	59.44	105.30	186.68
48	27.61	35.19	38.19	46.53	61.01	107.95	191.88
49	28.68	36.45	39.49	47.91	62.43	110.43	196.81
50	29.72	37.66	40.72	49.21	63.68	112.69	201.33
51	30.71	38.77	41.87	50.40	64.74	114.66	205.27
52	31.63	39.80	42.92	51.44	65.56	116.27	208.52
53	32.43	40.68	43.81	52.25	65.99	117.28	210.59
54	33.09	41.40	44.53	52.89	66.16	117.82	211.76
55	33.56	41.96	45.04	53.33	66.04	117.88	211.93
56	33.92	42.33	45.36	53.54	65.64	117.39	211.04
57	34.12	42.50	45.48	53.52	64.98	116.35	209.04
58	33.53	41.73	44.63	52.31	62.97	112.88	202.20
59	32.89	40.91	43.73	51.05	60.95	109.23	195.03
60	32.34	40.18	42.91	50.00	59.15	105.83	188.34
61	32.01	39.71	42.35	49.38	57.85	103.09	183.00
62	32.01	39.64	42.22	49.39	57.29	101.47	179.86
63				51.50	59.11		
64				54.38	61.85		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.73	13.91	15.33	19.30	28.73	59.97	106.83
26	11.11	14.46	15.95	20.10	29.85	61.74	109.86
27	11.53	15.06	16.61	20.98	31.00	63.55	112.90
28	12.00	15.71	17.34	21.92	32.21	65.39	115.98
29	12.50	16.39	18.12	22.93	33.46	67.28	119.08
30	13.03	17.13	18.96	23.98	34.73	69.19	122.23
31	13.59	17.91	19.82	25.10	36.07	71.15	125.44
32	14.19	18.72	20.73	26.26	37.44	73.14	128.74
33	14.80	19.55	21.67	27.45	38.84	75.17	132.10
34	15.44	20.42	22.65	28.67	40.29	77.25	135.56
35	16.12	21.32	23.66	29.93	41.77	79.38	139.13
36	16.83	22.25	24.71	31.21	43.28	81.55	142.82
37	17.54	23.21	25.78	32.53	44.81	83.79	146.64
38	18.28	24.18	26.89	33.86	46.38	86.12	150.69
39	19.04	25.19	28.01	35.22	47.96	88.48	154.87
40	19.83	26.21	29.17	36.59	49.57	90.90	159.19
41	20.64	27.25	30.35	37.98	51.21	93.36	163.64
42	21.45	28.32	31.57	39.39	52.85	95.86	168.21
43	22.50	29.56	32.82	40.83	54.61	98.49	173.12
44	23.57	30.82	34.10	42.29	56.37	101.10	178.09
45	24.66	32.08	35.38	43.73	58.10	103.71	183.06
46	25.76	33.37	36.65	45.14	59.75	106.25	187.96
47	26.88	34.64	37.92	46.53	61.31	108.71	192.75
48	27.96	35.90	39.22	47.92	62.80	111.21	197.72
49	29.02	37.12	40.47	49.24	64.13	113.54	202.36
50	30.04	38.30	41.65	50.48	65.28	115.60	206.53
51	31.01	39.37	42.74	51.57	66.21	117.34	210.08
52	31.90	40.35	43.71	52.49	66.89	118.67	212.86
53	32.67	41.15	44.48	53.16	67.12	119.32	214.29
54	33.31	41.81	45.09	53.64	67.07	119.49	214.77
55	33.74	42.27	45.48	53.90	66.74	119.16	214.26
56	34.04	42.56	45.68	53.96	66.15	118.31	212.72
57	34.20	42.65	45.68	53.79	65.30	116.94	210.11
58	33.55	41.76	44.66	52.34	63.03	112.97	202.33
59	32.86	40.83	43.62	50.91	60.80	108.94	194.44
60	32.28	40.06	42.74	49.78	58.90	105.35	187.39
61	31.96	39.61	42.21	49.18	57.63	102.69	182.21
62	32.01	39.64	42.22	49.39	57.29	101.47	179.86
63	33.26	41.27	43.97				
64	34.98	43.50	46.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.60	14.80	16.05	20.07	29.92	62.19	110.63
26	12.02	15.38	16.69	20.91	31.07	64.01	113.75
27	12.47	16.01	17.39	21.82	32.26	65.88	116.88
28	12.97	16.69	18.15	22.78	33.51	67.78	120.06
29	13.51	17.42	18.95	23.82	34.80	69.72	123.26
30	14.08	18.20	19.82	24.91	36.14	71.70	126.53
31	14.69	19.03	20.72	26.07	37.52	73.74	129.86
32	15.32	19.88	21.67	27.27	38.95	75.80	133.28
33	15.99	20.77	22.65	28.49	40.40	77.92	136.79
34	16.68	21.69	23.67	29.78	41.91	80.09	140.40
35	17.41	22.64	24.73	31.08	43.46	82.32	144.14
36	18.16	23.63	25.83	32.42	45.04	84.59	148.01
37	18.94	24.65	26.95	33.80	46.65	86.94	152.03
38	19.74	25.69	28.11	35.19	48.29	89.38	156.28
39	20.57	26.76	29.30	36.60	49.96	91.87	160.68
40	21.41	27.85	30.51	38.03	51.66	94.43	165.25
41	22.29	28.97	31.76	39.50	53.38	97.05	169.96
42	23.18	30.11	33.04	40.98	55.13	99.70	174.82
43	24.31	31.44	34.36	42.51	57.01	102.49	180.04
44	25.47	32.79	35.73	44.05	58.87	105.30	185.35
45	26.66	34.16	37.10	45.58	60.71	108.09	190.67
46	27.85	35.54	38.47	47.10	62.49	110.84	195.97
47	29.08	36.92	39.84	48.58	64.19	113.53	201.19
48	30.26	38.30	41.25	50.11	65.82	116.29	206.62
49	31.43	39.64	42.62	51.55	67.30	118.88	211.78
50	32.56	40.94	43.93	52.91	68.60	121.23	216.49
51	33.64	42.14	45.15	54.16	69.70	123.28	220.61
52	34.63	43.24	46.26	55.25	70.56	124.94	224.00
53	35.49	44.18	47.20	56.09	70.97	125.96	226.10
54	36.19	44.92	47.97	56.76	71.13	126.51	227.28
55	36.70	45.52	48.52	57.24	71.00	126.57	227.45
56	37.10	45.94	48.90	57.49	70.60	126.10	226.61
57	37.34	46.17	49.07	57.53	69.95	125.10	224.66
58	36.70	45.33	48.15	56.21	67.79	121.34	217.22
59	36.03	44.48	47.24	54.92	65.68	117.54	209.70
60	35.47	43.78	46.49	53.98	63.94	114.24	203.11
61	35.20	43.45	46.13	53.62	62.89	111.94	198.57
62	35.35	43.64	46.35	54.15	62.84	111.19	197.08
63						115.28	205.08
64						121.27	216.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.63	14.88	16.17	20.23	30.15	62.70	111.56
26	12.06	15.46	16.82	21.08	31.32	64.54	114.71
27	12.51	16.10	17.52	21.99	32.52	66.43	117.88
28	13.02	16.79	18.29	22.98	33.78	68.36	121.10
29	13.56	17.52	19.10	24.02	35.09	70.32	124.34
30	14.13	18.30	19.98	25.13	36.44	72.34	127.65
31	14.74	19.14	20.88	26.29	37.84	74.40	131.04
32	15.38	20.00	21.85	27.52	39.28	76.49	134.52
33	16.05	20.89	22.84	28.76	40.75	78.65	138.07
34	16.75	21.83	23.87	30.06	42.28	80.84	141.73
35	17.48	22.78	24.95	31.38	43.86	83.10	145.53
36	18.24	23.79	26.06	32.74	45.45	85.42	149.47
37	19.02	24.82	27.19	34.14	47.09	87.81	153.56
38	19.83	25.86	28.37	35.54	48.75	90.29	157.89
39	20.65	26.95	29.57	36.98	50.45	92.82	162.37
40	21.51	28.05	30.81	38.44	52.18	95.43	167.02
41	22.40	29.18	32.08	39.93	53.93	98.08	171.82
42	23.28	30.33	33.38	41.43	55.70	100.79	176.77
43	24.43	31.68	34.72	42.99	57.61	103.64	182.09
44	25.59	33.04	36.11	44.56	59.51	106.51	187.50
45	26.79	34.43	37.50	46.11	61.39	109.36	192.94
46	27.99	35.82	38.90	47.66	63.20	112.17	198.34
47	29.23	37.22	40.29	49.18	64.94	114.92	203.68
48	30.43	38.61	41.72	50.74	66.61	117.75	209.26
49	31.61	39.99	43.12	52.22	68.13	120.41	214.54
50	32.74	41.30	44.46	53.62	69.47	122.82	219.38
51	33.84	42.52	45.70	54.89	70.59	124.93	223.60
52	34.83	43.63	46.83	56.00	71.47	126.64	227.08
53	35.70	44.59	47.79	56.87	71.91	127.71	229.26
54	36.41	45.36	48.57	57.56	72.08	128.27	230.48
55	36.94	45.96	49.13	58.04	71.95	128.33	230.67
56	37.33	46.38	49.50	58.29	71.54	127.83	229.76
57	37.57	46.60	49.65	58.31	70.85	126.77	227.70
58	36.92	45.74	48.73	56.97	68.66	122.97	220.19
59	36.24	44.86	47.78	55.64	66.50	119.07	212.49
60	35.66	44.12	46.97	54.61	64.65	115.58	205.58
61	35.35	43.72	46.50	54.11	63.45	112.98	200.48
62	35.44	43.81	46.58	54.45	63.17	111.81	198.18

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.70	15.00	16.34	20.48	30.49	63.46	112.94
26	12.12	15.58	17.00	21.33	31.68	65.33	116.14
27	12.58	16.23	17.71	22.26	32.90	67.26	119.38
28	13.09	16.93	18.49	23.27	34.19	69.22	122.66
29	13.63	17.67	19.32	24.33	35.52	71.23	125.97
30	14.20	18.46	20.20	25.46	36.89	73.28	129.35
31	14.82	19.31	21.13	26.65	38.32	75.38	132.81
32	15.47	20.18	22.12	27.89	39.78	77.52	136.36
33	16.14	21.08	23.13	29.15	41.29	79.72	140.00
34	16.84	22.04	24.18	30.47	42.85	81.96	143.75
35	17.58	23.00	25.27	31.82	44.45	84.28	147.64
36	18.36	24.02	26.40	33.21	46.08	86.65	151.67
37	19.14	25.06	27.56	34.64	47.75	89.10	155.87
38	19.96	26.12	28.76	36.08	49.45	91.64	160.30
39	20.79	27.22	29.98	37.55	51.18	94.24	164.89
40	21.66	28.34	31.25	39.04	52.95	96.91	169.66
41	22.55	29.49	32.54	40.57	54.74	99.65	174.60
42	23.45	30.67	33.87	42.11	56.57	102.42	179.69
43	24.60	32.03	35.25	43.71	58.52	105.36	185.16
44	25.78	33.42	36.67	45.32	60.47	108.32	190.73
45	26.99	34.83	38.10	46.92	62.40	111.25	196.34
46	28.21	36.26	39.52	48.51	64.27	114.16	201.92
47	29.46	37.68	40.96	50.08	66.05	117.00	207.42
48	30.68	39.10	42.43	51.69	67.79	119.94	213.20
49	31.86	40.50	43.87	53.23	69.36	122.70	218.68
50	33.02	41.84	45.24	54.67	70.75	125.22	223.70
51	34.13	43.08	46.53	55.99	71.93	127.41	228.08
52	35.14	44.22	47.69	57.15	72.85	129.18	231.70
53	36.03	45.21	48.67	58.05	73.32	130.31	233.99
54	36.77	46.01	49.47	58.77	73.51	130.92	235.29
55	37.29	46.62	50.05	59.25	73.37	130.98	235.48
56	37.68	47.03	50.41	59.49	72.93	130.43	234.49
57	37.91	47.23	50.53	59.47	72.20	129.28	232.26
58	37.25	46.37	49.59	58.12	69.97	125.42	224.66
59	36.55	45.45	48.58	56.72	67.72	121.36	216.70
60	35.93	44.64	47.68	55.55	65.73	117.59	209.26
61	35.56	44.12	47.06	54.86	64.28	114.55	203.34
62	35.57	44.05	46.91	54.89	63.65	112.75	199.85
63				57.22	65.67		
64				60.43	68.72		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.92	15.46	17.04	21.45	31.93	66.63	118.70
26	12.35	16.07	17.72	22.33	33.17	68.60	122.06
27	12.81	16.73	18.46	23.31	34.44	70.61	125.44
28	13.33	17.45	19.27	24.36	35.79	72.66	128.86
29	13.89	18.22	20.13	25.48	37.17	74.75	132.31
30	14.48	19.03	21.06	26.65	38.60	76.87	135.81
31	15.10	19.90	22.02	27.89	40.08	79.05	139.37
32	15.76	20.79	23.04	29.17	41.60	81.26	143.04
33	16.45	21.73	24.09	30.49	43.16	83.52	146.78
34	17.16	22.70	25.17	31.86	44.77	85.83	150.61
35	17.91	23.69	26.29	33.26	46.41	88.19	154.59
36	18.69	24.72	27.46	34.68	48.08	90.61	158.69
37	19.48	25.78	28.64	36.15	49.79	93.10	162.94
38	20.31	26.87	29.88	37.63	51.52	95.68	167.44
39	21.16	27.98	31.13	39.13	53.29	98.30	172.08
40	22.03	29.12	32.41	40.66	55.08	101.00	176.88
41	22.92	30.28	33.72	42.20	56.89	103.73	181.83
42	23.84	31.47	35.07	43.76	58.72	106.51	186.90
43	25.00	32.84	36.46	45.37	60.68	109.43	192.36
44	26.18	34.24	37.88	46.99	62.64	112.34	197.89
45	27.39	35.65	39.31	48.58	64.55	115.23	203.39
46	28.62	37.07	40.73	50.16	66.39	118.05	208.84
47	29.86	38.48	42.13	51.69	68.12	120.78	214.17
48	31.06	39.88	43.58	53.25	69.78	123.57	219.68
49	32.24	41.25	44.97	54.72	71.25	126.15	224.85
50	33.38	42.55	46.28	56.08	72.53	128.44	229.48
51	34.46	43.74	47.49	57.30	73.57	130.37	233.42
52	35.45	44.83	48.57	58.33	74.32	131.85	236.52
53	36.29	45.72	49.43	59.07	74.57	132.58	238.10
54	37.01	46.46	50.10	59.59	74.53	132.77	238.64
55	37.49	46.97	50.53	59.89	74.16	132.40	238.07
56	37.82	47.28	50.76	59.95	73.50	131.45	236.36
57	38.00	47.40	50.76	59.77	72.56	129.93	233.46
58	37.27	46.39	49.62	58.16	70.03	125.52	224.81
59	36.51	45.37	48.47	56.57	67.56	121.04	216.04
60	35.87	44.51	47.49	55.31	65.45	117.06	208.21
61	35.51	44.01	46.90	54.65	64.04	114.10	202.46
62	35.57	44.05	46.91	54.89	63.65	112.75	199.85
63	36.96	45.86	48.86				
64	38.87	48.33	51.54				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.64	12.22	13.21	16.55	24.58	50.89	90.26
26	9.99	12.71	13.75	17.25	25.54	52.47	92.95
27	10.37	13.23	14.33	18.00	26.54	54.06	95.66
28	10.79	13.80	14.95	18.81	27.59	55.69	98.38
29	11.22	14.41	15.62	19.68	28.66	57.33	101.10
30	11.70	15.04	16.33	20.58	29.78	59.00	103.88
31	12.21	15.73	17.08	21.52	30.92	60.71	106.69
32	12.72	16.43	17.86	22.53	32.10	62.44	109.56
33	13.27	17.15	18.66	23.53	33.31	64.20	112.48
34	13.83	17.91	19.50	24.58	34.55	66.00	115.47
35	14.44	18.69	20.35	25.65	35.82	67.82	118.55
36	15.04	19.49	21.25	26.73	37.11	69.70	121.73
37	15.68	20.32	22.16	27.85	38.41	71.61	125.00
38	16.33	21.16	23.09	28.99	39.74	73.59	128.44
39	17.00	22.03	24.06	30.13	41.09	75.60	132.00
40	17.68	22.91	25.03	31.29	42.44	77.66	135.66
41	18.39	23.80	26.03	32.45	43.82	79.73	139.43
42	19.10	24.72	27.05	33.63	45.21	81.85	143.29
43	20.00	25.78	28.10	34.85	46.69	84.04	147.40
44	20.94	26.84	29.18	36.06	48.16	86.24	151.55
45	21.88	27.93	30.25	37.26	49.60	88.41	155.71
46	22.83	29.01	31.33	38.45	50.97	90.53	159.81
47	23.79	30.10	32.39	39.58	52.27	92.59	163.82
48	24.71	31.16	33.47	40.74	53.49	94.65	167.93
49	25.62	32.19	34.52	41.83	54.58	96.57	171.78
50	26.49	33.17	35.53	42.85	55.52	98.30	175.27
51	27.31	34.09	36.45	43.76	56.29	99.77	178.29
52	28.07	34.93	37.29	44.56	56.88	100.94	180.73
53	28.73	35.63	37.99	45.17	57.11	101.60	182.13
54	29.25	36.19	38.57	45.65	57.15	101.90	182.84
55	29.65	36.63	38.99	45.98	56.99	101.86	182.81
56	29.96	36.98	39.28	46.16	56.65	101.44	182.05
57	30.16	37.18	39.44	46.22	56.13	100.65	180.52
58	29.72	36.60	38.82	45.26	54.53	97.86	174.93
59	29.27	36.03	38.21	44.36	52.99	95.08	169.38
60	28.92	35.60	37.74	43.76	51.80	92.73	164.65
61	28.79	35.45	37.59	43.65	51.17	91.19	161.56
62	29.01	35.73	37.91	44.25	51.35	90.89	160.89
63						94.26	167.50
64						99.14	177.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.67	12.29	13.31	16.69	24.78	51.36	91.10
26	10.02	12.78	13.86	17.40	25.76	52.95	93.82
27	10.41	13.31	14.45	18.16	26.77	54.56	96.56
28	10.82	13.89	15.08	18.98	27.83	56.21	99.31
29	11.27	14.49	15.75	19.85	28.92	57.87	102.07
30	11.75	15.14	16.47	20.79	30.05	59.58	104.90
31	12.25	15.82	17.23	21.74	31.20	61.30	107.76
32	12.79	16.54	18.02	22.75	32.40	63.06	110.67
33	13.33	17.27	18.83	23.77	33.62	64.85	113.63
34	13.90	18.03	19.69	24.83	34.88	66.67	116.68
35	14.50	18.81	20.56	25.92	36.17	68.53	119.81
36	15.11	19.63	21.45	27.02	37.48	70.45	123.04
37	15.75	20.47	22.38	28.16	38.81	72.38	126.38
38	16.41	21.32	23.33	29.30	40.16	74.40	129.89
39	17.08	22.19	24.31	30.47	41.54	76.46	133.52
40	17.77	23.08	25.30	31.65	42.91	78.55	137.25
41	18.49	24.00	26.32	32.83	44.32	80.67	141.10
42	19.20	24.91	27.36	34.04	45.73	82.83	145.04
43	20.11	26.00	28.42	35.28	47.25	85.07	149.25
44	21.04	27.07	29.52	36.52	48.74	87.32	153.50
45	21.99	28.17	30.62	37.74	50.20	89.55	157.75
46	22.95	29.27	31.72	38.95	51.61	91.73	161.95
47	23.93	30.37	32.80	40.12	52.95	93.84	166.06
48	24.86	31.44	33.90	41.31	54.20	95.96	170.30
49	25.78	32.50	34.97	42.42	55.33	97.94	174.27
50	26.66	33.49	36.00	43.48	56.29	99.73	177.87
51	27.48	34.43	36.94	44.42	57.09	101.26	180.98
52	28.25	35.28	37.80	45.25	57.70	102.48	183.51
53	28.93	36.00	38.53	45.87	57.96	103.17	184.98
54	29.45	36.57	39.11	46.37	58.01	103.49	185.72
55	29.86	37.03	39.54	46.70	57.84	103.44	185.70
56	30.16	37.36	39.82	46.89	57.48	103.00	184.88
57	30.37	37.56	39.96	46.91	56.94	102.16	183.25
58	29.91	36.97	39.33	45.94	55.32	99.33	177.61
59	29.45	36.38	38.69	45.01	53.73	96.47	171.91
60	29.08	35.90	38.17	44.33	52.44	93.94	166.87
61	28.93	35.69	37.93	44.09	51.67	92.14	163.28
62	29.09	35.88	38.12	44.52	51.64	91.44	161.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.72	12.40	13.47	16.91	25.09	52.03	92.34
26	10.08	12.88	14.03	17.63	26.08	53.66	95.11
27	10.46	13.43	14.62	18.41	27.12	55.31	97.91
28	10.89	14.01	15.26	19.25	28.20	56.99	100.72
29	11.33	14.63	15.95	20.13	29.30	58.69	103.54
30	11.81	15.28	16.68	21.08	30.46	60.42	106.42
31	12.32	15.97	17.46	22.05	31.64	62.19	109.34
32	12.87	16.69	18.26	23.08	32.85	63.98	112.33
33	13.41	17.44	19.09	24.12	34.10	65.82	115.37
34	13.98	18.22	19.96	25.20	35.38	67.68	118.49
35	14.60	19.02	20.85	26.32	36.70	69.58	121.70
36	15.22	19.84	21.76	27.45	38.04	71.56	125.02
37	15.87	20.69	22.71	28.61	39.41	73.54	128.45
38	16.53	21.55	23.68	29.79	40.79	75.62	132.06
39	17.20	22.44	24.68	30.98	42.19	77.74	135.79
40	17.90	23.35	25.70	32.20	43.60	79.89	139.64
41	18.62	24.28	26.73	33.41	45.05	82.08	143.60
42	19.35	25.22	27.80	34.65	46.51	84.30	147.67
43	20.27	26.31	28.90	35.92	48.06	86.62	152.01
44	21.22	27.41	30.03	37.20	49.61	88.96	156.40
45	22.18	28.54	31.15	38.46	51.12	91.26	160.81
46	23.15	29.66	32.28	39.72	52.57	93.52	165.17
47	24.13	30.77	33.40	40.93	53.95	95.72	169.44
48	25.08	31.88	34.54	42.17	55.26	97.94	173.84
49	26.00	32.96	35.65	43.34	56.43	100.00	177.99
50	26.89	33.98	36.70	44.43	57.46	101.89	181.76
51	27.75	34.94	37.68	45.42	58.30	103.48	185.01
52	28.53	35.81	38.57	46.28	58.94	104.76	187.66
53	29.22	36.56	39.32	46.93	59.22	105.52	189.24
54	29.77	37.16	39.93	47.45	59.29	105.87	190.04
55	30.18	37.63	40.36	47.79	59.13	105.83	190.04
56	30.47	37.95	40.64	47.96	58.74	105.34	189.14
57	30.68	38.13	40.75	47.96	58.15	104.42	187.35
58	30.22	37.53	40.11	46.97	56.50	101.53	181.63
59	29.74	36.91	39.42	45.98	54.83	98.52	175.69
60	29.33	36.37	38.82	45.18	53.41	95.74	170.18
61	29.12	36.06	38.44	44.77	52.41	93.54	165.85
62	29.21	36.10	38.42	44.92	52.08	92.29	163.38
63				46.83	53.74		
64				49.45	56.22		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.93	12.81	14.10	17.78	26.38	54.89	97.53
26	10.28	13.32	14.68	18.53	27.42	56.60	100.44
27	10.67	13.88	15.29	19.35	28.50	58.33	103.36
28	11.11	14.48	15.96	20.23	29.64	60.08	106.30
29	11.56	15.12	16.68	21.16	30.79	61.86	109.24
30	12.06	15.80	17.45	22.14	31.99	63.65	112.24
31	12.58	16.51	18.26	23.17	33.22	65.49	115.25
32	13.12	17.25	19.09	24.24	34.49	67.36	118.33
33	13.68	18.02	19.95	25.33	35.78	69.24	121.47
34	14.27	18.81	20.85	26.44	37.11	71.17	124.67
35	14.89	19.63	21.76	27.61	38.46	73.11	127.96
36	15.51	20.48	22.71	28.78	39.85	75.13	131.35
37	16.17	21.34	23.69	29.97	41.24	77.15	134.82
38	16.84	22.22	24.68	31.18	42.65	79.25	138.49
39	17.54	23.13	25.70	32.41	44.09	81.39	142.26
40	18.23	24.04	26.73	33.65	45.52	83.56	146.13
41	18.96	24.99	27.80	34.89	46.98	85.75	150.10
42	19.69	25.94	28.87	36.14	48.44	87.97	154.17
43	20.63	27.04	29.98	37.43	50.01	90.28	158.49
44	21.58	28.15	31.12	38.70	51.55	92.58	162.84
45	22.54	29.27	32.24	39.96	53.05	94.84	167.16
46	23.51	30.39	33.36	41.20	54.48	97.02	171.40
47	24.49	31.50	34.46	42.38	55.81	99.12	175.50
48	25.43	32.59	35.57	43.57	57.05	101.20	179.68
49	26.34	33.62	36.63	44.68	58.13	103.11	183.54
50	27.22	34.62	37.64	45.70	59.05	104.78	186.96
51	28.05	35.53	38.55	46.59	59.77	106.15	189.82
52	28.80	36.35	39.36	47.34	60.26	107.17	192.00
53	29.45	37.03	40.00	47.85	60.35	107.56	192.94
54	29.99	37.57	40.49	48.20	60.21	107.54	193.05
55	30.35	37.94	40.80	48.36	59.83	107.11	192.36
56	30.61	38.18	40.96	48.38	59.25	106.26	190.82
57	30.76	38.28	40.96	48.22	58.48	105.00	188.43
58	30.23	37.56	40.14	47.01	56.55	101.62	181.76
59	29.70	36.84	39.32	45.84	54.68	98.24	175.09
60	29.27	36.25	38.65	44.95	53.15	95.27	169.23
61	29.08	35.96	38.30	44.57	52.20	93.14	165.06
62	29.21	36.10	38.42	44.92	52.08	92.29	163.38
63	30.35	37.58	40.02				
64	31.90	39.59	42.20				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.71	13.58	14.68	18.39	27.31	56.55	100.29
26	11.10	14.12	15.28	19.17	28.37	58.30	103.29
27	11.52	14.70	15.92	20.00	29.49	60.07	106.29
28	11.99	15.33	16.61	20.90	30.65	61.87	109.30
29	12.47	16.01	17.35	21.86	31.85	63.70	112.33
30	13.00	16.71	18.15	22.87	33.09	65.56	115.42
31	13.56	17.47	18.98	23.92	34.36	67.45	118.54
32	14.14	18.25	19.84	25.03	35.67	69.38	121.73
33	14.75	19.06	20.73	26.14	37.00	71.33	124.98
34	15.37	19.90	21.67	27.31	38.39	73.33	128.30
35	16.04	20.77	22.62	28.50	39.79	75.35	131.73
36	16.71	21.66	23.61	29.71	41.23	77.45	135.26
37	17.42	22.57	24.62	30.95	42.68	79.56	138.89
38	18.15	23.51	25.66	32.21	44.16	81.76	142.71
39	18.89	24.47	26.73	33.48	45.65	84.00	146.67
40	19.64	25.45	27.81	34.77	47.16	86.28	150.74
41	20.43	26.45	28.93	36.06	48.69	88.59	154.92
42	21.23	27.46	30.06	37.37	50.24	90.94	159.21
43	22.23	28.64	31.22	38.72	51.88	93.38	163.78
44	23.26	29.82	32.42	40.07	53.51	95.82	168.40
45	24.31	31.04	33.62	41.40	55.11	98.23	173.01
46	25.36	32.23	34.81	42.72	56.64	100.59	177.57
47	26.43	33.44	35.99	43.98	58.08	102.88	182.02
48	27.46	34.62	37.19	45.27	59.43	105.17	186.59
49	28.46	35.76	38.36	46.47	60.64	107.30	190.86
50	29.43	36.85	39.47	47.61	61.69	109.22	194.74
51	30.34	37.88	40.50	48.63	62.55	110.85	198.10
52	31.19	38.81	41.43	49.52	63.20	112.16	200.82
53	31.93	39.59	42.21	50.19	63.46	112.90	202.37
54	32.50	40.21	42.86	50.71	63.50	113.23	203.15
55	32.94	40.71	43.32	51.08	63.32	113.18	203.12
56	33.28	41.09	43.65	51.30	62.94	112.71	202.27
57	33.51	41.31	43.82	51.35	62.37	111.84	200.58
58	33.02	40.66	43.13	50.28	60.59	108.73	194.37
59	32.52	40.03	42.45	49.29	58.88	105.65	188.21
60	32.13	39.55	41.94	48.62	57.55	103.04	182.94
61	32.00	39.39	41.77	48.50	56.86	101.32	179.51
62	32.23	39.70	42.13	49.17	57.05	100.98	178.76
63						104.73	186.11
64						110.16	196.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.74	13.66	14.79	18.55	27.54	57.06	101.22
26	11.13	14.19	15.40	19.33	28.62	58.83	104.24
27	11.56	14.78	16.05	20.18	29.74	60.62	107.29
28	12.03	15.43	16.76	21.09	30.92	62.45	110.34
29	12.52	16.10	17.50	22.06	32.13	64.30	113.41
30	13.05	16.82	18.30	23.09	33.39	66.19	116.55
31	13.61	17.58	19.15	24.15	34.67	68.11	119.72
32	14.20	18.37	20.02	25.27	36.00	70.07	122.96
33	14.81	19.18	20.93	26.41	37.36	72.05	126.26
34	15.44	20.04	21.87	27.59	38.76	74.08	129.64
35	16.11	20.91	22.84	28.80	40.19	76.14	133.13
36	16.79	21.82	23.84	30.03	41.64	78.28	136.72
37	17.50	22.74	24.87	31.28	43.12	80.42	140.42
38	18.23	23.69	25.92	32.56	44.62	82.67	144.32
39	18.98	24.66	27.01	33.85	46.15	84.96	148.36
40	19.74	25.64	28.11	35.17	47.68	87.28	152.50
41	20.54	26.66	29.24	36.48	49.24	89.63	156.77
42	21.33	27.68	30.40	37.82	50.81	92.03	161.15
43	22.34	28.88	31.57	39.20	52.49	94.52	165.83
44	23.38	30.08	32.80	40.58	54.16	97.03	170.55
45	24.44	31.30	34.01	41.93	55.78	99.50	175.28
46	25.50	32.52	35.24	43.28	57.35	101.92	179.94
47	26.58	33.74	36.44	44.58	58.83	104.27	184.52
48	27.62	34.94	37.66	45.90	60.22	106.63	189.22
49	28.64	36.11	38.86	47.14	61.47	108.83	193.63
50	29.61	37.22	40.00	48.31	62.55	110.81	197.63
51	30.54	38.25	41.04	49.36	63.44	112.51	201.09
52	31.39	39.20	42.00	50.27	64.12	113.86	203.90
53	32.14	40.00	42.80	50.97	64.40	114.64	205.53
54	32.73	40.64	43.45	51.52	64.45	114.99	206.35
55	33.18	41.15	43.93	51.89	64.27	114.94	206.33
56	33.51	41.52	44.25	52.10	63.87	114.44	205.42
57	33.74	41.73	44.40	52.12	63.26	113.51	203.61
58	33.24	41.08	43.70	51.04	61.46	110.36	197.34
59	32.73	40.42	42.99	50.01	59.70	107.18	191.00
60	32.31	39.89	42.42	49.25	58.26	104.38	185.41
61	32.15	39.66	42.14	48.99	57.41	102.37	181.42
62	32.32	39.86	42.35	49.46	57.38	101.60	179.87

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.81	13.78	14.97	18.80	27.88	57.82	102.60
26	11.19	14.32	15.58	19.59	28.98	59.62	105.68
27	11.62	14.92	16.24	20.45	30.13	61.45	108.79
28	12.10	15.57	16.96	21.38	31.33	63.32	111.91
29	12.59	16.25	17.72	22.37	32.56	65.21	115.04
30	13.12	16.98	18.53	23.42	33.84	67.14	118.25
31	13.69	17.75	19.40	24.50	35.15	69.10	121.49
32	14.29	18.55	20.29	25.64	36.50	71.10	124.81
33	14.90	19.38	21.21	26.80	37.89	73.13	128.19
34	15.54	20.24	22.18	28.00	39.32	75.20	131.66
35	16.22	21.13	23.16	29.24	40.78	77.32	135.23
36	16.90	22.04	24.18	30.50	42.27	79.51	138.92
37	17.63	22.99	25.24	31.79	43.78	81.72	142.73
38	18.37	23.94	26.31	33.10	45.32	84.02	146.73
39	19.11	24.93	27.42	34.43	46.88	86.37	150.88
40	19.89	25.94	28.55	35.77	48.45	88.77	155.15
41	20.69	26.97	29.71	37.13	50.05	91.19	159.55
42	21.50	28.02	30.89	38.50	51.67	93.67	164.08
43	22.52	29.23	32.11	39.92	53.40	96.25	168.90
44	23.58	30.46	33.36	41.33	55.11	98.84	173.78
45	24.64	31.71	34.61	42.74	56.80	101.39	178.68
46	25.72	32.95	35.86	44.13	58.41	103.91	183.52
47	26.81	34.20	37.11	45.48	59.95	106.35	188.26
48	27.87	35.42	38.38	46.85	61.40	108.82	193.16
49	28.89	36.62	39.61	48.15	62.70	111.12	197.76
50	29.88	37.75	40.78	49.37	63.84	113.20	201.95
51	30.83	38.82	41.87	50.46	64.78	114.98	205.57
52	31.70	39.78	42.86	51.42	65.49	116.41	208.51
53	32.46	40.62	43.68	52.15	65.81	117.24	210.27
54	33.08	41.29	44.36	52.72	65.88	117.64	211.16
55	33.53	41.81	44.84	53.10	65.69	117.59	211.15
56	33.86	42.17	45.15	53.29	65.27	117.05	210.15
57	34.08	42.36	45.28	53.28	64.61	116.02	208.17
58	33.57	41.70	44.56	52.18	62.77	112.81	201.81
59	33.04	41.01	43.80	51.08	60.92	109.47	195.21
60	32.59	40.41	43.13	50.20	59.34	106.38	189.09
61	32.36	40.07	42.71	49.74	58.24	103.94	184.28
62	32.45	40.11	42.69	49.90	57.86	102.54	181.54
63				52.03	59.72		
64				54.94	62.47		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.03	14.24	15.66	19.76	29.31	60.99	108.36
26	11.42	14.80	16.31	20.59	30.47	62.89	111.60
27	11.86	15.42	16.99	21.50	31.67	64.80	114.85
28	12.35	16.09	17.74	22.48	32.93	66.76	118.10
29	12.85	16.80	18.54	23.51	34.21	68.73	121.38
30	13.39	17.55	19.39	24.60	35.54	70.73	124.70
31	13.97	18.34	20.28	25.74	36.91	72.77	128.06
32	14.58	19.17	21.21	26.93	38.32	74.84	131.48
33	15.21	20.02	22.17	28.14	39.76	76.93	134.97
34	15.86	20.90	23.16	29.38	41.24	79.07	138.52
35	16.54	21.82	24.18	30.68	42.74	81.23	142.18
36	17.24	22.75	25.24	31.97	44.27	83.47	145.94
37	17.97	23.71	26.32	33.30	45.82	85.72	149.80
38	18.72	24.69	27.43	34.65	47.40	88.06	153.87
39	19.48	25.70	28.56	36.01	48.99	90.44	158.07
40	20.26	26.72	29.71	37.39	50.58	92.85	162.37
41	21.07	27.76	30.89	38.76	52.20	95.28	166.78
42	21.89	28.82	32.08	40.15	53.83	97.75	171.29
43	22.92	30.04	33.32	41.58	55.56	100.31	176.10
44	23.97	31.28	34.58	43.01	57.28	102.86	180.94
45	25.04	32.52	35.82	44.40	58.94	105.37	185.73
46	26.13	33.77	37.07	45.78	60.54	107.80	190.44
47	27.21	35.00	38.29	47.09	62.01	110.13	195.00
48	28.26	36.20	39.52	48.41	63.39	112.45	199.65
49	29.27	37.36	40.71	49.64	64.59	114.57	203.93
50	30.25	38.46	41.82	50.78	65.61	116.42	207.73
51	31.16	39.48	42.84	51.76	66.41	117.95	210.91
52	32.01	40.39	43.74	52.60	66.96	119.07	213.33
53	32.73	41.14	44.44	53.16	67.06	119.51	214.38
54	33.33	41.74	44.99	53.55	66.90	119.49	214.51
55	33.72	42.15	45.33	53.74	66.48	119.01	213.73
56	34.00	42.42	45.50	53.76	65.83	118.07	212.02
57	34.17	42.53	45.51	53.58	64.97	116.67	209.37
58	33.59	41.73	44.60	52.23	62.83	112.91	201.96
59	33.00	40.93	43.68	50.93	60.76	109.16	194.55
60	32.52	40.28	42.94	49.95	59.06	105.86	188.04
61	32.30	39.95	42.55	49.53	58.00	103.49	183.40
62	32.45	40.11	42.69	49.90	57.86	102.54	181.54
63	33.72	41.76	44.47				
64	35.45	43.99	46.89				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.62	10.84	11.67	14.66	21.65	44.62	78.76
26	8.94	11.26	12.14	15.28	22.50	46.05	81.19
27	9.28	11.72	12.65	15.95	23.39	47.48	83.62
28	9.63	12.22	13.19	16.65	24.31	48.91	86.05
29	10.02	12.75	13.76	17.40	25.24	50.37	88.48
30	10.43	13.31	14.38	18.18	26.22	51.84	90.90
31	10.87	13.89	15.01	19.01	27.21	53.32	93.35
32	11.31	14.48	15.68	19.86	28.22	54.82	95.82
33	11.77	15.10	16.36	20.72	29.24	56.33	98.33
34	12.26	15.74	17.07	21.62	30.30	57.85	100.87
35	12.77	16.40	17.79	22.53	31.36	59.39	103.45
36	13.27	17.08	18.55	23.44	32.45	60.95	106.09
37	13.82	17.78	19.31	24.38	33.54	62.53	108.79
38	14.35	18.47	20.08	25.32	34.64	64.15	111.62
39	14.92	19.18	20.87	26.26	35.74	65.80	114.50
40	15.47	19.91	21.67	27.21	36.84	67.44	117.44
41	16.05	20.64	22.48	28.16	37.95	69.11	120.45
42	16.63	21.38	23.30	29.11	39.05	70.76	123.50
43	17.36	22.23	24.14	30.07	40.22	72.48	126.71
44	18.12	23.09	24.99	31.02	41.36	74.18	129.93
45	18.88	23.95	25.84	31.96	42.46	75.82	133.11
46	19.64	24.81	26.68	32.87	43.51	77.42	136.22
47	20.41	25.66	27.50	33.75	44.48	78.94	139.23
48	21.11	26.46	28.32	34.58	45.31	80.39	142.17
49	21.82	27.24	29.10	35.37	46.06	81.72	144.91
50	22.49	27.99	29.85	36.12	46.69	82.91	147.39
51	23.14	28.71	30.55	36.79	47.22	83.94	149.56
52	23.75	29.37	31.22	37.40	47.62	84.80	151.35
53	24.33	29.99	31.86	37.92	47.83	85.39	152.60
54	24.82	30.52	32.41	38.38	47.92	85.76	153.38
55	25.21	30.98	32.86	38.74	47.89	85.90	153.70
56	25.56	31.36	33.23	39.02	47.76	85.80	153.50
57	25.83	31.66	33.50	39.21	47.50	85.42	152.77
58	25.59	31.35	33.18	38.61	46.41	83.51	148.83
59	25.36	31.06	32.88	38.08	45.42	81.63	144.98
60	25.22	30.89	32.70	37.82	44.70	80.10	141.81
61	25.25	30.96	32.78	37.97	44.47	79.23	139.97
62	25.55	31.35	33.22	38.72	44.90	79.32	140.07
63						82.28	145.84
64						86.43	154.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.66	10.91	11.77	14.80	21.85	45.08	79.59
26	8.98	11.33	12.24	15.43	22.72	46.53	82.05
27	9.31	11.80	12.77	16.10	23.62	47.97	84.52
28	9.67	12.31	13.31	16.83	24.55	49.44	86.98
29	10.07	12.84	13.90	17.58	25.49	50.91	89.45
30	10.48	13.40	14.53	18.38	26.49	52.40	91.92
31	10.91	13.98	15.17	19.21	27.49	53.91	94.42
32	11.37	14.60	15.84	20.08	28.52	55.43	96.93
33	11.84	15.22	16.54	20.96	29.56	56.98	99.48
34	12.32	15.88	17.25	21.88	30.63	58.52	102.07
35	12.83	16.53	18.00	22.79	31.72	60.10	104.71
36	13.35	17.23	18.75	23.72	32.82	61.70	107.40
37	13.89	17.93	19.53	24.68	33.93	63.31	110.17
38	14.43	18.63	20.32	25.63	35.05	64.97	113.06
39	15.00	19.35	21.11	26.59	36.18	66.65	116.02
40	15.56	20.08	21.94	27.57	37.30	68.34	119.04
41	16.15	20.83	22.77	28.54	38.44	70.05	122.12
42	16.73	21.59	23.60	29.52	39.56	71.74	125.25
43	17.47	22.45	24.46	30.50	40.76	73.51	128.56
44	18.23	23.32	25.34	31.49	41.94	75.26	131.87
45	19.00	24.19	26.19	32.44	43.07	76.96	135.16
46	19.76	25.06	27.06	33.38	44.15	78.61	138.36
47	20.56	25.93	27.90	34.28	45.15	80.19	141.49
48	21.27	26.74	28.74	35.16	46.02	81.70	144.54
49	21.98	27.55	29.55	35.97	46.81	83.10	147.40
50	22.66	28.32	30.32	36.75	47.48	84.35	149.99
51	23.32	29.04	31.05	37.45	48.02	85.43	152.25
52	23.94	29.72	31.73	38.08	48.44	86.33	154.12
53	24.52	30.36	32.38	38.62	48.67	86.95	155.44
54	25.02	30.91	32.95	39.09	48.78	87.34	156.27
55	25.42	31.37	33.40	39.47	48.75	87.48	156.60
56	25.77	31.75	33.77	39.74	48.59	87.36	156.33
57	26.03	32.04	34.02	39.91	48.31	86.93	155.50
58	25.78	31.72	33.70	39.29	47.19	84.97	151.51
59	25.55	31.41	33.36	38.73	46.15	83.01	147.51
60	25.39	31.20	33.13	38.39	45.34	81.30	144.03
61	25.39	31.20	33.11	38.41	44.96	80.17	141.69
62	25.63	31.50	33.42	38.99	45.19	79.89	141.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.71	11.03	11.92	15.02	22.16	45.76	80.83
26	9.03	11.45	12.41	15.66	23.05	47.24	83.34
27	9.37	11.92	12.94	16.35	23.96	48.72	85.87
28	9.73	12.43	13.50	17.08	24.91	50.21	88.39
29	10.13	12.97	14.10	17.86	25.88	51.73	90.91
30	10.54	13.54	14.73	18.67	26.89	53.26	93.44
31	10.98	14.14	15.39	19.53	27.92	54.80	96.01
32	11.45	14.76	16.09	20.42	28.97	56.36	98.60
33	11.92	15.39	16.79	21.32	30.04	57.94	101.22
34	12.41	16.05	17.53	22.25	31.14	59.53	103.88
35	12.93	16.73	18.29	23.19	32.25	61.16	106.60
36	13.45	17.43	19.06	24.16	33.39	62.81	109.38
37	13.99	18.15	19.86	25.13	34.52	64.47	112.24
38	14.55	18.86	20.66	26.12	35.68	66.18	115.24
39	15.11	19.60	21.49	27.11	36.84	67.93	118.29
40	15.69	20.35	22.33	28.11	38.00	69.68	121.42
41	16.28	21.11	23.19	29.11	39.17	71.46	124.63
42	16.88	21.89	24.04	30.13	40.35	73.22	127.87
43	17.63	22.77	24.94	31.15	41.58	75.06	131.32
44	18.41	23.65	25.85	32.16	42.80	76.89	134.77
45	19.18	24.55	26.73	33.17	43.98	78.66	138.21
46	19.97	25.45	27.62	34.14	45.11	80.41	141.57
47	20.76	26.34	28.50	35.09	46.16	82.06	144.85
48	21.49	27.18	29.38	36.01	47.09	83.68	148.09
49	22.21	28.01	30.22	36.88	47.92	85.16	151.12
50	22.91	28.79	31.03	37.70	48.63	86.50	153.88
51	23.58	29.55	31.79	38.45	49.23	87.66	156.28
52	24.21	30.25	32.51	39.11	49.68	88.62	158.28
53	24.82	30.91	33.18	39.69	49.94	89.30	159.71
54	25.34	31.49	33.77	40.18	50.06	89.72	160.60
55	25.74	31.96	34.23	40.55	50.03	89.87	160.93
56	26.08	32.34	34.58	40.82	49.86	89.70	160.59
57	26.34	32.61	34.81	40.96	49.53	89.19	159.61
58	26.09	32.29	34.47	40.32	48.37	87.17	155.53
59	25.83	31.94	34.09	39.70	47.25	85.07	151.29
60	25.63	31.66	33.77	39.24	46.30	83.11	147.35
61	25.57	31.57	33.62	39.09	45.71	81.58	144.27
62	25.75	31.72	33.72	39.39	45.63	80.73	142.56
63				41.05	47.09		
64				43.28	49.20		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.91	11.44	12.56	15.89	23.45	48.62	86.02
26	9.23	11.88	13.06	16.56	24.38	50.18	88.67
27	9.58	12.37	13.61	17.29	25.35	51.74	91.33
28	9.95	12.90	14.20	18.07	26.36	53.31	93.97
29	10.36	13.46	14.84	18.89	27.37	54.89	96.62
30	10.79	14.06	15.50	19.75	28.42	56.49	99.26
31	11.24	14.67	16.19	20.64	29.51	58.10	101.91
32	11.70	15.31	16.91	21.58	30.61	59.73	104.60
33	12.19	15.96	17.65	22.53	31.72	61.36	107.32
34	12.70	16.65	18.42	23.49	32.87	63.01	110.06
35	13.22	17.34	19.21	24.48	34.02	64.68	112.86
36	13.75	18.07	20.01	25.48	35.19	66.37	115.70
37	14.30	18.80	20.84	26.50	36.36	68.08	118.61
38	14.86	19.53	21.67	27.52	37.55	69.82	121.66
39	15.44	20.28	22.52	28.54	38.74	71.59	124.76
40	16.02	21.05	23.38	29.57	39.92	73.36	127.92
41	16.62	21.82	24.25	30.59	41.10	75.13	131.12
42	17.23	22.61	25.12	31.62	42.28	76.89	134.37
43	17.98	23.49	26.02	32.65	43.52	78.72	137.80
44	18.76	24.39	26.94	33.67	44.75	80.51	141.21
45	19.54	25.29	27.83	34.66	45.91	82.24	144.57
46	20.33	26.18	28.71	35.62	47.01	83.91	147.81
47	21.11	27.06	29.57	36.55	48.02	85.47	150.92
48	21.83	27.89	30.41	37.42	48.88	86.94	153.93
49	22.55	28.69	31.21	38.22	49.62	88.26	156.68
50	23.23	29.44	31.96	38.97	50.23	89.40	159.08
51	23.88	30.14	32.67	39.62	50.70	90.33	161.08
52	24.49	30.79	33.30	40.17	51.00	91.02	162.62
53	25.05	31.38	33.86	40.59	51.07	91.34	163.41
54	25.56	31.88	34.33	40.92	50.98	91.39	163.61
55	25.92	32.28	34.66	41.13	50.73	91.15	163.26
56	26.21	32.57	34.89	41.24	50.36	90.62	162.27
57	26.42	32.76	35.02	41.23	49.85	89.78	160.68
58	26.10	32.31	34.50	40.36	48.44	87.27	155.67
59	25.79	31.87	33.99	39.56	47.10	84.79	150.69
60	25.57	31.55	33.61	39.01	46.05	82.63	146.40
61	25.53	31.47	33.48	38.90	45.50	81.17	143.48
62	25.75	31.72	33.72	39.39	45.63	80.73	142.56
63	26.73	33.00	35.12				
64	28.06	34.72	36.98				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.58	12.05	12.96	16.29	24.05	49.58	87.51
26	9.94	12.51	13.48	16.98	25.00	51.16	90.21
27	10.30	13.02	14.05	17.71	25.99	52.75	92.91
28	10.70	13.58	14.65	18.50	27.01	54.35	95.60
29	11.13	14.17	15.29	19.33	28.05	55.97	98.30
30	11.59	14.78	15.98	20.20	29.13	57.60	101.00
31	12.07	15.43	16.68	21.12	30.23	59.24	103.73
32	12.57	16.10	17.42	22.07	31.35	60.90	106.47
33	13.09	16.78	18.18	23.03	32.49	62.59	109.25
34	13.62	17.49	18.96	24.02	33.67	64.28	112.08
35	14.19	18.22	19.77	25.03	34.85	65.99	114.95
36	14.75	18.98	20.61	26.05	36.05	67.72	117.88
37	15.35	19.75	21.45	27.09	37.26	69.48	120.88
38	15.95	20.52	22.31	28.13	38.48	71.28	124.02
39	16.57	21.31	23.19	29.17	39.71	73.11	127.22
40	17.19	22.12	24.08	30.23	40.93	74.94	130.50
41	17.84	22.93	24.98	31.28	42.16	76.79	133.83
42	18.48	23.76	25.89	32.35	43.39	78.62	137.22
43	19.29	24.70	26.82	33.41	44.69	80.53	140.79
44	20.13	25.65	27.77	34.47	45.95	82.41	144.36
45	20.98	26.61	28.71	35.51	47.18	84.24	147.90
46	21.82	27.56	29.65	36.52	48.34	86.02	151.36
47	22.68	28.51	30.55	37.50	49.42	87.71	154.70
48	23.46	29.40	31.46	38.43	50.34	89.32	157.97
49	24.24	30.27	32.33	39.30	51.18	90.80	161.01
50	24.99	31.10	33.17	40.13	51.88	92.13	163.77
51	25.71	31.89	33.95	40.88	52.47	93.27	166.17
52	26.39	32.63	34.69	41.55	52.91	94.22	168.17
53	27.03	33.33	35.39	42.13	53.14	94.87	169.56
54	27.57	33.91	36.01	42.64	53.25	95.29	170.43
55	28.01	34.42	36.51	43.04	53.21	95.44	170.78
56	28.40	34.85	36.92	43.36	53.06	95.33	170.55
57	28.70	35.18	37.22	43.57	52.78	94.92	169.74
58	28.43	34.84	36.86	42.90	51.57	92.79	165.37
59	28.18	34.51	36.53	42.31	50.46	90.70	161.09
60	28.02	34.32	36.34	42.02	49.66	88.99	157.56
61	28.05	34.40	36.42	42.19	49.40	88.03	155.52
62	28.39	34.83	36.91	43.02	49.89	88.14	155.63
63						91.42	162.04
64						96.03	171.16

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.62	12.13	13.08	16.45	24.28	50.09	88.43
26	9.97	12.59	13.60	17.14	25.25	51.69	91.17
27	10.35	13.11	14.19	17.89	26.24	53.30	93.91
28	10.74	13.68	14.79	18.69	27.28	54.93	96.64
29	11.18	14.26	15.44	19.54	28.33	56.57	99.39
30	11.64	14.89	16.14	20.42	29.43	58.23	102.12
31	12.13	15.54	16.85	21.35	30.54	59.90	104.90
32	12.63	16.22	17.60	22.32	31.69	61.59	107.70
33	13.15	16.90	18.37	23.29	32.84	63.31	110.54
34	13.69	17.64	19.17	24.31	34.04	65.02	113.41
35	14.26	18.37	19.99	25.33	35.24	66.77	116.34
36	14.83	19.14	20.84	26.36	36.47	68.55	119.34
37	15.43	19.91	21.70	27.42	37.70	70.34	122.41
38	16.03	20.70	22.57	28.49	38.95	72.19	125.63
39	16.66	21.50	23.46	29.55	40.20	74.06	128.91
40	17.28	22.32	24.38	30.63	41.45	75.94	132.26
41	17.94	23.14	25.30	31.71	42.71	77.83	135.69
42	18.59	23.98	26.22	32.80	43.96	79.71	139.16
43	19.40	24.94	27.17	33.89	45.29	81.67	142.84
44	20.26	25.91	28.15	34.98	46.60	83.62	146.52
45	21.11	26.88	29.10	36.04	47.85	85.51	150.17
46	21.96	27.84	30.07	37.08	49.05	87.35	153.74
47	22.84	28.81	31.00	38.10	50.17	89.10	157.20
48	23.63	29.72	31.94	39.06	51.14	90.78	160.60
49	24.42	30.62	32.83	39.97	52.01	92.33	163.78
50	25.18	31.46	33.70	40.83	52.75	93.72	166.65
51	25.91	32.27	34.50	41.62	53.35	94.93	169.16
52	26.59	33.02	35.26	42.31	53.82	95.92	171.25
53	27.24	33.73	35.98	42.92	54.08	96.62	172.72
54	27.80	34.34	36.61	43.44	54.20	97.05	173.63
55	28.25	34.86	37.12	43.85	54.16	97.20	173.99
56	28.63	35.28	37.51	44.16	54.00	97.06	173.70
57	28.93	35.60	37.80	44.34	53.68	96.59	172.78
58	28.65	35.25	37.44	43.66	52.44	94.42	168.34
59	28.39	34.90	37.07	43.03	51.28	92.23	163.89
60	28.20	34.66	36.81	42.65	50.37	90.33	160.03
61	28.20	34.67	36.79	42.68	49.96	89.07	157.43
62	28.48	35.00	37.14	43.32	50.21	88.77	156.74

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.68	12.25	13.25	16.69	24.62	50.85	89.81
26	10.03	12.72	13.79	17.40	25.61	52.48	92.60
27	10.41	13.24	14.38	18.16	26.63	54.13	95.41
28	10.82	13.82	15.00	18.98	27.68	55.79	98.21
29	11.26	14.41	15.66	19.84	28.76	57.47	101.02
30	11.71	15.05	16.37	20.75	29.88	59.17	103.82
31	12.21	15.71	17.10	21.70	31.02	60.89	106.67
32	12.72	16.39	17.87	22.69	32.19	62.62	109.55
33	13.24	17.10	18.66	23.69	33.38	64.38	112.46
34	13.79	17.84	19.47	24.72	34.60	66.15	115.43
35	14.36	18.59	20.32	25.77	35.83	67.95	118.45
36	14.94	19.37	21.18	26.84	37.09	69.78	121.54
37	15.55	20.16	22.07	27.92	38.36	71.63	124.71
38	16.17	20.95	22.96	29.02	39.64	73.54	128.04
39	16.79	21.77	23.87	30.12	40.93	75.48	131.44
40	17.43	22.62	24.82	31.23	42.22	77.42	134.91
41	18.09	23.45	25.77	32.35	43.52	79.39	138.47
42	18.75	24.31	26.72	33.48	44.83	81.35	142.08
43	19.58	25.29	27.71	34.61	46.20	83.40	145.91
44	20.45	26.29	28.71	35.74	47.56	85.43	149.75
45	21.31	27.28	29.70	36.85	48.87	87.40	153.57
46	22.18	28.27	30.69	37.94	50.12	89.34	157.31
47	23.06	29.27	31.67	38.99	51.29	91.18	160.94
48	23.87	30.20	32.65	40.01	52.32	92.97	164.54
49	24.68	31.13	33.58	40.98	53.24	94.62	167.91
50	25.45	32.00	34.48	41.89	54.03	96.11	170.98
51	26.20	32.83	35.32	42.72	54.69	97.40	173.64
52	26.90	33.61	36.12	43.45	55.19	98.46	175.86
53	27.57	34.35	36.86	44.10	55.49	99.22	177.45
54	28.15	34.99	37.51	44.64	55.62	99.70	178.45
55	28.60	35.52	38.03	45.06	55.59	99.85	178.81
56	28.98	35.93	38.42	45.36	55.40	99.67	178.44
57	29.27	36.24	38.68	45.50	55.03	99.10	177.34
58	28.99	35.88	38.30	44.80	53.75	96.86	172.81
59	28.70	35.49	37.88	44.11	52.50	94.52	168.10
60	28.48	35.18	37.52	43.60	51.44	92.34	163.72
61	28.42	35.08	37.36	43.43	50.78	90.64	160.29
62	28.61	35.24	37.47	43.76	50.70	89.70	158.40
63				45.61	52.32		
64				48.08	54.67		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.90	12.71	13.95	17.66	26.06	54.02	95.58
26	10.26	13.20	14.51	18.40	27.10	55.76	98.52
27	10.65	13.75	15.13	19.21	28.17	57.48	101.47
28	11.06	14.34	15.78	20.07	29.29	59.23	104.40
29	11.51	14.96	16.48	20.99	30.41	60.99	107.35
30	11.99	15.62	17.22	21.94	31.58	62.76	110.28
31	12.49	16.30	17.99	22.94	32.78	64.56	113.24
32	13.01	17.01	18.79	23.97	34.00	66.36	116.22
33	13.54	17.74	19.62	25.03	35.24	68.18	119.24
34	14.11	18.50	20.46	26.10	36.52	70.01	122.29
35	14.69	19.27	21.34	27.20	37.80	71.87	125.40
36	15.28	20.07	22.24	28.31	39.10	73.74	128.56
37	15.89	20.88	23.15	29.44	40.40	75.64	131.79
38	16.52	21.70	24.08	30.57	41.72	77.58	135.18
39	17.16	22.54	25.02	31.71	43.04	79.54	138.62
40	17.80	23.39	25.98	32.85	44.35	81.51	142.13
41	18.47	24.24	26.95	33.99	45.67	83.48	145.69
42	19.14	25.12	27.91	35.13	46.98	85.43	149.30
43	19.98	26.10	28.92	36.27	48.36	87.46	153.11
44	20.85	27.10	29.93	37.41	49.72	89.45	156.90
45	21.72	28.10	30.91	38.52	51.01	91.38	160.63
46	22.59	29.09	31.90	39.58	52.24	93.23	164.23
47	23.46	30.07	32.85	40.60	53.35	94.96	167.68
48	24.26	30.98	33.79	41.57	54.30	96.60	171.03
49	25.05	31.87	34.68	42.47	55.13	98.07	174.08
50	25.81	32.71	35.52	43.30	55.81	99.33	176.76
51	26.53	33.49	36.29	44.02	56.33	100.36	178.98
52	27.21	34.21	37.00	44.63	56.66	101.13	180.68
53	27.83	34.87	37.62	45.11	56.74	101.49	181.56
54	28.40	35.43	38.14	45.47	56.65	101.54	181.79
55	28.79	35.86	38.52	45.70	56.37	101.28	181.39
56	29.12	36.19	38.77	45.82	55.96	100.69	180.30
57	29.36	36.41	38.91	45.80	55.39	99.75	178.53
58	29.00	35.90	38.33	44.84	53.81	96.97	172.96
59	28.66	35.41	37.76	43.96	52.33	94.20	167.44
60	28.42	35.05	37.34	43.35	51.16	91.81	162.66
61	28.36	34.96	37.20	43.22	50.55	90.19	159.41
62	28.61	35.24	37.47	43.76	50.70	89.70	158.40
63	29.71	36.67	39.02				
64	31.18	38.58	41.09				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.84	35.83	39.65	49.02	62.37	107.08	187.08
26	27.83	37.22	41.21	51.00	64.63	110.21	192.46
27	28.88	38.68	42.84	53.06	66.95	113.32	197.74
28	29.99	40.21	44.54	55.21	69.32	116.40	202.94
29	31.15	41.79	46.31	57.45	71.74	119.46	208.06
30	32.34	43.44	48.14	59.73	74.19	122.50	213.14
31	33.58	45.12	50.02	62.08	76.67	125.55	218.22
32	34.85	46.83	51.93	64.46	79.18	128.59	223.31
33	36.12	48.54	53.85	66.82	81.72	131.60	228.40
34	37.44	50.29	55.79	69.21	84.28	134.61	233.56
35	38.77	52.04	57.76	71.61	86.83	137.68	238.85
36	40.14	53.83	59.75	74.03	89.38	140.78	244.30
37	41.54	55.64	61.78	76.46	91.92	143.94	249.94
38	42.94	57.46	63.80	78.87	94.41	147.21	255.95
39	44.36	59.29	65.85	81.30	96.86	150.54	262.20
40	45.82	61.16	67.93	83.75	99.31	153.96	268.69
41	47.29	63.04	70.06	86.20	101.74	157.46	275.48
42	48.80	64.98	72.20	88.68	104.16	161.05	282.52
43	50.78	67.23	74.42	91.22	106.59	164.82	290.14
44	52.79	69.53	76.69	93.79	109.00	168.66	297.99
45	54.84	71.87	78.97	96.36	111.38	172.54	305.99
46	56.94	74.25	81.29	98.96	113.74	176.45	314.07
47	59.08	76.66	83.61	101.55	116.06	180.35	322.19
48	61.19	79.09	86.08	104.31	118.40	184.47	330.93
49	63.29	81.51	88.52	107.00	120.67	188.47	339.40
50	65.36	83.88	90.90	109.62	122.87	192.28	347.37
51	67.36	86.16	93.18	112.11	124.95	195.80	354.62
52	69.28	88.32	95.31	114.43	126.91	198.92	360.92
53	71.20	90.49	97.44	116.71	129.10	201.86	366.15
54	72.93	92.40	99.31	118.70	131.04	204.17	369.93
55	74.44	94.02	100.84	120.30	132.59	205.72	372.05
56	75.64	95.25	101.94	121.40	133.65	206.34	372.20
57	76.45	96.03	102.54	121.93	134.09	205.87	370.15
58	76.61	96.04	102.51	121.71	133.72	204.18	365.67
59	76.26	95.48	101.82	120.74	132.54	201.12	358.47
60	75.35	94.20	100.37	118.98	130.42	196.51	348.32
61	73.74	92.15	98.14	116.31	127.29	190.21	334.95
62	71.46	89.30	95.05	112.68	123.04	182.07	318.13
63						171.95	297.58
64						159.68	273.05
65						145.10	244.29
66						128.08	211.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.88	35.90	39.76	49.16	62.57	107.54	187.91
26	27.86	37.29	41.32	51.15	64.85	110.69	193.33
27	28.93	38.76	42.96	53.21	67.18	113.82	198.65
28	30.03	40.29	44.66	55.39	69.56	116.93	203.87
29	31.19	41.88	46.45	57.62	71.99	120.00	209.04
30	32.38	43.52	48.29	59.93	74.47	123.08	214.16
31	33.62	45.22	50.17	62.29	76.96	126.14	219.28
32	34.89	46.94	52.09	64.68	79.48	129.20	224.42
33	36.18	48.66	54.02	67.06	82.03	132.24	229.56
34	37.51	50.42	55.97	69.47	84.61	135.29	234.77
35	38.84	52.17	57.95	71.88	87.18	138.38	240.11
36	40.20	53.98	59.95	74.32	89.76	141.52	245.61
37	41.61	55.79	62.00	76.76	92.32	144.72	251.32
38	43.02	57.61	64.04	79.19	94.83	148.02	257.40
39	44.44	59.46	66.10	81.64	97.30	151.40	263.72
40	45.90	61.34	68.20	84.11	99.77	154.86	270.28
41	47.39	63.24	70.34	86.57	102.23	158.39	277.15
42	48.90	65.17	72.51	89.08	104.67	162.03	284.27
43	50.88	67.44	74.74	91.65	107.13	165.85	291.98
44	52.90	69.76	77.03	94.25	109.58	169.74	299.92
45	54.96	72.12	79.32	96.84	111.99	173.69	308.04
46	57.07	74.50	81.66	99.47	114.38	177.65	316.21
47	59.22	76.93	84.01	102.09	116.73	181.60	324.45
48	61.34	79.38	86.51	104.88	119.11	185.78	333.30
49	63.45	81.81	88.98	107.60	121.42	189.85	341.88
50	65.52	84.21	91.37	110.26	123.65	193.71	349.97
51	67.54	86.50	93.67	112.77	125.75	197.29	357.32
52	69.47	88.67	95.82	115.11	127.73	200.46	363.70
53	71.39	90.85	97.97	117.42	129.95	203.43	368.99
54	73.14	92.79	99.84	119.42	131.90	205.75	372.82
55	74.64	94.40	101.38	121.04	133.44	207.30	374.93
56	75.84	95.63	102.48	122.13	134.49	207.90	375.03
57	76.64	96.39	103.07	122.63	134.90	207.37	372.88
58	76.80	96.41	103.02	122.40	134.51	205.65	368.34
59	76.44	95.82	102.31	121.40	133.27	202.49	360.98
60	75.51	94.50	100.80	119.56	131.06	197.72	350.54
61	73.86	92.39	98.47	116.76	127.79	191.15	336.67
62	71.54	89.44	95.24	112.96	123.34	182.64	319.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	26.93	36.00	39.92	49.39	62.88	108.22	189.16
26	27.92	37.41	41.48	51.37	65.17	111.40	194.62
27	28.98	38.87	43.13	53.46	67.52	114.57	200.00
28	30.10	40.42	44.85	55.64	69.92	117.70	205.28
29	31.25	42.02	46.64	57.90	72.38	120.82	210.50
30	32.45	43.67	48.50	60.23	74.87	123.92	215.69
31	33.70	45.37	50.39	62.60	77.39	127.03	220.87
32	34.97	47.10	52.33	65.01	79.94	130.13	226.08
33	36.26	48.83	54.28	67.42	82.52	133.21	231.29
34	37.58	50.59	56.25	69.84	85.11	136.30	236.58
35	38.93	52.37	58.25	72.27	87.72	139.44	242.00
36	40.30	54.18	60.27	74.74	90.32	142.63	247.59
37	41.71	56.01	62.32	77.21	92.92	145.88	253.40
38	43.13	57.85	64.38	79.68	95.45	149.25	259.57
39	44.56	59.71	66.48	82.16	97.96	152.67	266.00
40	46.03	61.60	68.60	84.65	100.47	156.20	272.67
41	47.53	63.52	70.76	87.16	102.97	159.80	279.65
42	49.05	65.47	72.95	89.70	105.45	163.50	286.90
43	51.04	67.76	75.22	92.30	107.95	167.40	294.75
44	53.07	70.10	77.53	94.93	110.44	171.37	302.83
45	55.14	72.48	79.87	97.57	112.90	175.39	311.09
46	57.26	74.89	82.24	100.23	115.34	179.43	319.43
47	59.44	77.34	84.62	102.90	117.74	183.47	327.81
48	61.56	79.82	87.15	105.73	120.17	187.75	336.85
49	63.68	82.28	89.65	108.51	122.53	191.91	345.60
50	65.78	84.70	92.08	111.21	124.80	195.87	353.86
51	67.80	87.01	94.42	113.77	126.96	199.51	361.35
52	69.74	89.21	96.59	116.14	128.97	202.74	367.85
53	71.68	91.41	98.76	118.48	131.22	205.78	373.25
54	73.43	93.34	100.66	120.51	133.18	208.14	377.15
55	74.94	94.97	102.21	122.12	134.73	209.69	379.26
56	76.13	96.19	103.29	123.20	135.75	210.24	379.29
57	76.94	96.93	103.86	123.68	136.11	209.62	376.98
58	77.08	96.95	103.80	123.43	135.69	207.85	372.36
59	76.71	96.33	103.04	122.36	134.37	204.55	364.77
60	75.74	94.95	101.44	120.40	132.03	199.52	353.86
61	74.03	92.74	98.97	117.43	128.53	192.57	339.25
62	71.64	89.65	95.55	113.35	123.77	183.47	320.63
63				108.06	117.62		
64				101.49	109.96		
65				93.51	100.64		
66				84.04	89.57		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	27.14	36.46	40.59	50.33	64.27	111.27	194.66
26	28.15	37.88	42.19	52.37	66.62	114.55	200.31
27	29.22	39.37	43.88	54.50	69.03	117.81	205.84
28	30.34	40.94	45.63	56.73	71.48	121.04	211.28
29	31.51	42.57	47.46	59.04	74.01	124.25	216.66
30	32.73	44.24	49.35	61.42	76.55	127.45	222.01
31	33.99	45.97	51.29	63.84	79.14	130.64	227.34
32	35.28	47.72	53.27	66.33	81.75	133.84	232.68
33	36.57	49.48	55.25	68.78	84.39	137.01	238.04
34	37.91	51.28	57.26	71.25	87.06	140.19	243.48
35	39.27	53.08	59.30	73.75	89.72	143.41	249.04
36	40.66	54.92	61.37	76.28	92.38	146.69	254.76
37	42.08	56.78	63.47	78.80	95.04	150.01	260.69
38	43.52	58.64	65.57	81.32	97.63	153.45	267.01
39	44.96	60.54	67.70	83.86	100.20	156.97	273.57
40	46.45	62.45	69.86	86.40	102.76	160.56	280.38
41	47.95	64.39	72.06	88.96	105.30	164.23	287.47
42	49.48	66.37	74.30	91.54	107.83	167.99	294.84
43	51.49	68.69	76.60	94.20	110.38	171.96	302.82
44	53.54	71.05	78.94	96.87	112.90	175.97	310.99
45	55.62	73.45	81.31	99.55	115.41	180.04	319.33
46	57.76	75.89	83.71	102.24	117.88	184.10	327.74
47	59.94	78.36	86.11	104.92	120.29	188.14	336.15
48	62.08	80.85	88.65	107.76	122.72	192.42	345.19
49	64.20	83.31	91.16	110.55	125.07	196.54	353.91
50	66.30	85.73	93.59	113.23	127.31	200.44	362.07
51	68.32	88.04	95.91	115.77	129.42	204.00	369.43
52	70.26	90.22	98.07	118.11	131.37	207.12	375.75
53	72.20	92.39	100.20	120.39	133.50	209.98	380.84
54	73.93	94.29	102.04	122.34	135.36	212.13	384.38
55	75.42	95.88	103.52	123.86	136.78	213.46	386.10
56	76.58	97.06	104.54	124.86	137.68	213.80	385.73
57	77.36	97.76	105.04	125.24	137.90	212.95	383.02
58	77.48	97.72	104.91	124.91	137.37	210.96	378.01
59	77.09	97.06	104.10	123.76	135.94	207.48	370.07
60	76.10	95.65	102.45	121.73	133.50	202.29	358.83
61	74.39	93.42	99.93	118.70	129.93	195.20	343.97
62	71.98	90.31	96.48	114.58	125.12	186.02	325.16
63	68.72	86.15	92.00				
64	64.67	80.97	86.42				
65	59.76	74.68	79.64				
66	53.94	67.21	71.60				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.82	39.81	44.06	54.46	69.29	118.98	207.86
26	30.92	41.36	45.79	56.66	71.81	122.46	213.85
27	32.09	42.98	47.60	58.95	74.39	125.91	219.72
28	33.33	44.68	49.48	61.34	77.02	129.33	225.48
29	34.61	46.44	51.45	63.83	79.71	132.73	231.18
30	35.93	48.26	53.50	66.37	82.44	136.12	236.83
31	37.31	50.13	55.57	68.97	85.19	139.50	242.47
32	38.72	52.03	57.70	71.62	87.98	142.87	248.12
33	40.14	53.94	59.83	74.25	90.80	146.21	253.77
34	41.60	55.88	61.99	76.90	93.64	149.57	259.51
35	43.08	57.82	64.18	79.57	96.47	152.97	265.39
36	44.60	59.81	66.39	82.25	99.32	156.42	271.44
37	46.15	61.83	68.64	84.96	102.14	159.93	277.71
38	47.71	63.84	70.88	87.64	104.90	163.57	284.39
39	49.29	65.89	73.16	90.33	107.62	167.27	291.33
40	50.91	67.95	75.48	93.05	110.34	171.07	298.55
41	52.54	70.05	77.84	95.77	113.04	174.95	306.08
42	54.23	72.20	80.23	98.53	115.73	178.94	313.90
43	56.42	74.70	82.69	101.36	118.43	183.14	322.38
44	58.65	77.26	85.21	104.21	121.11	187.40	331.09
45	60.93	79.85	87.74	107.07	123.75	191.72	339.99
46	63.26	82.50	90.31	109.96	126.38	196.06	348.97
47	65.65	85.18	92.90	112.83	128.96	200.38	357.99
48	67.99	87.89	95.65	115.90	131.55	204.96	367.70
49	70.32	90.56	98.36	118.89	134.09	209.41	377.11
50	72.62	93.20	101.00	121.80	136.52	213.65	385.97
51	74.85	95.74	103.53	124.57	138.84	217.55	394.03
52	76.98	98.13	105.90	127.14	141.01	221.03	401.02
53	79.11	100.54	108.27	129.69	143.45	224.29	406.83
54	81.04	102.67	110.34	131.89	145.60	226.86	411.04
55	82.71	104.46	112.04	133.67	147.32	228.57	413.38
56	84.04	105.84	113.26	134.90	148.50	229.27	413.55
57	84.95	106.69	113.93	135.48	148.98	228.74	411.28
58	85.12	106.72	113.90	135.24	148.58	226.86	406.30
59	84.74	106.09	113.13	134.16	147.26	223.46	398.30
60	83.72	104.67	111.52	132.20	144.91	218.35	387.02
61	81.93	102.40	109.04	129.24	141.43	211.35	372.17
62	79.40	99.22	105.61	125.21	136.72	202.30	353.48
63						191.06	330.64
64						177.42	303.39
65						161.22	271.43
66						142.30	234.50

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.86	39.89	44.18	54.62	69.52	119.49	208.79
26	30.96	41.44	45.91	56.83	72.05	122.99	214.81
27	32.14	43.07	47.73	59.13	74.64	126.46	220.72
28	33.37	44.77	49.62	61.54	77.29	129.91	226.52
29	34.65	46.53	51.60	64.03	79.99	133.33	232.26
30	35.98	48.36	53.65	66.59	82.74	136.75	237.95
31	37.36	50.25	55.74	69.20	85.51	140.16	243.65
32	38.77	52.16	57.88	71.87	88.32	143.55	249.35
33	40.20	54.07	60.02	74.51	91.15	146.93	255.06
34	41.67	56.01	62.19	77.18	94.01	150.32	260.85
35	43.16	57.97	64.39	79.87	96.87	153.75	266.79
36	44.67	59.97	66.62	82.57	99.73	157.25	272.90
37	46.23	61.99	68.89	85.29	102.58	160.79	279.24
38	47.80	64.01	71.15	87.99	105.36	164.47	286.00
39	49.38	66.07	73.44	90.71	108.12	168.22	293.02
40	51.00	68.15	75.78	93.46	110.86	172.07	300.32
41	52.65	70.26	78.15	96.19	113.59	175.99	307.94
42	54.33	72.42	80.56	98.98	116.30	180.03	315.85
43	56.53	74.94	83.05	101.83	119.04	184.28	324.43
44	58.78	77.51	85.58	104.72	121.75	188.60	333.25
45	61.06	80.12	88.14	107.61	124.43	192.98	342.26
46	63.40	82.78	90.74	110.52	127.09	197.38	351.35
47	65.81	85.47	93.35	113.43	129.70	201.78	360.49
48	68.16	88.20	96.12	116.53	132.34	206.42	370.33
49	70.50	90.90	98.86	119.56	134.91	210.94	379.87
50	72.80	93.56	101.53	122.50	137.39	215.24	388.85
51	75.05	96.11	104.08	125.30	139.73	219.21	397.02
52	77.18	98.52	106.47	127.90	141.93	222.73	404.10
53	79.32	100.94	108.86	130.47	144.39	226.04	409.99
54	81.26	103.09	110.94	132.70	146.56	228.62	414.24
55	82.93	104.89	112.65	134.48	148.27	230.33	416.59
56	84.26	106.25	113.86	135.70	149.43	231.00	416.70
57	85.16	107.10	114.51	136.25	149.88	230.41	414.31
58	85.33	107.12	114.47	136.00	149.45	228.49	409.27
59	84.93	106.47	113.68	134.89	148.08	224.99	401.10
60	83.90	105.00	112.00	132.84	145.62	219.68	389.49
61	82.06	102.66	109.41	129.73	141.99	212.40	374.08
62	79.48	99.38	105.83	125.51	137.04	202.93	354.59

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	29.92	40.00	44.35	54.87	69.86	120.24	210.17
26	31.02	41.56	46.09	57.09	72.42	123.78	216.24
27	32.20	43.19	47.92	59.40	75.03	127.29	222.22
28	33.44	44.91	49.83	61.83	77.70	130.78	228.09
29	34.72	46.68	51.82	64.34	80.42	134.24	233.89
30	36.06	48.52	53.88	66.92	83.19	137.69	239.65
31	37.44	50.42	55.99	69.56	85.98	141.14	245.41
32	38.86	52.33	58.15	72.24	88.82	144.58	251.20
33	40.30	54.26	60.31	74.91	91.69	148.01	256.99
34	41.76	56.21	62.50	77.60	94.57	151.45	262.86
35	43.26	58.19	64.72	80.31	97.46	154.93	268.89
36	44.78	60.20	66.97	83.05	100.36	158.48	275.10
37	46.35	62.23	69.25	85.79	103.24	162.09	281.55
38	47.92	64.28	71.54	88.53	106.06	165.83	288.41
39	49.52	66.34	73.86	91.28	108.85	169.64	295.55
40	51.15	68.45	76.22	94.05	111.64	173.55	302.97
41	52.81	70.58	78.62	96.84	114.41	177.56	310.72
42	54.50	72.75	81.06	99.66	117.16	181.67	318.77
43	56.71	75.29	83.58	102.56	119.94	186.01	327.50
44	58.97	77.89	86.14	105.48	122.71	190.41	336.48
45	61.27	80.53	88.74	108.42	125.44	194.88	345.66
46	63.62	83.21	91.37	111.37	128.15	199.37	354.92
47	66.04	85.93	94.02	114.33	130.82	203.85	364.23
48	68.40	88.69	96.83	117.48	133.52	208.61	374.27
49	70.75	91.42	99.61	120.57	136.14	213.23	384.01
50	73.08	94.11	102.32	123.56	138.67	217.63	393.18
51	75.34	96.68	104.90	126.40	141.06	221.68	401.50
52	77.48	99.11	107.32	129.04	143.30	225.27	408.72
53	79.64	101.56	109.74	131.65	145.80	228.64	414.73
54	81.58	103.72	111.85	133.90	147.98	231.26	419.06
55	83.27	105.52	113.56	135.69	149.70	232.98	421.41
56	84.59	106.88	114.77	136.89	150.83	233.60	421.43
57	85.48	107.70	115.39	137.41	151.23	232.92	418.87
58	85.64	107.72	115.33	137.14	150.76	230.94	413.74
59	85.23	107.03	114.49	135.96	149.30	227.28	405.30
60	84.15	105.50	112.71	133.78	146.70	221.69	393.18
61	82.26	103.05	109.97	130.48	142.82	213.96	376.94
62	79.60	99.62	106.16	125.95	137.53	203.86	356.25
63				120.07	130.69		
64				112.76	122.17		
65				103.90	111.82		
66				93.38	99.52		

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	30.16	40.51	45.10	55.92	71.40	123.63	216.30
26	31.28	42.09	46.88	58.19	74.02	127.27	222.56
27	32.46	43.74	48.75	60.55	76.70	130.89	228.71
28	33.71	45.49	50.70	63.03	79.43	134.48	234.76
29	35.02	47.29	52.73	65.60	82.23	138.05	240.74
30	36.36	49.16	54.83	68.24	85.06	141.61	246.67
31	37.76	51.08	56.98	70.94	87.93	145.16	252.60
32	39.20	53.03	59.19	73.69	90.83	148.71	258.54
33	40.64	54.98	61.39	76.42	93.77	152.23	264.49
34	42.13	56.97	63.62	79.17	96.73	155.77	270.53
35	43.64	58.98	65.89	81.95	99.69	159.35	276.71
36	45.18	61.02	68.19	84.75	102.64	162.98	283.07
37	46.75	63.09	70.52	87.56	105.60	166.68	289.66
38	48.35	65.16	72.86	90.36	108.48	170.51	296.67
39	49.96	67.26	75.22	93.17	111.33	174.41	303.96
40	51.60	69.39	77.62	96.00	114.17	178.40	311.53
41	53.28	71.54	80.07	98.84	117.00	182.48	319.41
42	54.98	73.74	82.55	101.71	119.80	186.66	327.60
43	57.21	76.32	85.11	104.66	122.65	191.07	336.46
44	59.49	78.94	87.72	107.63	125.45	195.53	345.55
45	61.80	81.61	90.35	110.61	128.23	200.04	354.82
46	64.18	84.32	93.01	113.60	130.97	204.56	364.15
47	66.60	87.06	95.67	116.58	133.65	209.05	373.50
48	68.97	89.83	98.50	119.74	136.36	213.80	383.54
49	71.33	92.57	101.29	122.84	138.96	218.38	393.23
50	73.66	95.25	103.99	125.81	141.45	222.71	402.30
51	75.92	97.82	106.57	128.64	143.80	226.67	410.48
52	78.06	100.24	108.96	131.23	145.97	230.13	417.50
53	80.21	102.65	111.33	133.77	148.34	233.31	423.16
54	82.14	104.77	113.38	135.93	150.40	235.70	427.08
55	83.79	106.53	115.02	137.62	151.98	237.18	429.00
56	85.09	107.84	116.16	138.73	152.97	237.56	428.59
57	85.96	108.62	116.71	139.15	153.23	236.61	425.58
58	86.09	108.58	116.57	138.78	152.63	234.41	420.02
59	85.65	107.85	115.66	137.52	151.04	230.53	411.18
60	84.56	106.28	113.83	135.26	148.33	224.77	398.70
61	82.65	103.80	111.04	131.89	144.36	216.89	382.19
62	79.98	100.34	107.20	127.32	139.02	206.69	361.29
63	76.36	95.73	102.23				
64	71.85	89.96	96.03				
65	66.40	82.98	88.49				
66	59.94	74.69	79.55				

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.57	16.24	17.71	22.14	31.37	62.07	110.58
26	13.04	16.91	18.44	23.09	32.60	63.92	113.74
27	13.58	17.64	19.25	24.13	33.89	65.84	116.95
28	14.15	18.42	20.13	25.25	35.25	67.81	120.23
29	14.78	19.28	21.07	26.46	36.66	69.84	123.60
30	15.44	20.19	22.08	27.75	38.14	71.94	127.07
31	16.17	21.16	23.15	29.10	39.65	74.10	130.64
32	16.92	22.18	24.28	30.53	41.25	76.34	134.37
33	17.71	23.23	25.45	31.99	42.88	78.65	138.22
34	18.54	24.34	26.66	33.52	44.58	81.05	142.23
35	19.42	25.48	27.95	35.11	46.33	83.52	146.43
36	20.33	26.68	29.28	36.74	48.14	86.12	150.84
37	21.29	27.93	30.67	38.45	50.00	88.81	155.48
38	22.28	29.22	32.10	40.18	51.91	91.63	160.41
39	23.31	30.56	33.59	41.97	53.88	94.55	165.57
40	24.38	31.95	35.13	43.82	55.92	97.60	171.03
41	25.50	33.39	36.74	45.72	58.02	100.76	176.73
42	26.66	34.89	38.40	47.69	60.18	104.03	182.71
43	28.12	36.62	40.16	49.75	62.53	107.52	189.16
44	29.62	38.40	41.98	51.86	64.94	111.09	195.85
45	31.20	40.24	43.84	54.01	67.36	114.76	202.73
46	32.82	42.15	45.76	56.21	69.79	118.47	209.78
47	34.50	44.09	47.72	58.43	72.20	122.23	216.96
48	36.20	46.11	49.81	60.80	74.65	126.28	224.74
49	37.92	48.13	51.90	63.15	77.03	130.25	232.44
50	39.64	50.14	53.96	65.45	79.26	134.07	239.86
51	41.32	52.09	55.96	67.67	81.31	137.68	246.83
52	42.94	53.95	57.86	69.74	83.14	140.95	253.16
53	44.55	55.79	59.72	71.75	84.71	143.95	258.84
54	45.98	57.45	61.37	73.52	85.98	146.43	263.49
55	47.04	58.81	62.72	75.02	86.86	148.31	266.90
56	47.90	59.92	63.77	76.16	87.35	149.44	268.85
57	48.49	60.68	64.48	76.89	87.37	149.75	269.12
58	48.63	60.94	64.71	77.08	86.80	149.11	267.50
59	48.44	60.78	64.50	76.75	85.70	147.42	263.78
60	47.88	60.14	63.80	75.87	84.03	144.57	257.72
61	46.91	58.99	62.56	74.38	81.78	140.42	249.13
62	45.50	57.27	60.76	72.26	78.90	134.90	237.78
63						127.88	223.43
64						119.26	205.90
65						108.94	184.97
66						96.76	160.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.60	16.32	17.81	22.28	31.57	62.53	111.41
26	13.08	16.98	18.56	23.24	32.82	64.40	114.60
27	13.61	17.71	19.37	24.29	34.12	66.33	117.86
28	14.19	18.50	20.25	25.42	35.50	68.33	121.17
29	14.82	19.37	21.20	26.65	36.92	70.37	124.58
30	15.49	20.28	22.22	27.94	38.40	72.51	128.08
31	16.21	21.26	23.30	29.30	39.94	74.70	131.71
32	16.98	22.29	24.44	30.75	41.54	76.96	135.48
33	17.78	23.35	25.63	32.23	43.20	79.31	139.37
34	18.60	24.46	26.85	33.77	44.92	81.72	143.43
35	19.48	25.62	28.14	35.38	46.69	84.23	147.69
36	20.40	26.82	29.49	37.03	48.51	86.86	152.15
37	21.36	28.08	30.89	38.75	50.40	89.58	156.86
38	22.36	29.37	32.34	40.50	52.32	92.44	161.85
39	23.39	30.73	33.84	42.31	54.32	95.40	167.09
40	24.47	32.12	35.40	44.18	56.38	98.49	172.62
41	25.60	33.57	37.03	46.10	58.50	101.69	178.40
42	26.76	35.09	38.70	48.09	60.70	105.01	184.46
43	28.22	36.83	40.48	50.18	63.09	108.55	191.00
44	29.74	38.63	42.32	52.32	65.52	112.18	197.80
45	31.32	40.49	44.20	54.49	67.97	115.90	204.78
46	32.94	42.41	46.14	56.72	70.44	119.67	211.92
47	34.65	44.36	48.12	58.97	72.87	123.48	219.21
48	36.35	46.39	50.24	61.37	75.36	127.59	227.11
49	38.08	48.44	52.35	63.75	77.77	131.62	234.93
50	39.80	50.47	54.44	66.09	80.04	135.50	242.46
51	41.49	52.43	56.44	68.32	82.11	139.16	249.52
52	43.12	54.30	58.37	70.42	83.97	142.48	255.93
53	44.73	56.15	60.24	72.45	85.56	145.52	261.69
54	46.18	57.82	61.91	74.25	86.83	148.02	266.38
55	47.25	59.20	63.26	75.75	87.72	149.89	269.80
56	48.10	60.30	64.31	76.88	88.19	151.00	271.69
57	48.67	61.05	65.00	77.58	88.18	151.25	271.86
58	48.82	61.30	65.23	77.76	87.59	150.58	270.19
59	48.61	61.12	64.99	77.40	86.44	148.79	266.30
60	48.04	60.44	64.22	76.45	84.67	145.77	259.93
61	47.03	59.22	62.89	74.82	82.27	141.36	250.84
62	45.57	57.41	60.95	72.52	79.19	135.47	238.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.65	16.42	17.97	22.50	31.88	63.21	112.66
26	13.13	17.09	18.73	23.47	33.15	65.11	115.90
27	13.67	17.83	19.54	24.53	34.47	67.08	119.20
28	14.26	18.63	20.44	25.69	35.86	69.11	122.58
29	14.88	19.50	21.40	26.92	37.30	71.19	126.05
30	15.57	20.42	22.43	28.24	38.81	73.36	129.62
31	16.28	21.41	23.52	29.62	40.37	75.59	133.30
32	17.05	22.45	24.68	31.08	42.00	77.89	137.14
33	17.86	23.52	25.87	32.59	43.68	80.27	141.11
34	18.69	24.64	27.13	34.14	45.43	82.73	145.24
35	19.58	25.81	28.43	35.77	47.22	85.29	149.58
36	20.50	27.03	29.81	37.45	49.07	87.96	154.13
37	21.47	28.30	31.21	39.20	50.99	90.75	158.93
38	22.47	29.61	32.68	40.98	52.95	93.66	164.02
39	23.51	30.98	34.21	42.82	54.98	96.68	169.37
40	24.60	32.39	35.80	44.72	57.08	99.84	175.00
41	25.74	33.86	37.44	46.68	59.24	103.10	180.90
42	26.91	35.38	39.15	48.70	61.48	106.49	187.09
43	28.38	37.14	40.96	50.82	63.90	110.10	193.77
44	29.90	38.98	42.82	53.00	66.38	113.81	200.70
45	31.50	40.85	44.74	55.22	68.88	117.60	207.84
46	33.14	42.79	46.71	57.48	71.39	121.46	215.14
47	34.85	44.77	48.73	59.78	73.88	125.35	222.58
48	36.57	46.83	50.87	62.22	76.43	129.56	230.67
49	38.31	48.91	53.03	64.66	78.87	133.68	238.66
50	40.05	50.96	55.15	67.04	81.20	137.66	246.35
51	41.76	52.94	57.19	69.32	83.32	141.39	253.55
52	43.38	54.84	59.14	71.45	85.20	144.77	260.08
53	45.02	56.71	61.04	73.52	86.83	147.86	265.94
54	46.47	58.39	62.73	75.33	88.11	150.40	270.71
55	47.55	59.76	64.09	76.83	89.00	152.27	274.13
56	48.39	60.86	65.13	77.96	89.45	153.35	275.95
57	48.97	61.59	65.79	78.63	89.38	153.52	275.96
58	49.10	61.84	66.00	78.79	88.77	152.78	274.21
59	48.88	61.63	65.72	78.37	87.54	150.85	270.08
60	48.27	60.89	64.86	77.29	85.64	147.58	263.25
61	47.21	59.58	63.40	75.50	83.02	142.77	253.41
62	45.67	57.62	61.26	72.92	79.63	136.30	240.27
63				69.49	75.41		
64				65.15	70.29		
65				59.80	64.26		
66				53.42	57.23		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.87	16.87	18.65	23.44	33.27	66.26	118.17
26	13.36	17.56	19.43	24.46	34.58	68.25	121.58
27	13.90	18.33	20.28	25.57	35.97	70.32	125.05
28	14.50	19.15	21.22	26.77	37.43	72.44	128.59
29	15.14	20.05	22.22	28.05	38.93	74.63	132.22
30	15.83	21.00	23.28	29.43	40.50	76.88	135.93
31	16.57	22.00	24.42	30.86	42.12	79.21	139.76
32	17.35	23.07	25.62	32.38	43.82	81.60	143.74
33	18.17	24.17	26.85	33.94	45.56	84.08	147.87
34	19.02	25.32	28.14	35.56	47.36	86.62	152.14
35	19.92	26.52	29.50	37.25	49.23	89.27	156.62
36	20.86	27.76	30.91	38.99	51.13	92.02	161.30
37	21.83	29.07	32.36	40.79	53.11	94.88	166.23
38	22.85	30.40	33.87	42.63	55.13	97.87	171.46
39	23.91	31.80	35.45	44.53	57.22	100.97	176.94
40	25.01	33.24	37.07	46.47	59.36	104.19	182.71
41	26.16	34.73	38.76	48.49	61.58	107.53	188.72
42	27.35	36.28	40.50	50.55	63.85	110.98	195.03
43	28.83	38.07	42.34	52.71	66.33	114.65	201.84
44	30.38	39.93	44.24	54.94	68.85	118.41	208.87
45	31.98	41.83	46.19	57.19	71.39	122.25	216.08
46	33.63	43.79	48.19	59.49	73.93	126.13	223.45
47	35.36	45.79	50.21	61.81	76.43	130.03	230.91
48	37.09	47.86	52.38	64.27	78.98	134.23	239.00
49	38.83	49.94	54.53	66.70	81.41	138.32	246.95
50	40.58	51.99	56.65	69.06	83.70	142.23	254.56
51	42.28	53.97	58.69	71.32	85.78	145.88	261.64
52	43.91	55.85	60.61	73.42	87.60	149.14	267.98
53	45.53	57.69	62.47	75.42	89.12	152.06	273.53
54	46.97	59.34	64.11	77.16	90.29	154.40	277.93
55	48.02	60.68	65.40	78.58	91.05	156.05	280.97
56	48.84	61.73	66.38	79.61	91.37	156.90	282.39
57	49.39	62.42	66.97	80.19	91.19	156.84	282.00
58	49.50	62.61	67.12	80.27	90.45	155.90	279.86
59	49.26	62.37	66.77	79.77	89.11	153.78	275.37
60	48.63	61.58	65.87	78.62	87.11	150.35	268.22
61	47.56	60.24	64.35	76.77	84.41	145.41	258.15
62	46.02	58.27	62.19	74.16	80.98	138.86	244.81
63	43.88	55.58	59.28				
64	41.18	52.16	55.58				
65	37.90	47.96	51.05				
66	33.99	42.92	45.62				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.97	18.05	19.68	24.60	34.86	68.97	122.87
26	14.49	18.79	20.50	25.65	36.22	71.02	126.38
27	15.08	19.60	21.38	26.81	37.66	73.15	129.95
28	15.73	20.47	22.36	28.05	39.17	75.35	133.59
29	16.42	21.42	23.41	29.40	40.74	77.60	137.34
30	17.16	22.43	24.53	30.83	42.37	79.93	141.19
31	17.96	23.50	25.72	32.33	44.06	82.34	145.16
32	18.81	24.64	26.97	33.92	45.83	84.82	149.29
33	19.69	25.81	28.27	35.54	47.64	87.39	153.58
34	20.60	27.04	29.63	37.24	49.54	90.05	158.03
35	21.58	28.32	31.06	39.01	51.48	92.80	162.70
36	22.59	29.65	32.53	40.82	53.49	95.68	167.60
37	23.65	31.04	34.07	42.72	55.55	98.67	172.75
38	24.75	32.46	35.67	44.64	57.68	101.81	178.23
39	25.90	33.96	37.32	46.63	59.87	105.05	183.97
40	27.10	35.50	39.04	48.69	62.13	108.44	190.03
41	28.34	37.09	40.82	50.80	64.46	111.95	196.36
42	29.63	38.76	42.67	52.98	66.87	115.59	203.01
43	31.24	40.68	44.62	55.27	69.48	119.46	210.18
44	32.91	42.67	46.65	57.62	72.15	123.44	217.62
45	34.66	44.71	48.72	60.01	74.84	127.51	225.26
46	36.46	46.83	50.85	62.45	77.55	131.64	233.09
47	38.33	48.99	53.02	64.93	80.22	135.81	241.07
48	40.22	51.23	55.34	67.56	82.95	140.31	249.72
49	42.13	53.48	57.67	70.16	85.58	144.72	258.27
50	44.04	55.71	59.95	72.72	88.07	148.97	266.51
51	45.91	57.88	62.17	75.19	90.35	152.97	274.25
52	47.70	59.95	64.28	77.48	92.38	156.61	281.28
53	49.49	61.99	66.35	79.72	94.12	159.94	287.60
54	51.09	63.83	68.19	81.69	95.52	162.70	292.77
55	52.27	65.35	69.69	83.35	96.52	164.78	296.56
56	53.22	66.58	70.86	84.62	97.06	166.05	298.72
57	53.87	67.43	71.64	85.43	97.07	166.39	299.02
58	54.03	67.71	71.90	85.64	96.45	165.68	297.23
59	53.82	67.53	71.67	85.28	95.22	163.79	293.08
60	53.20	66.82	70.88	84.30	93.37	160.63	286.35
61	52.12	65.54	69.51	82.64	90.86	156.02	276.80
62	50.55	63.63	67.50	80.28	87.67	149.89	264.19
63						142.09	248.26
64						132.51	228.78
65						121.04	205.52
66						107.52	178.23

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.00	18.13	19.79	24.75	35.09	69.48	123.79
26	14.53	18.87	20.62	25.82	36.47	71.55	127.34
27	15.13	19.69	21.52	26.99	37.91	73.71	130.95
28	15.77	20.56	22.50	28.25	39.44	75.93	134.63
29	16.46	21.52	23.56	29.60	41.02	78.20	138.42
30	17.21	22.54	24.69	31.05	42.67	80.56	142.31
31	18.01	23.62	25.89	32.56	44.38	83.00	146.34
32	18.86	24.76	27.15	34.16	46.16	85.51	150.52
33	19.75	25.94	28.47	35.81	48.00	88.11	154.86
34	20.67	27.17	29.83	37.52	49.90	90.80	159.37
35	21.65	28.46	31.27	39.31	51.88	93.59	164.10
36	22.66	29.81	32.76	41.14	53.90	96.51	169.06
37	23.73	31.20	34.32	43.05	55.99	99.54	174.28
38	24.84	32.64	35.93	44.99	58.14	102.71	179.84
39	25.99	34.14	37.60	47.01	60.36	106.00	185.66
40	27.19	35.69	39.34	49.10	62.65	109.44	191.80
41	28.44	37.30	41.14	51.22	65.01	112.99	198.22
42	29.74	38.98	43.01	53.43	67.44	116.68	204.95
43	31.35	40.92	44.98	55.75	70.09	120.60	212.23
44	33.04	42.93	47.02	58.13	72.79	124.64	219.77
45	34.80	44.99	49.11	60.54	75.52	128.78	227.53
46	36.60	47.12	51.27	63.02	78.26	132.97	235.47
47	38.49	49.29	53.47	65.52	80.97	137.20	243.57
48	40.39	51.55	55.82	68.19	83.74	141.77	252.35
49	42.31	53.82	58.17	70.83	86.41	146.25	261.03
50	44.22	56.07	60.48	73.43	88.93	150.56	269.39
51	46.10	58.26	62.72	75.92	91.24	154.62	277.24
52	47.91	60.34	64.86	78.24	93.30	158.31	284.36
53	49.70	62.39	66.94	80.50	95.07	161.68	290.76
54	51.31	64.25	68.79	82.49	96.47	164.46	295.97
55	52.49	65.77	70.29	84.16	97.47	166.54	299.77
56	53.44	66.99	71.46	85.42	97.99	167.78	301.88
57	54.08	67.83	72.22	86.20	97.97	168.06	302.06
58	54.24	68.11	72.47	86.40	97.32	167.31	300.20
59	54.01	67.91	72.21	86.00	96.04	165.33	295.88
60	53.37	67.15	71.36	84.94	94.08	161.96	288.82
61	52.25	65.81	69.88	83.13	91.41	157.07	278.71
62	50.63	63.79	67.72	80.58	87.99	150.52	265.30

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.06	18.24	19.97	25.00	35.43	70.23	125.17
26	14.59	18.99	20.80	26.07	36.83	72.34	128.77
27	15.19	19.81	21.71	27.26	38.30	74.54	132.45
28	15.84	20.70	22.71	28.54	39.85	76.79	136.20
29	16.54	21.67	23.78	29.91	41.45	79.10	140.05
30	17.29	22.70	24.92	31.37	43.12	81.51	144.01
31	18.09	23.79	26.14	32.91	44.85	83.99	148.11
32	18.95	24.94	27.42	34.53	46.67	86.54	152.37
33	19.84	26.14	28.75	36.20	48.53	89.19	156.79
34	20.77	27.38	30.14	37.94	50.47	91.92	161.38
35	21.75	28.68	31.59	39.75	52.47	94.77	166.21
36	22.77	30.03	33.11	41.62	54.52	97.74	171.26
37	23.86	31.44	34.68	43.55	56.65	100.83	176.59
38	24.97	32.90	36.32	45.53	58.84	104.07	182.25
39	26.13	34.42	38.02	47.58	61.09	107.42	188.19
40	27.33	35.99	39.78	49.69	63.42	110.92	194.44
41	28.60	37.62	41.61	51.87	65.82	114.56	201.00
42	29.90	39.32	43.50	54.11	68.31	118.32	207.87
43	31.53	41.27	45.51	56.47	71.00	122.33	215.30
44	33.23	43.30	47.58	58.89	73.75	126.46	223.00
45	35.00	45.39	49.71	61.35	76.53	130.67	230.93
46	36.82	47.55	51.90	63.87	79.32	134.96	239.04
47	38.72	49.75	54.14	66.42	82.09	139.28	247.31
48	40.64	52.03	56.52	69.14	84.92	143.96	256.29
49	42.57	54.34	58.92	71.84	87.64	148.54	265.17
50	44.50	56.62	61.27	74.48	90.22	152.95	273.72
51	46.39	58.82	63.54	77.02	92.58	157.10	281.72
52	48.21	60.93	65.71	79.38	94.67	160.86	288.97
53	50.02	63.01	67.82	81.68	96.47	164.29	295.50
54	51.64	64.87	69.70	83.70	97.90	167.11	300.78
55	52.83	66.40	71.21	85.37	98.89	169.19	304.59
56	53.77	67.62	72.36	86.62	99.39	170.39	306.61
57	54.41	68.44	73.10	87.37	99.32	170.57	306.62
58	54.55	68.71	73.33	87.54	98.63	169.75	304.67
59	54.31	68.47	73.02	87.08	97.27	167.61	300.09
60	53.63	67.65	72.07	85.88	95.15	163.97	292.50
61	52.46	66.19	70.44	83.88	92.24	158.64	281.57
62	50.75	64.03	68.06	81.02	88.48	151.45	266.97
63				77.21	83.78		
64				72.38	78.11		
65				66.45	71.39		
66				59.36	63.58		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.30	18.74	20.72	26.05	36.97	73.62	131.30
26	14.85	19.52	21.59	27.17	38.43	75.84	135.09
27	15.45	20.36	22.54	28.42	39.97	78.14	138.94
28	16.11	21.28	23.58	29.74	41.58	80.49	142.87
29	16.83	22.27	24.68	31.17	43.25	82.92	146.91
30	17.59	23.33	25.87	32.69	44.99	85.42	151.03
31	18.41	24.45	27.13	34.29	46.80	88.01	155.29
32	19.28	25.63	28.46	35.98	48.68	90.67	159.71
33	20.19	26.86	29.83	37.72	50.62	93.41	164.30
34	21.13	28.13	31.27	39.51	52.62	96.25	169.05
35	22.13	29.47	32.77	41.39	54.69	99.18	174.02
36	23.17	30.85	34.34	43.32	56.81	102.25	179.23
37	24.26	32.30	35.96	45.32	59.01	105.42	184.70
38	25.39	33.78	37.64	47.36	61.26	108.75	190.51
39	26.57	35.33	39.38	49.47	63.57	112.19	196.60
40	27.79	36.93	41.18	51.64	65.96	115.77	203.01
41	29.07	38.59	43.06	53.87	68.42	119.48	209.70
42	30.39	40.31	44.99	56.16	70.95	123.31	216.70
43	32.03	42.30	47.04	58.57	73.70	127.39	224.26
44	33.75	44.36	49.16	61.05	76.50	131.57	232.07
45	35.53	46.47	51.32	63.54	79.32	135.84	240.09
46	37.37	48.66	53.54	66.10	82.14	140.14	248.27
47	39.28	50.87	55.79	68.68	84.92	144.48	256.57
48	41.21	53.18	58.19	71.40	87.75	149.14	265.56
49	43.15	55.48	60.60	74.11	90.46	153.68	274.39
50	45.08	57.76	62.95	76.74	93.00	158.03	282.84
51	46.97	59.96	65.21	79.25	95.31	162.09	290.71
52	48.79	62.06	67.35	81.58	97.34	165.71	297.76
53	50.59	64.10	69.41	83.80	99.02	168.95	303.93
54	52.19	65.93	71.23	85.73	100.32	171.55	308.81
55	53.35	67.42	72.67	87.30	101.17	173.39	312.18
56	54.27	68.59	73.75	88.46	101.53	174.34	313.76
57	54.89	69.35	74.41	89.11	101.31	174.27	313.32
58	55.00	69.57	74.57	89.19	100.50	173.22	310.95
59	54.74	69.29	74.19	88.63	99.01	170.87	305.97
60	54.03	68.43	73.19	87.36	96.79	167.05	298.03
61	52.84	66.94	71.51	85.30	93.79	161.57	286.83
62	51.13	64.75	69.10	82.39	89.97	154.28	272.01
63	48.75	61.76	65.86				
64	45.76	57.95	61.76				
65	42.12	53.28	56.72				
66	37.77	47.69	50.69				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.82	13.82	15.00	18.81	27.93	57.82	102.83
26	11.22	14.40	15.63	19.62	29.05	59.63	105.92
27	11.69	15.01	16.31	20.50	30.23	61.49	109.06
28	12.17	15.69	17.05	21.46	31.46	63.40	112.25
29	12.72	16.40	17.85	22.50	32.75	65.37	115.52
30	13.27	17.18	18.71	23.58	34.09	67.37	118.86
31	13.89	18.00	19.61	24.74	35.48	69.46	122.32
32	14.53	18.85	20.56	25.94	36.92	71.61	125.88
33	15.19	19.74	21.54	27.18	38.40	73.81	129.56
34	15.89	20.69	22.57	28.48	39.96	76.08	133.39
35	16.63	21.65	23.65	29.82	41.55	78.45	137.39
36	17.41	22.66	24.76	31.20	43.21	80.90	141.57
37	18.21	23.72	25.93	32.64	44.91	83.44	145.94
38	19.05	24.79	27.13	34.10	46.65	86.10	150.59
39	19.91	25.92	28.38	35.60	48.44	88.84	155.46
40	20.81	27.08	29.66	37.16	50.30	91.70	160.56
41	21.74	28.28	31.01	38.76	52.20	94.67	165.89
42	22.72	29.54	32.39	40.40	54.17	97.72	171.47
43	23.94	30.98	33.86	42.12	56.29	100.95	177.47
44	25.20	32.46	35.37	43.88	58.46	104.28	183.67
45	26.51	33.99	36.92	45.66	60.63	107.67	190.05
46	27.86	35.57	38.49	47.48	62.80	111.09	196.55
47	29.26	37.19	40.10	49.31	64.94	114.54	203.13
48	30.67	38.85	41.82	51.25	67.11	118.22	210.24
49	32.08	40.50	43.52	53.16	69.20	121.84	217.25
50	33.49	42.14	45.20	55.03	71.16	125.29	223.94
51	34.87	43.73	46.82	56.82	72.93	128.51	230.21
52	36.19	45.24	48.36	58.49	74.52	131.42	235.85
53	37.47	46.69	49.83	60.06	75.83	133.97	240.76
54	38.57	47.94	51.14	61.45	76.86	136.06	244.70
55	39.49	49.02	52.20	62.61	77.57	137.57	247.54
56	40.27	49.90	53.03	63.49	77.91	138.42	249.07
57	40.82	50.51	53.59	64.06	77.87	138.51	249.13
58	41.02	50.72	53.79	64.20	77.32	137.77	247.55
59	40.95	50.61	53.65	63.96	76.31	136.10	244.15
60	40.59	50.16	53.14	63.32	74.86	133.41	238.76
61	39.93	49.32	52.25	62.22	72.92	129.62	231.23
62	38.93	48.07	50.93	60.69	70.49	124.61	221.36
63						118.32	208.97
64						110.64	193.91
65						101.51	175.99
66						90.81	155.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.85	13.90	15.10	18.95	28.14	58.27	103.66
26	11.26	14.47	15.73	19.76	29.27	60.10	106.78
27	11.72	15.09	16.43	20.66	30.46	61.99	109.96
28	12.21	15.77	17.17	21.64	31.71	63.91	113.19
29	12.75	16.49	17.98	22.69	33.00	65.90	116.49
30	13.32	17.27	18.85	23.79	34.36	67.94	119.87
31	13.93	18.10	19.76	24.94	35.76	70.06	123.38
32	14.57	18.96	20.72	26.16	37.22	72.22	126.99
33	15.25	19.85	21.72	27.42	38.72	74.46	130.72
34	15.96	20.80	22.76	28.73	40.29	76.76	134.60
35	16.69	21.77	23.84	30.09	41.91	79.16	138.64
36	17.47	22.80	24.97	31.49	43.58	81.64	142.88
37	18.28	23.86	26.15	32.94	45.30	84.22	147.32
38	19.13	24.95	27.37	34.42	47.07	86.92	152.04
39	19.99	26.09	28.64	35.94	48.89	89.70	156.98
40	20.90	27.25	29.94	37.52	50.77	92.60	162.15
41	21.84	28.48	31.29	39.13	52.69	95.60	167.56
42	22.82	29.74	32.69	40.81	54.69	98.70	173.22
43	24.04	31.19	34.18	42.55	56.84	101.98	179.32
44	25.31	32.69	35.70	44.33	59.04	105.37	185.61
45	26.64	34.24	37.27	46.14	61.24	108.80	192.10
46	27.99	35.82	38.87	47.98	63.44	112.29	198.69
47	29.40	37.45	40.51	49.85	65.62	115.79	205.38
48	30.82	39.13	42.25	51.82	67.82	119.54	212.62
49	32.24	40.81	43.97	53.76	69.95	123.22	219.74
50	33.66	42.47	45.67	55.66	71.93	126.72	226.55
51	35.05	44.07	47.32	57.47	73.74	130.00	232.90
52	36.38	45.59	48.88	59.17	75.35	132.94	238.62
53	37.66	47.07	50.36	60.76	76.67	135.55	243.60
54	38.77	48.33	51.68	62.17	77.71	137.64	247.59
55	39.71	49.42	52.75	63.34	78.43	139.15	250.43
56	40.47	50.28	53.57	64.21	78.75	139.98	251.90
57	41.03	50.89	54.12	64.75	78.68	140.02	251.86
58	41.23	51.10	54.30	64.88	78.10	139.23	250.24
59	41.14	50.97	54.14	64.60	77.05	137.47	246.67
60	40.76	50.48	53.57	63.88	75.50	134.60	240.98
61	40.07	49.56	52.59	62.67	73.42	130.56	232.94
62	39.01	48.22	51.13	60.96	70.78	125.17	222.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.90	14.00	15.26	19.17	28.45	58.96	104.90
26	11.31	14.58	15.90	20.00	29.59	60.82	108.07
27	11.77	15.21	16.60	20.91	30.81	62.74	111.31
28	12.28	15.89	17.36	21.90	32.07	64.69	114.59
29	12.81	16.62	18.18	22.96	33.39	66.72	117.96
30	13.39	17.42	19.05	24.08	34.76	68.79	121.40
31	14.00	18.25	19.98	25.26	36.19	70.94	124.97
32	14.65	19.12	20.95	26.50	37.67	73.15	128.66
33	15.33	20.03	21.97	27.77	39.20	75.42	132.46
34	16.04	20.99	23.03	29.11	40.80	77.77	136.41
35	16.79	21.97	24.13	30.48	42.44	80.22	140.54
36	17.57	23.01	25.29	31.92	44.14	82.75	144.86
37	18.39	24.08	26.48	33.39	45.90	85.38	149.40
38	19.24	25.19	27.71	34.90	47.70	88.13	154.21
39	20.12	26.34	29.00	36.46	49.54	90.97	159.25
40	21.03	27.53	30.33	38.06	51.46	93.94	164.53
41	21.98	28.76	31.72	39.71	53.42	97.01	170.07
42	22.97	30.04	33.14	41.41	55.47	100.17	175.85
43	24.20	31.50	34.65	43.20	57.66	103.54	182.08
44	25.48	33.04	36.21	45.02	59.90	107.00	188.52
45	26.81	34.60	37.81	46.87	62.15	110.51	195.16
46	28.19	36.21	39.44	48.75	64.40	114.08	201.91
47	29.60	37.87	41.10	50.65	66.62	117.66	208.74
48	31.04	39.56	42.88	52.68	68.88	121.51	216.16
49	32.47	41.27	44.64	54.67	71.06	125.28	223.46
50	33.92	42.96	46.38	56.61	73.08	128.88	230.44
51	35.31	44.57	48.06	58.47	74.94	132.23	236.93
52	36.64	46.13	49.64	60.20	76.58	135.24	242.77
53	37.95	47.63	51.15	61.82	77.94	137.89	247.86
54	39.09	48.91	52.49	63.25	79.00	140.03	251.92
55	40.03	50.02	53.57	64.43	79.71	141.54	254.76
56	40.79	50.87	54.38	65.30	80.01	142.32	256.17
57	41.33	51.46	54.91	65.80	79.89	142.28	255.96
58	41.53	51.66	55.09	65.91	79.28	141.43	254.26
59	41.43	51.50	54.87	65.57	78.15	139.53	250.46
60	41.02	50.94	54.22	64.73	76.47	136.42	244.30
61	40.27	49.93	53.10	63.34	74.17	131.96	235.51
62	39.13	48.44	51.44	61.35	71.22	126.01	223.85
63				58.73	67.58		
64				55.40	63.20		
65				51.33	58.04		
66				46.46	52.06		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.12	14.46	15.94	20.11	29.83	62.00	110.41
26	11.54	15.06	16.61	20.99	31.04	63.96	113.76
27	12.01	15.71	17.34	21.95	32.31	65.97	117.15
28	12.52	16.42	18.14	22.99	33.62	68.02	120.60
29	13.08	17.17	18.99	24.09	35.02	70.15	124.12
30	13.67	17.99	19.91	25.26	36.45	72.32	127.72
31	14.29	18.84	20.87	26.50	37.95	74.56	131.44
32	14.95	19.75	21.89	27.80	39.49	76.87	135.26
33	15.65	20.68	22.94	29.14	41.08	79.23	139.21
34	16.37	21.67	24.04	30.53	42.73	81.66	143.31
35	17.13	22.69	25.19	31.96	44.45	84.20	147.58
36	17.93	23.74	26.39	33.46	46.20	86.80	152.03
37	18.75	24.84	27.62	34.98	48.02	89.51	156.70
38	19.62	25.98	28.90	36.56	49.87	92.35	161.65
39	20.51	27.16	30.23	38.16	51.78	95.27	166.83
40	21.44	28.37	31.60	39.81	53.74	98.30	172.23
41	22.40	29.63	33.02	41.52	55.77	101.44	177.89
42	23.41	30.93	34.49	43.26	57.84	104.67	183.79
43	24.66	32.44	36.04	45.09	60.09	108.09	190.14
44	25.95	33.99	37.63	46.96	62.37	111.60	196.69
45	27.30	35.58	39.26	48.84	64.66	115.16	203.40
46	28.69	37.21	40.91	50.75	66.93	118.75	210.21
47	30.11	38.88	42.59	52.69	69.18	122.34	217.09
48	31.56	40.59	44.39	54.71	71.43	126.17	224.50
49	32.99	42.30	46.16	56.72	73.59	129.91	231.76
50	34.43	43.99	47.89	58.64	75.59	133.44	238.65
51	35.83	45.60	49.55	60.47	77.40	136.72	245.02
52	37.17	47.14	51.12	62.17	78.98	139.60	250.68
53	38.46	48.60	52.59	63.73	80.23	142.08	255.46
54	39.64	49.90	53.87	65.08	81.17	144.02	259.14
55	40.54	50.96	54.89	66.18	81.76	145.31	261.60
56	41.28	51.77	55.64	66.95	81.94	145.88	262.60
57	41.79	52.32	56.09	67.36	81.69	145.60	261.99
58	41.96	52.47	56.20	67.39	80.96	144.56	259.90
59	41.84	52.26	55.92	66.97	79.72	142.46	255.75
60	41.41	51.67	55.22	66.06	77.94	139.19	249.28
61	40.65	50.64	54.06	64.62	75.56	134.60	240.25
62	39.50	49.13	52.37	62.59	72.56	128.56	228.39
63	37.89	47.06	50.14				
64	35.84	44.44	47.32				
65	33.33	41.23	43.86				
66	30.32	37.39	39.72				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.02	15.36	16.67	20.89	31.04	64.24	114.25
26	12.47	16.00	17.36	21.80	32.28	66.26	117.68
27	12.98	16.68	18.12	22.78	33.59	68.32	121.18
28	13.53	17.43	18.94	23.85	34.95	70.44	124.72
29	14.12	18.22	19.83	25.00	36.39	72.63	128.35
30	14.75	19.09	20.79	26.21	37.88	74.86	132.07
31	15.43	19.99	21.78	27.48	39.42	77.18	135.91
32	16.14	20.94	22.84	28.82	41.03	79.56	139.87
33	16.88	21.93	23.94	30.20	42.67	82.01	143.96
34	17.66	22.99	25.08	31.64	44.40	84.54	148.21
35	18.48	24.05	26.28	33.13	46.17	87.17	152.65
36	19.34	25.18	27.52	34.67	48.00	89.88	157.29
37	20.23	26.35	28.81	36.26	49.90	92.71	162.16
38	21.16	27.54	30.14	37.89	51.83	95.66	167.32
39	22.12	28.80	31.53	39.56	53.83	98.72	172.74
40	23.13	30.09	32.96	41.29	55.89	101.90	178.39
41	24.16	31.42	34.45	43.06	58.00	105.19	184.32
42	25.25	32.82	35.99	44.89	60.19	108.57	190.52
43	26.60	34.42	37.62	46.80	62.55	112.17	197.19
44	28.00	36.07	39.30	48.75	64.95	115.87	204.08
45	29.46	37.77	41.02	50.73	67.36	119.63	211.17
46	30.96	39.52	42.77	52.75	69.78	123.44	218.39
47	32.51	41.32	44.55	54.79	72.16	127.27	225.70
48	34.07	43.16	46.46	56.94	74.56	131.36	233.60
49	35.65	44.99	48.36	59.07	76.89	135.38	241.38
50	37.22	46.82	50.22	61.14	79.06	139.21	248.83
51	38.75	48.58	52.03	63.13	81.04	142.79	255.79
52	40.22	50.27	53.73	64.99	82.80	146.02	262.06
53	41.63	51.88	55.37	66.73	84.25	148.86	267.51
54	42.86	53.27	56.82	68.28	85.40	151.18	271.89
55	43.89	54.47	58.00	69.57	86.19	152.86	275.04
56	44.74	55.44	58.92	70.55	86.57	153.80	276.74
57	45.36	56.13	59.55	71.17	86.52	153.90	276.80
58	45.58	56.36	59.77	71.33	85.91	153.08	275.06
59	45.50	56.23	59.61	71.06	84.80	151.22	271.28
60	45.11	55.73	59.05	70.35	83.18	148.23	265.29
61	44.37	54.80	58.06	69.14	81.02	144.01	256.92
62	43.26	53.42	56.59	67.43	78.32	138.45	245.95
63						131.46	232.19
64						122.94	215.45
65						112.79	195.54
66						100.90	172.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.06	15.44	16.78	21.05	31.27	64.75	115.17
26	12.50	16.08	17.49	21.96	32.52	66.78	118.64
27	13.02	16.77	18.25	22.96	33.84	68.88	122.18
28	13.57	17.52	19.08	24.04	35.23	71.02	125.76
29	14.17	18.32	19.98	25.20	36.67	73.22	129.43
30	14.80	19.19	20.94	26.43	38.17	75.50	133.20
31	15.48	20.11	21.95	27.71	39.74	77.84	137.09
32	16.19	21.07	23.01	29.07	41.36	80.25	141.10
33	16.94	22.06	24.13	30.47	43.02	82.73	145.24
34	17.73	23.12	25.28	31.93	44.77	85.29	149.55
35	18.55	24.19	26.49	33.43	46.57	87.96	154.05
36	19.41	25.34	27.75	34.99	48.42	90.71	158.75
37	20.31	26.51	29.06	36.60	50.34	93.57	163.69
38	21.25	27.72	30.40	38.24	52.30	96.57	168.93
39	22.21	28.99	31.81	39.93	54.32	99.67	174.42
40	23.22	30.28	33.26	41.69	56.41	102.89	180.16
41	24.27	31.64	34.77	43.48	58.55	106.22	186.18
42	25.35	33.04	36.33	45.34	60.76	109.67	192.46
43	26.72	34.65	37.97	47.27	63.16	113.32	199.24
44	28.12	36.33	39.67	49.26	65.60	117.08	206.24
45	29.59	38.04	41.41	51.27	68.04	120.89	213.44
46	31.10	39.80	43.19	53.31	70.49	124.77	220.77
47	32.67	41.62	45.00	55.39	72.91	128.66	228.20
48	34.24	43.48	46.94	57.58	75.35	132.82	236.24
49	35.82	45.34	48.86	59.73	77.72	136.91	244.15
50	37.40	47.19	50.75	61.85	79.92	140.80	251.72
51	38.94	48.96	52.57	63.86	81.93	144.44	258.78
52	40.42	50.66	54.30	65.74	83.71	147.72	265.14
53	41.84	52.30	55.96	67.51	85.19	150.60	270.67
54	43.08	53.70	57.42	69.08	86.35	152.94	275.10
55	44.12	54.91	58.61	70.38	87.14	154.62	278.26
56	44.97	55.87	59.52	71.35	87.50	155.53	279.89
57	45.58	56.55	60.13	71.95	87.42	155.58	279.84
58	45.80	56.78	60.34	72.09	86.78	154.70	278.04
59	45.71	56.63	60.16	71.78	85.62	152.75	274.08
60	45.29	56.08	59.52	70.98	83.89	149.56	267.76
61	44.52	55.07	58.43	69.63	81.58	145.06	258.83
62	43.35	53.58	56.81	67.73	78.65	139.08	247.06

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.12	15.56	16.96	21.30	31.61	65.51	116.56
26	12.57	16.20	17.67	22.22	32.89	67.58	120.08
27	13.09	16.90	18.44	23.23	34.23	69.70	123.68
28	13.64	17.66	19.29	24.33	35.63	71.88	127.33
29	14.24	18.47	20.20	25.51	37.10	74.13	131.06
30	14.88	19.35	21.17	26.75	38.62	76.44	134.90
31	15.56	20.28	22.19	28.06	40.22	78.82	138.86
32	16.28	21.24	23.28	29.44	41.86	81.28	142.95
33	17.04	22.26	24.41	30.86	43.56	83.80	147.17
34	17.83	23.32	25.59	32.34	45.33	86.42	151.56
35	18.66	24.41	26.81	33.87	47.16	89.14	156.16
36	19.53	25.56	28.10	35.46	49.04	91.94	160.95
37	20.43	26.75	29.42	37.10	51.00	94.86	165.99
38	21.38	27.98	30.79	38.78	52.99	97.93	171.34
39	22.35	29.26	32.23	40.51	55.05	101.09	176.95
40	23.36	30.58	33.70	42.29	57.18	104.38	182.81
41	24.43	31.95	35.24	44.12	59.36	107.79	188.96
42	25.52	33.38	36.82	46.02	61.63	111.30	195.39
43	26.89	35.01	38.51	48.00	64.06	115.04	202.31
44	28.32	36.70	40.23	50.02	66.55	118.89	209.47
45	29.80	38.45	42.01	52.08	69.05	122.79	216.84
46	31.32	40.23	43.82	54.16	71.55	126.76	224.34
47	32.89	42.07	45.67	56.28	74.03	130.73	231.94
48	34.49	43.96	47.64	58.53	76.53	135.01	240.18
49	36.08	45.86	49.61	60.75	78.95	139.20	248.28
50	37.68	47.73	51.54	62.90	81.21	143.19	256.04
51	39.23	49.53	53.40	64.96	83.27	146.92	263.26
52	40.72	51.25	55.16	66.89	85.09	150.26	269.75
53	42.16	52.91	56.84	68.69	86.60	153.21	275.40
54	43.44	54.35	58.33	70.29	87.77	155.58	279.91
55	44.48	55.57	59.52	71.59	88.56	157.26	283.07
56	45.32	56.52	60.43	72.55	88.90	158.14	284.63
57	45.93	57.18	61.01	73.11	88.77	158.08	284.40
58	46.14	57.40	61.20	73.23	88.09	157.15	282.51
59	46.03	57.22	60.97	72.86	86.84	155.04	278.28
60	45.58	56.60	60.24	71.92	84.96	151.57	271.44
61	44.74	55.48	59.00	70.38	82.40	146.63	261.69
62	43.48	53.83	57.15	68.17	79.13	140.01	248.72
63				65.25	75.08		
64				61.56	70.22		
65				57.03	64.49		
66				51.63	57.84		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.36	16.06	17.71	22.34	33.15	68.90	122.68
26	12.82	16.73	18.45	23.32	34.49	71.07	126.39
27	13.35	17.45	19.27	24.38	35.90	73.30	130.17
28	13.91	18.24	20.15	25.54	37.36	75.58	134.00
29	14.53	19.08	21.10	26.77	38.90	77.95	137.91
30	15.18	19.98	22.12	28.07	40.50	80.35	141.92
31	15.88	20.94	23.19	29.44	42.16	82.84	146.04
32	16.61	21.94	24.32	30.89	43.88	85.40	150.29
33	17.38	22.98	25.49	32.38	45.65	88.03	154.68
34	18.19	24.08	26.72	33.92	47.48	90.74	159.23
35	19.03	25.20	27.99	35.51	49.39	93.55	163.97
36	19.92	26.38	29.32	37.17	51.33	96.45	168.92
37	20.84	27.61	30.69	38.87	53.35	99.46	174.11
38	21.80	28.86	32.11	40.61	55.41	102.61	179.61
39	22.79	30.18	33.59	42.40	57.53	105.86	185.36
40	23.82	31.52	35.11	44.24	59.72	109.23	191.37
41	24.90	32.92	36.69	46.13	61.96	112.71	197.66
42	26.00	34.37	38.32	48.07	64.27	116.29	204.21
43	27.39	36.04	40.04	50.10	66.77	120.10	211.27
44	28.84	37.76	41.81	52.18	69.30	124.00	218.54
45	30.33	39.53	43.62	54.27	71.84	127.95	226.00
46	31.87	41.34	45.46	56.39	74.37	131.94	233.57
47	33.46	43.20	47.33	58.54	76.86	135.93	241.21
48	35.06	45.11	49.32	60.79	79.37	140.19	249.44
49	36.66	47.00	51.29	63.02	81.77	144.35	257.51
50	38.26	48.88	53.21	65.16	83.99	148.27	265.16
51	39.81	50.67	55.06	67.20	86.00	151.91	272.25
52	41.30	52.38	56.80	69.08	87.75	155.12	278.53
53	42.73	54.01	58.43	70.81	89.14	157.87	283.84
54	44.04	55.45	59.86	72.32	90.19	160.02	287.94
55	45.05	56.62	60.98	73.52	90.84	161.46	290.66
56	45.87	57.53	61.82	74.39	91.04	162.09	291.78
57	46.44	58.13	62.32	74.85	90.76	161.78	291.10
58	46.62	58.30	62.44	74.88	89.95	160.62	288.78
59	46.49	58.07	62.14	74.41	88.58	158.29	284.16
60	46.02	57.41	61.35	73.40	86.60	154.65	276.97
61	45.16	56.26	60.06	71.80	83.95	149.56	266.94
62	43.89	54.59	58.19	69.55	80.63	142.84	253.77
63	42.10	52.29	55.71				
64	39.83	49.38	52.57				
65	37.03	45.81	48.73				
66	33.70	41.54	44.14				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.01	12.71	13.75	17.25	25.54	52.69	93.41
26	10.38	13.23	14.32	18.02	26.59	54.42	96.38
27	10.81	13.81	14.95	18.85	27.69	56.19	99.39
28	11.26	14.43	15.64	19.74	28.85	58.00	102.43
29	11.76	15.09	16.38	20.70	30.04	59.84	105.53
30	12.28	15.80	17.16	21.69	31.28	61.74	108.69
31	12.84	16.56	18.00	22.75	32.58	63.69	111.93
32	13.43	17.34	18.86	23.87	33.90	65.70	115.26
33	14.04	18.15	19.76	25.00	35.27	67.74	118.69
34	14.68	19.02	20.71	26.19	36.70	69.85	122.22
35	15.36	19.90	21.67	27.42	38.16	72.02	125.90
36	16.05	20.81	22.70	28.68	39.66	74.25	129.74
37	16.78	21.76	23.75	29.98	41.21	76.58	133.73
38	17.55	22.75	24.83	31.31	42.79	79.00	137.94
39	18.33	23.77	25.95	32.67	44.41	81.49	142.36
40	19.14	24.82	27.12	34.07	46.08	84.07	146.96
41	19.98	25.89	28.32	35.51	47.80	86.72	151.74
42	20.86	27.02	29.56	36.98	49.55	89.44	156.71
43	21.95	28.30	30.86	38.51	51.44	92.32	162.06
44	23.07	29.63	32.20	40.07	53.35	95.26	167.56
45	24.24	30.98	33.55	41.64	55.28	98.25	173.18
46	25.44	32.38	34.95	43.23	57.17	101.24	178.88
47	26.67	33.78	36.36	44.84	59.05	104.24	184.61
48	27.90	35.24	37.85	46.52	60.90	107.40	190.74
49	29.15	36.67	39.32	48.15	62.67	110.48	196.72
50	30.36	38.08	40.75	49.75	64.32	113.40	202.42
51	31.55	39.44	42.13	51.27	65.79	116.08	207.70
52	32.68	40.73	43.44	52.66	67.08	118.49	212.39
53	33.75	41.91	44.63	53.93	68.06	120.46	216.21
54	34.65	42.94	45.70	55.03	68.81	122.03	219.22
55	35.42	43.82	46.57	55.96	69.29	123.13	221.30
56	36.07	44.55	47.26	56.68	69.51	123.75	222.38
57	36.56	45.10	47.77	57.17	69.45	123.77	222.36
58	36.78	45.34	47.99	57.36	69.02	123.21	221.12
59	36.79	45.35	47.99	57.28	68.29	121.99	218.57
60	36.63	45.13	47.75	56.95	67.28	120.06	214.62
61	36.26	44.67	47.26	56.36	65.99	117.37	209.17
62	35.68	43.95	46.53	55.48	64.43	113.88	202.10
63						109.53	193.33
64						104.27	182.74
65						98.08	170.26
66						90.86	155.78

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.03	12.78	13.84	17.39	25.74	53.14	94.24
26	10.41	13.30	14.43	18.17	26.81	54.89	97.24
27	10.84	13.89	15.07	19.01	27.92	56.68	100.29
28	11.29	14.51	15.76	19.91	29.09	58.52	103.36
29	11.79	15.18	16.52	20.87	30.30	60.39	106.50
30	12.32	15.90	17.31	21.89	31.56	62.31	109.70
31	12.88	16.67	18.15	22.95	32.86	64.28	112.98
32	13.47	17.45	19.02	24.09	34.20	66.32	116.37
33	14.09	18.27	19.93	25.24	35.59	68.39	119.84
34	14.74	19.13	20.88	26.44	37.03	70.52	123.43
35	15.42	20.02	21.87	27.68	38.52	72.72	127.16
36	16.12	20.95	22.90	28.96	40.04	75.00	131.05
37	16.85	21.90	23.97	30.29	41.61	77.35	135.11
38	17.63	22.91	25.07	31.63	43.21	79.81	139.39
39	18.41	23.94	26.21	33.00	44.86	82.34	143.87
40	19.23	24.99	27.39	34.43	46.54	84.96	148.54
41	20.07	26.08	28.61	35.89	48.29	87.65	153.41
42	20.95	27.21	29.86	37.38	50.07	90.42	158.46
43	22.05	28.51	31.18	38.93	52.00	93.35	163.91
44	23.18	29.86	32.53	40.52	53.94	96.35	169.51
45	24.36	31.23	33.92	42.13	55.89	99.39	175.23
46	25.56	32.63	35.33	43.74	57.82	102.43	181.02
47	26.81	34.06	36.77	45.37	59.72	105.49	186.86
48	28.05	35.53	38.28	47.09	61.61	108.71	193.11
49	29.30	36.98	39.77	48.75	63.41	111.86	199.21
50	30.53	38.40	41.23	50.38	65.09	114.83	205.01
51	31.72	39.78	42.63	51.92	66.59	117.58	210.39
52	32.87	41.08	43.95	53.35	67.91	120.02	215.16
53	33.94	42.29	45.17	54.63	68.90	122.03	219.05
54	34.87	43.32	46.24	55.75	69.66	123.61	222.10
55	35.63	44.22	47.12	56.68	70.14	124.71	224.19
56	36.27	44.94	47.80	57.40	70.36	125.30	225.22
57	36.78	45.48	48.29	57.87	70.26	125.28	225.10
58	36.98	45.72	48.51	58.04	69.80	124.68	223.79
59	36.99	45.70	48.48	57.93	69.03	123.37	221.09
60	36.80	45.44	48.18	57.53	67.92	121.26	216.84
61	36.40	44.92	47.60	56.80	66.49	118.31	210.88
62	35.75	44.10	46.72	55.76	64.72	114.44	203.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.09	12.87	14.00	17.62	26.05	53.82	95.48
26	10.46	13.41	14.60	18.40	27.14	55.61	98.53
27	10.89	13.99	15.25	19.25	28.27	57.43	101.64
28	11.36	14.63	15.95	20.17	29.45	59.29	104.77
29	11.85	15.32	16.71	21.16	30.69	61.20	107.97
30	12.40	16.04	17.51	22.18	31.96	63.17	111.23
31	12.95	16.82	18.37	23.27	33.29	65.17	114.58
32	13.55	17.61	19.26	24.42	34.65	67.24	118.03
33	14.18	18.44	20.19	25.60	36.07	69.35	121.57
34	14.83	19.32	21.16	26.81	37.53	71.54	125.24
35	15.51	20.22	22.16	28.08	39.05	73.78	129.06
36	16.22	21.16	23.21	29.39	40.59	76.11	133.03
37	16.97	22.13	24.30	30.74	42.20	78.52	137.18
38	17.73	23.14	25.41	32.11	43.84	81.03	141.57
39	18.53	24.18	26.58	33.52	45.51	83.62	146.15
40	19.36	25.26	27.78	34.97	47.25	86.29	150.93
41	20.21	26.36	29.03	36.47	49.02	89.06	155.91
42	21.10	27.52	30.30	37.99	50.85	91.90	161.09
43	22.21	28.83	31.66	39.58	52.81	94.91	166.67
44	23.36	30.20	33.04	41.21	54.80	97.98	172.41
45	24.54	31.59	34.45	42.86	56.80	101.09	178.28
46	25.77	33.02	35.90	44.51	58.78	104.22	184.23
47	27.02	34.47	37.36	46.18	60.72	107.36	190.22
48	28.27	35.96	38.91	47.94	62.67	110.69	196.65
49	29.53	37.44	40.44	49.67	64.52	113.92	202.94
50	30.77	38.90	41.94	51.33	66.26	116.99	208.90
51	31.98	40.29	43.37	52.91	67.80	119.79	214.42
52	33.14	41.62	44.71	54.38	69.14	122.31	219.31
53	34.22	42.85	45.96	55.70	70.17	124.38	223.31
54	35.18	43.91	47.05	56.83	70.95	126.00	226.43
55	35.95	44.81	47.94	57.77	71.43	127.10	228.53
56	36.59	45.52	48.61	58.48	71.61	127.64	229.49
57	37.08	46.05	49.08	58.92	71.47	127.54	229.20
58	37.28	46.28	49.28	59.07	70.98	126.88	227.82
59	37.28	46.23	49.21	58.89	70.13	125.43	224.88
60	37.06	45.91	48.82	58.37	68.88	123.07	220.16
61	36.60	45.28	48.11	57.46	67.23	119.72	213.46
62	35.87	44.32	47.02	56.15	65.16	115.28	204.60
63				54.40	62.63		
64				52.18	59.65		
65				49.46	56.16		
66				46.22	52.18		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.30	13.33	14.68	18.56	27.44	56.87	101.00
26	10.69	13.89	15.30	19.39	28.58	58.75	104.22
27	11.13	14.49	15.99	20.29	29.78	60.67	107.48
28	11.61	15.16	16.73	21.26	31.01	62.63	110.77
29	12.12	15.87	17.53	22.29	32.30	64.64	114.14
30	12.66	16.61	18.37	23.37	33.64	66.69	117.55
31	13.24	17.41	19.26	24.52	35.04	68.79	121.04
32	13.85	18.23	20.20	25.72	36.47	70.95	124.63
33	14.48	19.10	21.16	26.96	37.95	73.15	128.33
34	15.15	20.00	22.18	28.24	39.48	75.42	132.14
35	15.86	20.94	23.22	29.56	41.05	77.76	136.09
36	16.58	21.90	24.31	30.93	42.65	80.17	140.21
37	17.33	22.90	25.45	32.33	44.32	82.65	144.49
38	18.11	23.94	26.60	33.76	46.02	85.25	149.00
39	18.93	25.00	27.81	35.22	47.75	87.91	153.72
40	19.76	26.10	29.05	36.72	49.53	90.66	158.64
41	20.64	27.24	30.33	38.27	51.37	93.49	163.74
42	21.53	28.41	31.64	39.84	53.22	96.39	169.04
43	22.66	29.75	33.04	41.47	55.25	99.46	174.73
44	23.82	31.15	34.46	43.15	57.27	102.58	180.58
45	25.03	32.57	35.90	44.83	59.31	105.74	186.52
46	26.26	34.02	37.37	46.52	61.31	108.88	192.54
47	27.53	35.48	38.85	48.21	63.27	112.03	198.56
48	28.79	36.99	40.42	49.98	65.23	115.35	205.00
49	30.06	38.47	41.95	51.71	67.06	118.54	211.24
50	31.30	39.93	43.45	53.35	68.75	121.55	217.12
51	32.51	41.32	44.87	54.93	70.26	124.29	222.51
52	33.66	42.63	46.19	56.35	71.54	126.68	227.22
53	34.73	43.83	47.40	57.60	72.46	128.58	230.90
54	35.72	44.90	48.44	58.66	73.13	129.99	233.66
55	36.47	45.75	49.25	59.51	73.48	130.88	235.36
56	37.08	46.43	49.86	60.14	73.54	131.20	235.92
57	37.54	46.90	50.26	60.48	73.27	130.86	235.23
58	37.72	47.09	50.40	60.55	72.66	130.00	233.46
59	37.69	47.00	50.26	60.30	71.69	128.36	230.17
60	37.45	46.64	49.83	59.70	70.36	125.84	225.13
61	36.98	45.98	49.07	58.74	68.63	122.36	218.19
62	36.24	45.00	47.96	57.38	66.50	117.83	209.13
63	35.17	43.63	46.46				
64	33.81	41.88	44.58				
65	32.15	39.74	42.27				
66	30.15	37.19	39.51				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.11	14.12	15.27	19.17	28.37	58.54	103.79
26	11.53	14.70	15.91	20.02	29.55	60.46	107.09
27	12.00	15.34	16.61	20.94	30.77	62.43	110.43
28	12.50	16.03	17.37	21.93	32.05	64.44	113.81
29	13.06	16.77	18.20	22.99	33.38	66.49	117.25
30	13.64	17.56	19.07	24.10	34.76	68.60	120.76
31	14.26	18.40	19.99	25.27	36.19	70.77	124.36
32	14.92	19.26	20.95	26.51	37.66	73.00	128.07
33	15.59	20.17	21.96	27.78	39.19	75.27	131.87
34	16.31	21.13	23.00	29.10	40.77	77.61	135.80
35	17.06	22.11	24.09	30.47	42.40	80.02	139.89
36	17.84	23.13	25.21	31.86	44.07	82.51	144.15
37	18.65	24.18	26.39	33.32	45.79	85.09	148.59
38	19.49	25.27	27.59	34.79	47.55	87.77	153.27
39	20.36	26.41	28.84	36.29	49.35	90.54	158.17
40	21.27	27.57	30.13	37.86	51.20	93.40	163.28
41	22.19	28.77	31.47	39.45	53.11	96.35	168.60
42	23.17	30.02	32.84	41.09	55.06	99.38	174.13
43	24.38	31.44	34.29	42.79	57.16	102.58	180.07
44	25.63	32.92	35.78	44.52	59.29	105.85	186.18
45	26.94	34.43	37.29	46.27	61.42	109.16	192.42
46	28.27	35.97	38.83	48.04	63.53	112.48	198.75
47	29.64	37.54	40.40	49.82	65.60	115.82	205.12
48	31.00	39.15	42.06	51.68	67.66	119.33	211.93
49	32.38	40.74	43.68	53.50	69.63	122.75	218.58
50	33.73	42.31	45.28	55.27	71.46	126.00	224.91
51	35.05	43.82	46.82	56.96	73.10	128.98	230.77
52	36.32	45.25	48.26	58.51	74.54	131.66	235.99
53	37.50	46.57	49.60	59.92	75.62	133.85	240.23
54	38.51	47.70	50.78	61.14	76.45	135.59	243.58
55	39.35	48.69	51.74	62.17	76.99	136.81	245.89
56	40.08	49.50	52.51	62.98	77.24	137.49	247.10
57	40.63	50.11	53.07	63.53	77.17	137.53	247.07
58	40.86	50.37	53.32	63.73	76.68	136.90	245.69
59	40.88	50.38	53.32	63.64	75.87	135.55	242.86
60	40.71	50.14	53.06	63.28	74.75	133.40	238.47
61	40.30	49.63	52.52	62.61	73.32	130.41	232.41
62	39.64	48.83	51.69	61.65	71.59	126.54	224.56
63						121.70	214.81
64						115.86	203.04
65						108.97	189.18
66						100.95	173.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.15	14.19	15.38	19.32	28.60	59.05	104.71
26	11.56	14.78	16.03	20.19	29.80	60.99	108.05
27	12.05	15.43	16.75	21.12	31.03	62.98	111.43
28	12.55	16.12	17.51	22.12	32.32	65.02	114.85
29	13.10	16.87	18.35	23.20	33.66	67.09	118.33
30	13.69	17.67	19.23	24.32	35.06	69.24	121.89
31	14.32	18.52	20.16	25.50	36.51	71.43	125.54
32	14.97	19.39	21.13	26.76	38.00	73.68	129.30
33	15.66	20.30	22.15	28.05	39.54	75.99	133.15
34	16.38	21.26	23.21	29.38	41.14	78.36	137.14
35	17.13	22.25	24.30	30.76	42.79	80.80	141.29
36	17.91	23.28	25.44	32.18	44.48	83.34	145.61
37	18.73	24.34	26.64	33.65	46.23	85.95	150.12
38	19.58	25.45	27.85	35.14	48.01	88.68	154.88
39	20.45	26.59	29.12	36.67	49.84	91.49	159.86
40	21.37	27.76	30.43	38.26	51.72	94.40	165.05
41	22.30	28.98	31.79	39.87	53.65	97.39	170.46
42	23.28	30.24	33.18	41.54	55.63	100.47	176.07
43	24.50	31.68	34.65	43.26	57.77	103.73	182.12
44	25.76	33.18	36.15	45.03	59.93	107.05	188.34
45	27.07	34.70	37.68	46.81	62.10	110.43	194.69
46	28.41	36.26	39.26	48.60	64.24	113.81	201.12
47	29.80	37.84	40.85	50.42	66.35	117.21	207.62
48	31.17	39.47	42.53	52.32	68.46	120.79	214.56
49	32.56	41.09	44.18	54.17	70.46	124.28	221.35
50	33.92	42.67	45.80	55.98	72.33	127.59	227.80
51	35.24	44.20	47.36	57.69	73.99	130.64	233.76
52	36.52	45.65	48.83	59.27	75.45	133.36	239.07
53	37.71	46.99	50.19	60.70	76.56	135.59	243.39
54	38.74	48.14	51.37	61.94	77.40	137.35	246.78
55	39.59	49.13	52.35	62.98	77.94	138.57	249.10
56	40.30	49.93	53.11	63.78	78.17	139.22	250.25
57	40.86	50.53	53.65	64.30	78.06	139.20	250.10
58	41.09	50.79	53.89	64.49	77.55	138.53	248.66
59	41.10	50.78	53.86	64.36	76.69	137.08	245.66
60	40.89	50.49	53.53	63.91	75.46	134.74	240.94
61	40.44	49.90	52.89	63.10	73.88	131.45	234.32
62	39.72	49.00	51.91	61.95	71.91	127.16	225.67

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.21	14.31	15.56	19.57	28.94	59.80	106.09
26	11.62	14.90	16.22	20.44	30.16	61.78	109.48
27	12.11	15.55	16.94	21.39	31.42	63.81	112.93
28	12.62	16.26	17.72	22.41	32.73	65.89	116.42
29	13.17	17.02	18.57	23.50	34.09	68.00	119.96
30	13.77	17.83	19.46	24.65	35.51	70.18	123.59
31	14.40	18.68	20.41	25.85	36.99	72.42	127.31
32	15.06	19.56	21.40	27.13	38.50	74.71	131.15
33	15.75	20.50	22.43	28.44	40.08	77.06	135.08
34	16.47	21.46	23.51	29.80	41.70	79.48	139.15
35	17.24	22.47	24.62	31.20	43.38	81.98	143.40
36	18.02	23.51	25.79	32.66	45.11	84.57	147.81
37	18.85	24.59	27.00	34.15	46.89	87.24	152.42
38	19.70	25.71	28.24	35.68	48.71	90.03	157.29
39	20.59	26.87	29.53	37.24	50.57	92.91	162.39
40	21.51	28.06	30.87	38.86	52.49	95.88	167.70
41	22.46	29.30	32.25	40.52	54.47	98.96	173.24
42	23.44	30.57	33.67	42.21	56.50	102.11	178.99
43	24.68	32.03	35.18	43.98	58.68	105.45	185.19
44	25.95	33.55	36.71	45.79	60.89	108.86	191.57
45	27.27	35.10	38.28	47.62	63.11	112.32	198.09
46	28.63	36.69	39.89	49.46	65.30	115.80	204.70
47	30.03	38.30	41.52	51.31	67.47	119.28	211.36
48	31.42	39.95	43.23	53.27	69.63	122.98	218.50
49	32.82	41.61	44.93	55.18	71.69	126.57	225.48
50	34.20	43.22	46.60	57.03	73.61	129.98	232.12
51	35.53	44.77	48.19	58.79	75.33	133.11	238.24
52	36.82	46.24	49.68	60.41	76.82	135.90	243.68
53	38.02	47.61	51.07	61.88	77.97	138.20	248.12
54	39.09	48.79	52.28	63.15	78.83	140.00	251.59
55	39.94	49.79	53.27	64.19	79.37	141.22	253.92
56	40.66	50.58	54.01	64.98	79.57	141.83	254.98
57	41.20	51.16	54.53	65.46	79.41	141.71	254.66
58	41.42	51.42	54.75	65.63	78.87	140.98	253.13
59	41.42	51.37	54.67	65.44	77.92	139.37	249.87
60	41.18	51.01	54.24	64.86	76.53	136.74	244.62
61	40.66	50.31	53.45	63.85	74.70	133.02	237.18
62	39.86	49.24	52.25	62.39	72.40	128.09	227.33
63				60.45	69.59		
64				57.97	66.27		
65				54.96	62.40		
66				51.35	57.97		

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.45	14.81	16.31	20.62	30.48	63.19	112.22
26	11.88	15.43	17.00	21.54	31.76	65.28	115.80
27	12.37	16.10	17.77	22.55	33.09	67.41	119.42
28	12.89	16.84	18.59	23.62	34.46	69.59	123.09
29	13.46	17.63	19.47	24.76	35.90	71.82	126.82
30	14.07	18.46	20.41	25.97	37.38	74.10	130.61
31	14.71	19.34	21.40	27.24	38.93	76.44	134.49
32	15.39	20.26	22.44	28.58	40.52	78.84	138.49
33	16.10	21.22	23.51	29.96	42.16	81.29	142.59
34	16.83	22.22	24.64	31.37	43.86	83.80	146.82
35	17.62	23.26	25.80	32.84	45.61	86.40	151.21
36	18.42	24.33	27.02	34.36	47.40	89.07	155.79
37	19.25	25.44	28.27	35.92	49.24	91.84	160.54
38	20.13	26.59	29.56	37.51	51.13	94.71	165.55
39	21.03	27.78	30.90	39.13	53.06	97.68	170.80
40	21.96	29.00	32.28	40.81	55.03	100.73	176.26
41	22.92	30.26	33.70	42.52	57.07	103.88	181.93
42	23.93	31.57	35.16	44.26	59.14	107.10	187.82
43	25.18	33.06	36.71	46.09	61.38	110.51	194.15
44	26.47	34.61	38.29	47.94	63.63	113.98	200.64
45	27.81	36.19	39.89	49.81	65.90	117.49	207.25
46	29.18	37.80	41.53	51.68	68.12	120.98	213.93
47	30.59	39.42	43.17	53.57	70.30	124.48	220.62
48	31.99	41.10	44.91	55.53	72.47	128.16	227.77
49	33.40	42.75	46.61	57.46	74.51	131.72	234.70
50	34.78	44.36	48.27	59.29	76.39	135.06	241.24
51	36.12	45.91	49.85	61.03	78.06	138.10	247.23
52	37.40	47.36	51.32	62.60	79.49	140.76	252.46
53	38.60	48.70	52.66	64.00	80.51	142.86	256.56
54	39.69	49.89	53.81	65.18	81.25	144.43	259.62
55	40.52	50.84	54.73	66.12	81.65	145.42	261.51
56	41.20	51.59	55.40	66.82	81.71	145.78	262.13
57	41.71	52.11	55.84	67.21	81.41	145.40	261.37
58	41.91	52.32	55.99	67.28	80.73	144.44	259.41
59	41.88	52.22	55.84	66.99	79.66	142.62	255.75
60	41.62	51.82	55.36	66.33	78.17	139.82	250.15
61	41.09	51.09	54.52	65.27	76.25	135.95	242.43
62	40.27	50.00	53.28	63.76	73.89	130.93	232.37
63	39.08	48.48	51.63				
64	37.57	46.53	49.54				
65	35.72	44.16	46.97				
66	33.50	41.32	43.90				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.96	11.29	12.16	15.31	22.55	46.30	81.70
26	9.30	11.75	12.66	15.99	23.49	47.87	84.39
27	9.67	12.26	13.22	16.73	24.46	49.46	87.10
28	10.07	12.80	13.82	17.50	25.48	51.08	89.84
29	10.50	13.38	14.46	18.34	26.53	52.71	92.58
30	10.96	13.99	15.14	19.21	27.61	54.39	95.38
31	11.45	14.64	15.85	20.13	28.73	56.10	98.22
32	11.94	15.32	16.59	21.09	29.88	57.83	101.11
33	12.47	16.02	17.36	22.07	31.06	59.60	104.07
34	13.02	16.76	18.16	23.09	32.29	61.41	107.10
35	13.60	17.49	18.99	24.14	33.54	63.25	110.21
36	14.19	18.28	19.84	25.21	34.81	65.15	113.45
37	14.80	19.08	20.72	26.32	36.11	67.10	116.78
38	15.44	19.91	21.64	27.43	37.43	69.11	120.30
39	16.10	20.75	22.57	28.56	38.77	71.17	123.94
40	16.77	21.62	23.53	29.74	40.15	73.29	127.71
41	17.47	22.51	24.52	30.91	41.54	75.44	131.60
42	18.19	23.42	25.53	32.12	42.97	77.64	135.63
43	19.10	24.47	26.58	33.36	44.50	79.96	139.92
44	20.01	25.55	27.66	34.61	46.03	82.29	144.31
45	20.97	26.65	28.75	35.87	47.56	84.63	148.75
46	21.94	27.76	29.84	37.13	49.05	86.95	153.20
47	22.93	28.88	30.94	38.39	50.49	89.26	157.63
48	23.89	30.00	32.09	39.66	51.87	91.63	162.26
49	24.86	31.10	33.21	40.90	53.17	93.90	166.74
50	25.80	32.19	34.30	42.10	54.36	96.03	170.96
51	26.73	33.23	35.36	43.23	55.40	97.98	174.81
52	27.61	34.21	36.33	44.26	56.30	99.70	178.21
53	28.40	35.07	37.19	45.14	56.89	100.94	180.69
54	29.10	35.82	37.98	45.91	57.32	101.92	182.60
55	29.68	36.48	38.62	46.60	57.60	102.62	183.93
56	30.22	37.09	39.20	47.17	57.73	103.03	184.66
57	30.67	37.59	39.68	47.64	57.75	103.16	184.81
58	30.95	37.92	40.02	47.96	57.57	103.00	184.32
59	31.15	38.17	40.28	48.20	57.31	102.55	183.22
60	31.29	38.36	40.46	48.36	57.02	101.82	181.49
61	31.35	38.46	40.60	48.50	56.70	100.79	179.12
62	31.37	38.50	40.68	48.61	56.42	99.48	176.11
63						97.86	172.41
64						95.96	168.05
65						93.76	163.00
66						91.26	157.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.99	11.36	12.26	15.45	22.76	46.76	82.54
26	9.33	11.82	12.78	16.14	23.72	48.35	85.26
27	9.71	12.34	13.34	16.89	24.69	49.96	88.01
28	10.10	12.87	13.94	17.68	25.72	51.60	90.77
29	10.54	13.46	14.59	18.52	26.79	53.26	93.56
30	11.00	14.09	15.28	19.41	27.89	54.96	96.40
31	11.49	14.75	16.00	20.34	29.02	56.69	99.28
32	11.99	15.43	16.75	21.31	30.18	58.45	102.22
33	12.52	16.13	17.54	22.31	31.38	60.24	105.22
34	13.09	16.87	18.34	23.35	32.62	62.08	108.30
35	13.67	17.63	19.18	24.41	33.89	63.96	111.48
36	14.26	18.42	20.06	25.49	35.18	65.89	114.76
37	14.87	19.22	20.95	26.62	36.50	67.87	118.16
38	15.52	20.06	21.88	27.75	37.84	69.92	121.75
39	16.18	20.92	22.83	28.90	39.22	72.03	125.46
40	16.86	21.80	23.80	30.10	40.61	74.18	129.30
41	17.56	22.70	24.81	31.29	42.04	76.38	133.28
42	18.29	23.62	25.83	32.52	43.49	78.62	137.38
43	19.20	24.68	26.89	33.78	45.05	80.99	141.77
44	20.13	25.78	27.99	35.07	46.61	83.37	146.25
45	21.09	26.89	29.11	36.35	48.16	85.76	150.79
46	22.06	28.01	30.22	37.64	49.69	88.15	155.34
47	23.07	29.15	31.35	38.93	51.16	90.51	159.88
48	24.04	30.29	32.52	40.23	52.58	92.95	164.63
49	25.02	31.41	33.66	41.50	53.91	95.27	169.22
50	25.97	32.52	34.78	42.73	55.13	97.46	173.55
51	26.91	33.56	35.84	43.89	56.21	99.47	177.50
52	27.80	34.57	36.85	44.95	57.13	101.23	180.98
53	28.59	35.45	37.73	45.85	57.74	102.52	183.53
54	29.30	36.20	38.52	46.63	58.18	103.51	185.49
55	29.90	36.88	39.17	47.33	58.45	104.20	186.82
56	30.42	37.48	39.73	47.89	58.57	104.59	187.50
57	30.87	37.98	40.20	48.35	58.56	104.67	187.54
58	31.16	38.30	40.53	48.64	58.35	104.46	187.00
59	31.34	38.54	40.76	48.84	58.05	103.93	185.74
60	31.46	38.68	40.89	48.94	57.66	103.01	183.71
61	31.49	38.70	40.94	48.94	57.20	101.73	180.85
62	31.45	38.65	40.88	48.88	56.71	100.04	177.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.05	11.46	12.42	15.67	23.06	47.44	83.78
26	9.39	11.92	12.94	16.37	24.04	49.06	86.55
27	9.77	12.45	13.51	17.13	25.04	50.71	89.36
28	10.17	13.01	14.13	17.94	26.09	52.38	92.18
29	10.60	13.60	14.78	18.80	27.17	54.07	95.02
30	11.07	14.23	15.49	19.70	28.29	55.81	97.93
31	11.56	14.90	16.22	20.65	29.44	57.58	100.87
32	12.07	15.58	16.99	21.65	30.63	59.37	103.88
33	12.61	16.31	17.78	22.67	31.86	61.21	106.96
34	13.17	17.05	18.62	23.72	33.13	63.09	110.11
35	13.75	17.82	19.47	24.81	34.42	65.01	113.37
36	14.36	18.63	20.37	25.92	35.75	67.00	116.74
37	14.99	19.45	21.27	27.07	37.10	69.04	120.23
38	15.64	20.30	22.22	28.23	38.46	71.14	123.91
39	16.31	21.16	23.20	29.42	39.88	73.30	127.73
40	16.99	22.06	24.20	30.63	41.31	75.52	131.68
41	17.71	22.99	25.23	31.87	42.78	77.78	135.78
42	18.44	23.92	26.27	33.13	44.26	80.10	140.01
43	19.36	25.00	27.38	34.43	45.87	82.54	144.53
44	20.30	26.12	28.49	35.75	47.48	85.01	149.16
45	21.27	27.25	29.65	37.08	49.07	87.47	153.85
46	22.26	28.40	30.79	38.40	50.65	89.94	158.55
47	23.28	29.57	31.95	39.73	52.17	92.38	163.25
48	24.27	30.72	33.15	41.09	53.64	94.92	168.19
49	25.25	31.88	34.34	42.42	55.02	97.33	172.95
50	26.22	33.00	35.49	43.68	56.28	99.62	177.44
51	27.17	34.07	36.59	44.87	57.41	101.69	181.54
52	28.07	35.09	37.61	45.98	58.36	103.51	185.13
53	28.87	36.00	38.52	46.91	59.00	104.86	187.79
54	29.62	36.79	39.33	47.72	59.46	105.89	189.82
55	30.22	37.48	40.00	48.41	59.73	106.59	191.15
56	30.74	38.06	40.55	48.97	59.83	106.94	191.76
57	31.18	38.54	40.99	49.39	59.76	106.92	191.64
58	31.46	38.86	41.31	49.67	59.53	106.66	191.02
59	31.64	39.06	41.49	49.81	59.15	105.99	189.53
60	31.72	39.14	41.54	49.78	58.63	104.83	187.04
61	31.69	39.07	41.45	49.61	57.94	103.14	183.42
62	31.57	38.87	41.18	49.28	57.15	100.87	178.60
63				48.77	56.21		
64				48.09	55.15		
65				47.24	53.98		
66				46.19	52.69		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.26	11.92	13.09	16.61	24.45	50.49	89.29
26	9.62	12.40	13.65	17.36	25.48	52.20	92.23
27	10.01	12.95	14.26	18.17	26.55	53.94	95.20
28	10.42	13.53	14.91	19.03	27.65	55.71	98.18
29	10.87	14.14	15.60	19.92	28.79	57.51	101.19
30	11.34	14.80	16.34	20.89	29.98	59.34	104.24
31	11.84	15.49	17.12	21.90	31.20	61.20	107.33
32	12.37	16.21	17.93	22.95	32.45	63.09	110.49
33	12.92	16.96	18.76	24.03	33.74	65.01	113.71
34	13.50	17.73	19.63	25.14	35.07	66.98	117.01
35	14.10	18.53	20.54	26.28	36.42	68.99	120.40
36	14.71	19.37	21.47	27.46	37.80	71.06	123.91
37	15.35	20.21	22.42	28.66	39.22	73.17	127.54
38	16.02	21.09	23.41	29.88	40.65	75.35	131.36
39	16.70	21.98	24.43	31.12	42.11	77.59	135.31
40	17.40	22.92	25.47	32.38	43.60	79.88	139.39
41	18.13	23.86	26.53	33.68	45.11	82.21	143.61
42	18.88	24.82	27.61	34.97	46.64	84.59	147.95
43	19.81	25.93	28.76	36.33	48.29	87.08	152.59
44	20.77	27.07	29.91	37.69	49.94	89.61	157.33
45	21.75	28.23	31.09	39.05	51.59	92.12	162.09
46	22.77	29.40	32.27	40.41	53.19	94.61	166.86
47	23.79	30.58	33.44	41.76	54.72	97.06	171.59
48	24.78	31.75	34.65	43.13	56.20	99.58	176.52
49	25.78	32.91	35.84	44.46	57.55	101.97	181.25
50	26.74	34.03	37.00	45.71	58.79	104.19	185.65
51	27.69	35.10	38.09	46.89	59.88	106.18	189.62
52	28.59	36.11	39.09	47.95	60.76	107.89	193.04
53	29.39	36.99	39.95	48.82	61.29	109.06	195.38
54	30.14	37.77	40.71	49.54	61.64	109.89	197.04
55	30.73	38.42	41.31	50.15	61.78	110.37	197.98
56	31.23	38.97	41.80	50.63	61.75	110.49	198.20
57	31.64	39.41	42.18	50.96	61.56	110.25	197.67
58	31.89	39.67	42.42	51.15	61.21	109.78	196.67
59	32.04	39.83	42.55	51.21	60.72	108.92	194.81
60	32.11	39.87	42.54	51.12	60.10	107.60	192.01
61	32.07	39.78	42.41	50.89	59.34	105.78	188.14
62	31.94	39.56	42.12	50.51	58.49	103.43	183.14
63	31.64	39.17	41.69				
64	31.25	38.64	41.11				
65	30.74	37.98	40.37				
66	30.11	37.16	39.49				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.95	12.54	13.51	17.01	25.05	51.44	90.78
26	10.33	13.05	14.07	17.77	26.10	53.19	93.77
27	10.74	13.62	14.69	18.59	27.18	54.96	96.78
28	11.18	14.22	15.35	19.45	28.31	56.75	99.82
29	11.67	14.86	16.06	20.37	29.48	58.57	102.87
30	12.17	15.55	16.82	21.35	30.69	60.44	105.98
31	12.72	16.27	17.61	22.37	31.93	62.33	109.13
32	13.27	17.02	18.43	23.43	33.20	64.26	112.35
33	13.85	17.79	19.29	24.53	34.51	66.22	115.63
34	14.47	18.61	20.18	25.66	35.88	68.23	118.99
35	15.11	19.44	21.10	26.82	37.26	70.28	122.46
36	15.77	20.31	22.05	28.01	38.68	72.39	126.05
37	16.45	21.20	23.03	29.24	40.12	74.55	129.76
38	17.16	22.11	24.04	30.47	41.58	76.78	133.66
39	17.89	23.06	25.08	31.73	43.08	79.08	137.71
40	18.64	24.02	26.14	33.04	44.61	81.43	141.90
41	19.41	25.01	27.24	34.35	46.16	83.82	146.23
42	20.21	26.02	28.36	35.68	47.75	86.27	150.70
43	21.22	27.19	29.53	37.07	49.45	88.84	155.47
44	22.24	28.39	30.73	38.46	51.15	91.43	160.34
45	23.30	29.60	31.94	39.86	52.84	94.03	165.27
46	24.38	30.84	33.16	41.25	54.50	96.62	170.22
47	25.48	32.09	34.38	42.65	56.10	99.18	175.15
48	26.55	33.33	35.66	44.07	57.63	101.81	180.29
49	27.62	34.56	36.90	45.44	59.07	104.32	185.27
50	28.67	35.76	38.11	46.77	60.39	106.70	189.95
51	29.71	36.92	39.28	48.03	61.56	108.86	194.23
52	30.69	38.01	40.37	49.18	62.56	110.77	198.01
53	31.56	38.97	41.32	50.16	63.21	112.16	200.76
54	32.33	39.79	42.20	51.01	63.69	113.25	202.89
55	32.98	40.54	42.92	51.77	63.99	114.02	204.36
56	33.57	41.21	43.55	52.41	64.14	114.48	205.18
57	34.07	41.77	44.09	52.94	64.16	114.62	205.34
58	34.39	42.13	44.47	53.28	63.97	114.44	204.80
59	34.61	42.42	44.75	53.55	63.69	113.94	203.58
60	34.77	42.62	44.96	53.74	63.35	113.12	201.66
61	34.84	42.73	45.12	53.88	63.00	111.98	199.03
62	34.86	42.78	45.21	54.01	62.68	110.53	195.67
63						108.73	191.57
64						106.63	186.73
65						104.18	181.11
66						101.40	174.73

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.99	12.62	13.62	17.17	25.28	51.96	91.70
26	10.37	13.13	14.19	17.93	26.35	53.72	94.73
27	10.79	13.71	14.82	18.76	27.44	55.51	97.79
28	11.23	14.31	15.49	19.64	28.58	57.33	100.86
29	11.71	14.96	16.21	20.57	29.76	59.17	103.95
30	12.22	15.66	16.98	21.57	30.98	61.07	107.10
31	12.77	16.39	17.78	22.60	32.24	62.99	110.31
32	13.32	17.14	18.60	23.68	33.54	64.94	113.58
33	13.91	17.93	19.48	24.79	34.87	66.94	116.92
34	14.54	18.74	20.38	25.94	36.25	68.97	120.33
35	15.18	19.58	21.31	27.12	37.66	71.06	123.86
36	15.84	20.47	22.28	28.33	39.09	73.22	127.51
37	16.53	21.36	23.28	29.58	40.56	75.42	131.29
38	17.25	22.29	24.31	30.83	42.05	77.69	135.27
39	17.98	23.24	25.36	32.11	43.58	80.03	139.40
40	18.74	24.22	26.44	33.44	45.13	82.42	143.67
41	19.52	25.22	27.56	34.77	46.71	84.86	148.09
42	20.32	26.24	28.70	36.13	48.32	87.36	152.64
43	21.33	27.43	29.88	37.54	50.05	89.98	157.52
44	22.36	28.64	31.10	38.97	51.79	92.64	162.50
45	23.43	29.88	32.34	40.39	53.51	95.30	167.54
46	24.52	31.13	33.58	41.82	55.21	97.94	172.59
47	25.63	32.39	34.83	43.25	56.85	100.57	177.65
48	26.72	33.65	36.13	44.70	58.42	103.27	182.93
49	27.80	34.90	37.40	46.11	59.90	105.86	188.03
50	28.86	36.12	38.64	47.48	61.26	108.29	192.83
51	29.90	37.29	39.83	48.76	62.45	110.52	197.23
52	30.89	38.40	40.94	49.94	63.47	112.47	201.09
53	31.77	39.39	41.91	50.94	64.15	113.91	203.92
54	32.56	40.22	42.79	51.81	64.64	115.01	206.10
55	33.22	40.98	43.52	52.58	64.94	115.78	207.57
56	33.80	41.64	44.15	53.21	65.08	116.21	208.33
57	34.30	42.20	44.67	53.72	65.06	116.29	208.38
58	34.62	42.56	45.04	54.04	64.84	116.06	207.78
59	34.82	42.81	45.29	54.27	64.50	115.47	206.38
60	34.95	42.97	45.43	54.38	64.06	114.46	204.12
61	34.99	43.01	45.49	54.38	63.55	113.03	200.94
62	34.94	42.94	45.43	54.31	63.01	111.15	196.78

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.05	12.73	13.80	17.42	25.63	52.71	93.09
26	10.43	13.25	14.38	18.19	26.71	54.51	96.17
27	10.85	13.83	15.01	19.03	27.83	56.34	99.28
28	11.30	14.45	15.70	19.93	28.99	58.19	102.42
29	11.78	15.11	16.43	20.88	30.19	60.08	105.58
30	12.30	15.81	17.20	21.89	31.43	62.01	108.80
31	12.85	16.55	18.02	22.95	32.72	63.98	112.08
32	13.41	17.32	18.88	24.05	34.04	65.97	115.43
33	14.01	18.12	19.76	25.19	35.40	68.02	118.84
34	14.63	18.95	20.69	26.36	36.81	70.10	122.35
35	15.29	19.80	21.64	27.56	38.24	72.24	125.96
36	15.95	20.70	22.63	28.80	39.71	74.45	129.71
37	16.65	21.60	23.64	30.08	41.22	76.71	133.59
38	17.37	22.55	24.69	31.36	42.74	79.04	137.68
39	18.12	23.51	25.78	32.68	44.31	81.44	141.93
40	18.88	24.52	26.88	34.04	45.90	83.91	146.32
41	19.68	25.54	28.03	35.41	47.53	86.42	150.87
42	20.49	26.58	29.19	36.81	49.18	88.99	155.57
43	21.51	27.78	30.42	38.26	50.96	91.70	160.59
44	22.55	29.02	31.66	39.72	52.75	94.45	165.73
45	23.64	30.28	32.94	41.20	54.52	97.19	170.94
46	24.74	31.56	34.21	42.67	56.28	99.93	176.17
47	25.86	32.85	35.50	44.15	57.97	102.64	181.39
48	26.96	34.14	36.84	45.65	59.60	105.46	186.87
49	28.05	35.42	38.15	47.12	61.13	108.14	192.17
50	29.14	36.67	39.43	48.53	62.54	110.69	197.16
51	30.19	37.86	40.66	49.86	63.79	112.99	201.70
52	31.19	38.99	41.79	51.08	64.85	115.02	205.70
53	32.08	40.00	42.79	52.12	65.56	116.51	208.66
54	32.91	40.88	43.70	53.02	66.07	117.66	210.91
55	33.57	41.64	44.44	53.79	66.37	118.43	212.39
56	34.15	42.29	45.06	54.41	66.48	118.82	213.07
57	34.65	42.83	45.55	54.88	66.40	118.80	212.93
58	34.95	43.18	45.90	55.18	66.15	118.51	212.25
59	35.15	43.40	46.10	55.34	65.73	117.76	210.58
60	35.24	43.49	46.15	55.32	65.14	116.47	207.81
61	35.21	43.41	46.05	55.12	64.38	114.59	203.80
62	35.08	43.19	45.76	54.75	63.49	112.09	198.44
63				54.19	62.45		
64				53.43	61.27		
65				52.48	59.97		
66				51.32	58.54		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.29	13.24	14.55	18.46	27.17	56.10	99.21
26	10.68	13.78	15.16	19.29	28.31	58.00	102.48
27	11.11	14.39	15.84	20.19	29.50	59.94	105.78
28	11.57	15.03	16.56	21.14	30.72	61.90	109.09
29	12.07	15.72	17.34	22.14	32.00	63.90	112.44
30	12.60	16.45	18.15	23.21	33.31	65.93	115.83
31	13.16	17.21	19.02	24.33	34.66	68.00	119.26
32	13.75	18.01	19.91	25.50	36.05	70.10	122.77
33	14.35	18.84	20.85	26.70	37.49	72.24	126.35
34	15.00	19.70	21.82	27.93	38.97	74.42	130.01
35	15.66	20.59	22.82	29.20	40.47	76.66	133.78
36	16.35	21.52	23.86	30.51	42.00	78.95	137.68
37	17.05	22.46	24.91	31.85	43.58	81.30	141.71
38	17.79	23.43	26.01	33.19	45.16	83.72	145.95
39	18.56	24.43	27.14	34.58	46.79	86.21	150.34
40	19.33	25.46	28.29	35.98	48.44	88.76	154.88
41	20.14	26.51	29.48	37.42	50.12	91.34	159.56
42	20.97	27.57	30.69	38.86	51.82	93.98	164.39
43	22.01	28.81	31.95	40.37	53.66	96.76	169.55
44	23.07	30.08	33.24	41.88	55.49	99.56	174.80
45	24.17	31.36	34.55	43.39	57.31	102.35	180.10
46	25.29	32.67	35.85	44.90	59.09	105.12	185.40
47	26.43	33.98	37.15	46.40	60.80	107.84	190.65
48	27.54	35.28	38.51	47.92	62.44	110.64	196.13
49	28.64	36.56	39.83	49.39	63.95	113.29	201.39
50	29.72	37.81	41.10	50.78	65.32	115.76	206.28
51	30.77	39.00	42.32	52.10	66.53	117.98	210.69
52	31.77	40.12	43.43	53.28	67.51	119.87	214.48
53	32.66	41.10	44.39	54.24	68.10	121.18	217.09
54	33.48	41.97	45.23	55.05	68.49	122.09	218.94
55	34.14	42.69	45.90	55.72	68.65	122.63	219.98
56	34.70	43.30	46.45	56.25	68.61	122.77	220.22
57	35.16	43.78	46.86	56.62	68.40	122.50	219.64
58	35.44	44.08	47.14	56.83	68.02	121.98	218.52
59	35.60	44.26	47.27	56.90	67.47	121.02	216.46
60	35.68	44.30	47.26	56.80	66.77	119.55	213.34
61	35.63	44.19	47.12	56.54	65.93	117.52	209.05
62	35.49	43.95	46.80	56.13	64.99	114.92	203.48
63	35.16	43.52	46.32				
64	34.72	42.94	45.68				
65	34.15	42.20	44.86				
66	33.46	41.29	43.88				

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	27.91	37.27	41.25	51.05	64.69		
26	29.01	38.79	42.95	53.20	67.19		
27	30.17	40.41	44.74	55.48	69.76		
28	31.41	42.10	46.63	57.86	72.40		
29	32.68	43.86	48.59	60.35	75.10		
30	34.02	45.70	50.64	62.91	77.85		
31	35.42	47.59	52.76	65.55	80.64		
32	36.87	49.54	54.93	68.26	83.46		
33	38.34	51.50	57.10	70.97	86.29		
34	39.85	53.50	59.36	73.74	89.14		
35	41.41	55.56	61.65	76.56	92.01		
36	43.01	57.67	63.99	79.43	94.93		
37	44.68	59.83	66.41	82.36	97.83		
38	46.38	62.03	68.87	85.31	100.76		
39	48.11	64.28	71.39	88.30	103.72		
40	49.91	66.59	73.96	91.39	106.68		
41	51.77	68.99	76.64	94.55	109.68		
42	53.71	71.47	79.40	97.79	112.73		
43	56.16	74.34	82.29	101.16	115.78		
44	58.72	77.33	85.26	104.64	118.87		
45	61.40	80.44	88.37	108.23	122.00		
46	64.18	83.68	91.59	111.94	125.16		
47	67.10	87.04	94.91	115.79	128.35		
48	70.06	90.57	98.52	119.96	131.74		
49	73.10	94.18	102.23	124.23	135.13		
50	76.22	97.85	105.99	128.58	138.48		
51	79.37	101.56	109.76	132.93	141.72		
52	82.53	105.27	113.52	137.26	144.84		
53	85.92	109.26	117.58	141.97	148.08		
54	89.22	113.12	121.46	146.46	151.05		
55	92.34	116.71	125.05	150.60	153.60		
56	95.16	119.93	128.21	154.26	155.65		
57	97.58	122.64	130.82	157.26	157.06		
58	98.81	123.95	132.09	158.62	156.95		
59	99.55	124.66	132.71	159.26	156.17		
60	99.84	124.80	132.77	159.28	154.80		
61	99.67	124.41	132.23	158.71	152.94		
62	98.92	123.52	131.20	157.65	150.67		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	27.94	37.34	41.35	51.19	64.90		
26	29.04	38.86	43.06	53.35	67.41		
27	30.21	40.49	44.86	55.64	69.99		
28	31.44	42.18	46.76	58.04	72.64		
29	32.74	43.95	48.73	60.54	75.35		
30	34.07	45.80	50.78	63.10	78.13		
31	35.46	47.69	52.91	65.76	80.92		
32	36.92	49.64	55.09	68.48	83.76		
33	38.39	51.60	57.28	71.21	86.61		
34	39.91	53.63	59.53	74.00	89.47		
35	41.47	55.69	61.85	76.83	92.37		
36	43.08	57.81	64.20	79.72	95.30		
37	44.75	59.98	66.63	82.66	98.23		
38	46.46	62.19	69.11	85.62	101.18		
39	48.19	64.43	71.63	88.64	104.16		
40	50.00	66.77	74.24	91.76	107.15		
41	51.87	69.19	76.93	94.93	110.18		
42	53.80	71.67	79.71	98.20	113.24		
43	56.27	74.56	82.61	101.59	116.33		
44	58.83	77.55	85.61	105.10	119.45		
45	61.52	80.68	88.73	108.71	122.61		
46	64.30	83.93	91.97	112.45	125.80		
47	67.23	87.31	95.31	116.33	129.03		
48	70.21	90.85	98.96	120.53	132.46		
49	73.26	94.49	102.69	124.84	135.87		
50	76.38	98.17	106.46	129.21	139.25		
51	79.54	101.90	110.26	133.58	142.52		
52	82.71	105.62	114.03	137.94	145.67		
53	86.12	109.63	118.10	142.67	148.93		
54	89.42	113.49	122.01	147.18	151.91		
55	92.54	117.09	125.59	151.33	154.46		
56	95.36	120.30	128.74	154.98	156.49		
57	97.78	123.00	131.35	157.97	157.87		
58	99.00	124.31	132.61	159.31	157.73		
59	99.72	125.00	133.20	159.91	156.91		
60	99.99	125.10	133.19	159.85	155.44		
61	99.78	124.65	132.56	159.16	153.45		
62	98.99	123.66	131.40	157.92	150.96		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	28.00	37.44	41.51	51.41	65.21		
26	29.10	38.98	43.23	53.58	67.73		
27	30.26	40.60	45.03	55.89	70.34		
28	31.50	42.31	46.95	58.30	73.00		
29	32.80	44.08	48.93	60.81	75.74		
30	34.14	45.94	51.00	63.40	78.53		
31	35.54	47.84	53.13	66.08	81.36		
32	37.00	49.80	55.33	68.82	84.22		
33	38.48	51.78	57.54	71.56	87.08		
34	40.00	53.81	59.80	74.37	89.98		
35	41.57	55.88	62.14	77.23	92.90		
36	43.18	58.02	64.51	80.14	95.86		
37	44.86	60.20	66.97	83.12	98.82		
38	46.56	62.42	69.45	86.11	101.81		
39	48.31	64.69	72.00	89.15	104.82		
40	50.12	67.04	74.63	92.29	107.84		
41	52.00	69.46	77.34	95.51	110.92		
42	53.95	71.97	80.16	98.81	114.01		
43	56.43	74.88	83.09	102.24	117.15		
44	59.00	77.90	86.12	105.78	120.31		
45	61.71	81.05	89.27	109.44	123.52		
46	64.50	84.32	92.53	113.22	126.76		
47	67.44	87.72	95.91	117.14	130.03		
48	70.43	91.28	99.60	121.39	133.51		
49	73.50	94.94	103.36	125.74	136.98		
50	76.63	98.66	107.18	130.16	140.40		
51	79.80	102.41	111.00	134.58	143.72		
52	82.98	106.15	114.80	138.97	146.90		
53	86.41	110.18	118.91	143.73	150.20		
54	89.71	114.06	122.82	148.26	153.19		
55	92.84	117.66	126.42	152.42	155.74		
56	95.65	120.86	129.56	156.06	157.75		
57	98.07	123.55	132.14	159.01	159.08		
58	99.28	124.85	133.38	160.34	158.92		
59	99.99	125.51	133.93	160.88	158.01		
60	100.23	125.56	133.83	160.70	156.41		
61	99.97	125.00	133.07	159.83	154.18		
62	99.11	123.87	131.70	158.32	151.40		
63				154.33	146.34		
64				150.29	141.26		
65				146.70	136.65		
66				144.09	132.99		
67				142.99	130.76		
68				143.92	130.49		
69				147.40	132.62		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	28.24	37.95	42.26	52.46	66.72		
26	29.35	39.50	44.02	54.69	69.32		
27	30.54	41.16	45.87	57.05	71.99		
28	31.79	42.89	47.82	59.52	74.74		
29	33.09	44.70	49.86	62.09	77.55		
30	34.45	46.59	51.97	64.75	80.42		
31	35.87	48.52	54.16	67.50	83.33		
32	37.35	50.52	56.41	70.31	86.28		
33	38.85	52.54	58.67	73.15	89.23		
34	40.37	54.61	61.00	76.02	92.22		
35	41.98	56.72	63.40	78.97	95.22		
36	43.60	58.89	65.83	81.96	98.27		
37	45.30	61.12	68.34	85.03	101.32		
38	47.03	63.39	70.89	88.11	104.40		
39	48.80	65.70	73.52	91.24	107.51		
40	50.64	68.09	76.21	94.46	110.63		
41	52.54	70.56	79.00	97.78	113.79		
42	54.52	73.12	81.88	101.16	117.00		
43	57.02	76.08	84.88	104.69	120.22		
44	59.62	79.16	87.98	108.33	123.47		
45	62.36	82.36	91.21	112.09	126.76		
46	65.19	85.69	94.56	115.96	130.08		
47	68.16	89.15	98.01	119.98	133.42		
48	71.17	92.78	101.77	124.34	136.98		
49	74.28	96.49	105.62	128.79	140.51		
50	77.45	100.26	109.51	133.29	143.99		
51	80.65	104.06	113.41	137.81	147.36		
52	83.86	107.86	117.29	142.30	150.56		
53	87.32	111.94	121.46	147.14	153.87		
54	90.66	115.87	125.44	151.75	156.87		
55	93.81	119.51	129.10	155.98	159.41		
56	96.64	122.76	132.30	159.68	161.43		
57	99.07	125.49	134.92	162.69	162.74		
58	100.29	126.78	136.16	164.02	162.50		
59	101.01	127.46	136.73	164.58	161.54		
60	101.25	127.52	136.66	164.43	159.91		
61	101.02	127.00	135.94	163.62	157.70		
62	100.17	125.93	134.65	162.23	154.97		
63	97.47	122.66	131.20				
64	94.69	119.31	127.66				
65	92.13	116.28	124.50				
66	90.15	114.00	122.15				
67	89.07	112.88	121.05				
68	89.22	113.34	121.66				
69	90.94	115.79	124.41				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.01	41.40	45.83	56.72	71.88		
26	32.23	43.10	47.72	59.12	74.65		
27	33.52	44.90	49.71	61.65	77.51		
28	34.89	46.78	51.81	64.29	80.44		
29	36.32	48.73	54.00	67.06	83.44		
30	37.80	50.78	56.27	69.90	86.50		
31	39.35	52.88	58.62	72.84	89.60		
32	40.96	55.04	61.03	75.85	92.73		
33	42.60	57.22	63.45	78.86	95.88		
34	44.27	59.45	65.95	81.94	99.04		
35	46.02	61.73	68.50	85.07	102.24		
36	47.79	64.07	71.10	88.26	105.47		
37	49.64	66.48	73.79	91.51	108.70		
38	51.52	68.92	76.52	94.78	111.95		
39	53.45	71.41	79.31	98.11	115.24		
40	55.46	73.99	82.18	101.54	118.54		
41	57.53	76.66	85.16	105.05	121.87		
42	59.67	79.41	88.23	108.66	125.25		
43	62.40	82.61	91.43	112.40	128.65		
44	65.24	85.91	94.74	116.27	132.08		
45	68.22	89.38	98.19	120.25	135.56		
46	71.31	92.98	101.76	124.38	139.07		
47	74.55	96.71	105.45	128.66	142.61		
48	77.84	100.63	109.47	133.29	146.38		
49	81.22	104.64	113.59	138.04	150.15		
50	84.68	108.72	117.76	142.86	153.86		
51	88.18	112.84	121.96	147.70	157.47		
52	91.70	116.97	126.13	152.51	160.93		
53	95.47	121.40	130.64	157.74	164.53		
54	99.14	125.69	134.96	162.73	167.83		
55	102.60	129.68	138.94	167.34	170.67		
56	105.73	133.25	142.45	171.40	172.95		
57	108.42	136.26	145.36	174.74	174.51		
58	109.79	137.72	146.77	176.25	174.39		
59	110.61	138.51	147.46	176.96	173.53		
60	110.93	138.67	147.51	176.98	172.00		
61	110.74	138.24	146.92	176.34	169.94		
62	109.91	137.24	145.78	175.17	167.41		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	31.05	41.48	45.94	56.87	72.11		
26	32.27	43.18	47.85	59.29	74.90		
27	33.56	44.99	49.84	61.83	77.77		
28	34.94	46.87	51.96	64.49	80.71		
29	36.37	48.83	54.15	67.26	83.72		
30	37.86	50.88	56.43	70.12	86.80		
31	39.41	52.98	58.78	73.07	89.92		
32	41.02	55.16	61.20	76.09	93.07		
33	42.66	57.34	63.64	79.12	96.23		
34	44.34	59.58	66.15	82.22	99.41		
35	46.09	61.87	68.72	85.37	102.63		
36	47.86	64.23	71.33	88.57	105.88		
37	49.72	66.64	74.03	91.85	109.14		
38	51.61	69.10	76.78	95.14	112.42		
39	53.54	71.60	79.59	98.49	115.73		
40	55.55	74.18	82.48	101.95	119.06		
41	57.63	76.87	85.47	105.48	122.42		
42	59.78	79.63	88.56	109.11	125.82		
43	62.52	82.84	91.78	112.88	129.25		
44	65.37	86.17	95.12	116.78	132.72		
45	68.36	89.65	98.59	120.79	136.23		
46	71.45	93.26	102.19	124.94	139.78		
47	74.70	97.01	105.90	129.25	143.36		
48	78.00	100.94	109.95	133.93	147.17		
49	81.40	104.98	114.09	138.71	150.97		
50	84.87	109.08	118.29	143.56	154.72		
51	88.38	113.22	122.50	148.43	158.36		
52	91.90	117.36	126.70	153.27	161.85		
53	95.68	121.81	131.23	158.52	165.48		
54	99.35	126.10	135.56	163.53	168.78		
55	102.82	130.10	139.55	168.15	171.62		
56	105.95	133.66	143.05	172.20	173.88		
57	108.64	136.66	145.94	175.52	175.41		
58	110.00	138.12	147.34	177.00	175.26		
59	110.80	138.89	148.00	177.68	174.35		
60	111.11	139.00	147.99	177.61	172.72		
61	110.87	138.50	147.29	176.84	170.49		
62	109.99	137.39	146.00	175.47	167.74		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.11	41.61	46.12	57.12	72.45		
26	32.33	43.30	48.03	59.54	75.26		
27	33.62	45.12	50.04	62.10	78.15		
28	35.01	47.01	52.17	64.78	81.12		
29	36.44	48.98	54.37	67.57	84.15		
30	37.94	51.04	56.66	70.44	87.25		
31	39.49	53.15	59.04	73.42	90.39		
32	41.10	55.33	61.48	76.46	93.57		
33	42.76	57.53	63.93	79.52	96.76		
34	44.44	59.79	66.45	82.63	99.98		
35	46.19	62.09	69.04	85.81	103.22		
36	47.98	64.46	71.68	89.05	106.51		
37	49.84	66.89	74.40	92.35	109.80		
38	51.74	69.35	77.17	95.67	113.12		
39	53.68	71.88	80.00	99.06	116.46		
40	55.70	74.48	82.92	102.55	119.83		
41	57.78	77.18	85.94	106.12	123.24		
42	59.95	79.97	89.06	109.79	126.68		
43	62.69	83.20	92.32	113.60	130.16		
44	65.56	86.55	95.68	117.53	133.68		
45	68.56	90.05	99.18	121.60	137.24		
46	71.67	93.69	102.81	125.80	140.84		
47	74.93	97.47	106.57	130.15	144.48		
48	78.25	101.43	110.66	134.88	148.35		
49	81.66	105.49	114.84	139.72	152.20		
50	85.15	109.62	119.08	144.62	156.01		
51	88.67	113.78	123.33	149.53	159.69		
52	92.21	117.95	127.56	154.41	163.22		
53	96.01	122.42	132.11	159.70	166.88		
54	99.68	126.73	136.47	164.74	170.21		
55	103.15	130.73	140.47	169.36	173.04		
56	106.28	134.29	143.96	173.40	175.28		
57	108.96	137.28	146.82	176.68	176.76		
58	110.31	138.71	148.20	178.15	176.57		
59	111.10	139.45	148.81	178.75	175.57		
60	111.36	139.51	148.70	178.55	173.79		
61	111.07	138.89	147.86	177.58	171.32		
62	110.11	137.63	146.34	175.91	168.22		
63				171.49	162.60		
64				166.99	156.96		
65				162.99	151.83		
66				160.10	147.76		
67				158.88	145.29		
68				159.91	144.98		
69				163.78	147.36		

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	31.37	42.16	46.96	58.28	74.13		
26	32.61	43.89	48.91	60.76	77.02		
27	33.92	45.73	50.96	63.39	79.99		
28	35.31	47.66	53.13	66.13	83.05		
29	36.77	49.67	55.40	68.99	86.17		
30	38.28	51.76	57.75	71.95	89.36		
31	39.86	53.92	60.17	75.00	92.58		
32	41.49	56.14	62.67	78.13	95.86		
33	43.16	58.38	65.19	81.27	99.15		
34	44.86	60.68	67.78	84.47	102.46		
35	46.64	63.03	70.44	87.74	105.80		
36	48.45	65.44	73.15	91.07	109.19		
37	50.34	67.91	75.94	94.47	112.58		
38	52.25	70.43	78.77	97.89	116.00		
39	54.23	73.00	81.68	101.38	119.45		
40	56.27	75.65	84.67	104.96	122.93		
41	58.38	78.40	87.77	108.64	126.44		
42	60.57	81.24	90.97	112.40	129.99		
43	63.35	84.53	94.31	116.33	133.58		
44	66.25	87.95	97.76	120.37	137.19		
45	69.28	91.51	101.35	124.54	140.84		
46	72.43	95.22	105.06	128.84	144.53		
47	75.73	99.06	108.90	133.31	148.24		
48	79.09	103.08	113.08	138.15	152.20		
49	82.54	107.21	117.36	143.10	156.12		
50	86.06	111.40	121.68	148.10	159.98		
51	89.61	115.62	126.02	153.12	163.72		
52	93.18	119.85	130.32	158.11	167.29		
53	97.02	124.38	134.96	163.49	170.97		
54	100.73	128.74	139.38	168.61	174.30		
55	104.23	132.79	143.44	173.31	177.13		
56	107.38	136.40	147.00	177.43	179.36		
57	110.08	139.43	149.91	180.77	180.82		
58	111.43	140.87	151.29	182.25	180.56		
59	112.23	141.62	151.91	182.86	179.49		
60	112.50	141.69	151.84	182.70	177.68		
61	112.24	141.12	151.04	181.80	175.22		
62	111.30	139.92	149.61	180.25	172.19		
63	108.30	136.29	145.77				
64	105.20	132.56	141.85				
65	102.36	129.20	138.34				
66	100.16	126.67	135.72				
67	98.97	125.42	134.50				
68	99.13	125.93	135.18				
69	101.04	128.66	138.24				

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	13.16	17.03	18.58	23.27	32.81		
26	13.70	17.78	19.38	24.34	34.18		
27	14.29	18.59	20.28	25.50	35.61		
28	14.94	19.47	21.27	26.75	37.14		
29	15.65	20.42	22.33	28.12	38.72		
30	16.40	21.45	23.45	29.56	40.39		
31	17.21	22.55	24.68	31.09	42.13		
32	18.08	23.70	25.94	32.72	43.96		
33	18.98	24.90	27.29	34.40	45.85		
34	19.94	26.18	28.70	36.17	47.83		
35	20.95	27.51	30.17	38.02	49.88		
36	22.03	28.91	31.72	39.94	52.03		
37	23.15	30.38	33.35	41.96	54.26		
38	24.33	31.91	35.05	44.04	56.59		
39	25.56	33.51	36.83	46.20	59.03		
40	26.86	35.19	38.69	48.47	61.55		
41	28.23	36.95	40.66	50.83	64.15		
42	29.66	38.81	42.72	53.31	66.84		
43	31.43	40.94	44.91	55.91	69.66		
44	33.31	43.17	47.19	58.63	72.54		
45	35.29	45.53	49.59	61.47	75.49		
46	37.36	48.00	52.10	64.42	78.49		
47	39.56	50.57	54.72	67.50	81.54		
48	41.85	53.34	57.58	70.85	84.77		
49	44.22	56.16	60.52	74.27	88.01		
50	46.65	59.05	63.50	77.75	91.19		
51	49.12	61.97	66.51	81.25	94.26		
52	51.59	64.87	69.50	84.72	97.19		
53	54.22	67.96	72.67	88.40	100.07		
54	56.74	70.93	75.68	91.90	102.70		
55	58.86	73.62	78.41	95.15	104.96		
56	60.78	76.05	80.83	98.01	106.78		
57	62.40	78.10	82.83	100.43	108.06		
58	63.18	79.15	83.87	101.62	108.07		
59	63.62	79.76	84.46	102.29	107.56		
60	63.75	79.98	84.63	102.54	106.59		
61	63.56	79.85	84.44	102.39	105.24		
62	63.10	79.37	83.92	101.94	103.61		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	13.19	17.10	18.67	23.41	33.01		
26	13.74	17.85	19.49	24.49	34.40		
27	14.33	18.66	20.40	25.66	35.84		
28	14.99	19.55	21.39	26.93	37.38		
29	15.69	20.51	22.46	28.30	38.98		
30	16.45	21.55	23.59	29.75	40.66		
31	17.26	22.64	24.82	31.30	42.42		
32	18.13	23.80	26.10	32.94	44.26		
33	19.04	25.01	27.46	34.64	46.16		
34	20.00	26.29	28.87	36.42	48.16		
35	21.02	27.63	30.37	38.29	50.24		
36	22.09	29.05	31.93	40.22	52.40		
37	23.22	30.53	33.57	42.26	54.66		
38	24.41	32.07	35.29	44.35	57.02		
39	25.63	33.68	37.07	46.53	59.47		
40	26.95	35.37	38.97	48.83	62.01		
41	28.32	37.14	40.94	51.21	64.64		
42	29.75	39.01	43.02	53.72	67.36		
43	31.54	41.15	45.22	56.34	70.21		
44	33.41	43.40	47.53	59.09	73.12		
45	35.41	45.77	49.94	61.95	76.09		
46	37.50	48.25	52.47	64.93	79.13		
47	39.71	50.85	55.12	68.04	82.21		
48	42.00	53.62	58.01	71.41	85.48		
49	44.38	56.47	60.97	74.88	88.75		
50	46.82	59.36	63.98	78.38	91.96		
51	49.30	62.30	67.00	81.91	95.06		
52	51.77	65.23	70.01	85.40	98.01		
53	54.40	68.32	73.20	89.10	100.93		
54	56.93	71.31	76.23	92.62	103.56		
55	59.06	74.01	78.95	95.88	105.81		
56	60.98	76.42	81.36	98.74	107.62		
57	62.59	78.46	83.36	101.12	108.86		
58	63.38	79.50	84.39	102.30	108.86		
59	63.80	80.11	84.95	102.94	108.30		
60	63.91	80.28	85.06	103.11	107.23		
61	63.69	80.09	84.77	102.84	105.74		
62	63.17	79.51	84.12	102.21	103.90		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.25	17.21	18.83	23.64	33.32		
26	13.79	17.95	19.66	24.72	34.72		
27	14.38	18.79	20.57	25.91	36.19		
28	15.05	19.69	21.59	27.19	37.74		
29	15.75	20.64	22.66	28.57	39.36		
30	16.52	21.69	23.80	30.05	41.07		
31	17.34	22.79	25.05	31.62	42.85		
32	18.21	23.96	26.35	33.27	44.71		
33	19.13	25.19	27.72	34.99	46.65		
34	20.09	26.48	29.15	36.79	48.67		
35	21.11	27.83	30.66	38.68	50.77		
36	22.19	29.26	32.24	40.66	52.97		
37	23.33	30.75	33.91	42.72	55.25		
38	24.52	32.30	35.64	44.84	57.64		
39	25.77	33.93	37.44	47.05	60.13		
40	27.07	35.63	39.36	49.38	62.71		
41	28.46	37.43	41.36	51.79	65.38		
42	29.90	39.31	43.47	54.32	68.14		
43	31.70	41.47	45.71	56.99	71.02		
44	33.59	43.74	48.04	59.77	73.98		
45	35.60	46.14	50.49	62.68	77.01		
46	37.69	48.64	53.04	65.70	80.09		
47	39.91	51.26	55.72	68.85	83.21		
48	42.22	54.06	58.65	72.27	86.54		
49	44.62	56.93	61.64	75.79	89.86		
50	47.07	59.86	64.69	79.33	93.11		
51	49.55	62.81	67.75	82.90	96.26		
52	52.05	65.75	70.78	86.43	99.25		
53	54.69	68.87	74.00	90.16	102.19		
54	57.23	71.87	77.04	93.70	104.83		
55	59.36	74.57	79.78	96.96	107.10		
56	61.27	76.98	82.17	99.82	108.87		
57	62.88	79.02	84.15	102.17	110.08		
58	63.65	80.04	85.17	103.33	110.04		
59	64.06	80.61	85.67	103.91	109.40		
60	64.13	80.74	85.70	103.95	108.20		
61	63.87	80.43	85.27	103.51	106.49		
62	63.28	79.72	84.42	102.61	104.34		
63				100.06	100.64		
64				97.43	96.90		
65				95.08	93.44		
66				93.35	90.63		
67				92.58	88.80		
68				93.11	88.29		
69				95.31	89.46		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	13.49	17.71	19.59	24.68	34.83		
26	14.04	18.49	20.45	25.82	36.31		
27	14.65	19.34	21.41	27.06	37.85		
28	15.33	20.27	22.46	28.41	39.49		
29	16.04	21.27	23.58	29.86	41.18		
30	16.83	22.34	24.78	31.41	42.96		
31	17.66	23.49	26.07	33.04	44.82		
32	18.56	24.68	27.43	34.77	46.77		
33	19.49	25.94	28.86	36.56	48.80		
34	20.48	27.28	30.34	38.46	50.90		
35	21.52	28.67	31.91	40.43	53.09		
36	22.62	30.14	33.55	42.48	55.39		
37	23.78	31.66	35.29	44.62	57.75		
38	24.99	33.26	37.08	46.83	60.24		
39	26.26	34.94	38.96	49.14	62.82		
40	27.59	36.69	40.94	51.54	65.50		
41	29.00	38.53	43.01	54.06	68.26		
42	30.47	40.45	45.19	56.67	71.11		
43	32.29	42.67	47.49	59.44	74.10		
44	34.21	45.00	49.90	62.32	77.14		
45	36.24	47.45	52.43	65.32	80.25		
46	38.38	50.01	55.07	68.44	83.41		
47	40.63	52.69	57.82	71.69	86.61		
48	42.97	55.55	60.83	75.21	90.01		
49	45.40	58.48	63.91	78.83	93.39		
50	47.88	61.46	67.03	82.47	96.69		
51	50.41	64.47	70.16	86.13	99.89		
52	52.93	67.46	73.27	89.76	102.91		
53	55.61	70.64	76.55	93.57	105.86		
54	58.18	73.68	79.66	97.19	108.52		
55	60.32	76.43	82.46	100.51	110.77		
56	62.26	78.88	84.91	103.44	112.55		
57	63.89	80.95	86.93	105.86	113.74		
58	64.67	81.98	87.95	107.03	113.63		
59	65.08	82.56	88.47	107.61	112.93		
60	65.16	82.70	88.52	107.69	111.70		
61	64.91	82.44	88.14	107.30	109.99		
62	64.35	81.78	87.37	106.51	107.91		
63	62.59	79.70	85.17				
64	60.75	77.53	82.89				
65	59.05	75.55	80.81				
66	57.70	74.03	79.24				
67	56.92	73.26	78.49				
68	56.93	73.51	78.83				
69	57.93	75.05	80.56				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.63	18.92	20.64	25.85	36.45		
26	15.22	19.75	21.53	27.04	37.97		
27	15.88	20.65	22.54	28.34	39.57		
28	16.61	21.64	23.63	29.73	41.26		
29	17.38	22.70	24.81	31.24	43.02		
30	18.22	23.84	26.06	32.84	44.88		
31	19.12	25.05	27.41	34.55	46.82		
32	20.09	26.33	28.83	36.35	48.84		
33	21.09	27.67	30.32	38.22	50.94		
34	22.16	29.08	31.88	40.19	53.14		
35	23.28	30.56	33.52	42.24	55.42		
36	24.47	32.12	35.24	44.38	57.82		
37	25.72	33.75	37.06	46.62	60.29		
38	27.03	35.46	38.95	48.93	62.88		
39	28.40	37.23	40.92	51.33	65.59		
40	29.84	39.10	43.00	53.86	68.38		
41	31.36	41.06	45.17	56.48	71.28		
42	32.96	43.12	47.47	59.23	74.27		
43	34.93	45.49	49.90	62.12	77.40		
44	37.00	47.97	52.43	65.15	80.60		
45	39.20	50.59	55.10	68.30	83.87		
46	41.52	53.33	57.89	71.58	87.21		
47	43.96	56.20	60.80	75.00	90.60		
48	46.50	59.26	63.98	78.72	94.19		
49	49.13	62.40	67.24	82.53	97.79		
50	51.83	65.60	70.56	86.39	101.31		
51	54.58	68.85	73.90	90.28	104.73		
52	57.32	72.08	77.22	94.13	107.98		
53	60.24	75.51	80.74	98.22	111.20		
54	63.04	78.81	84.08	102.11	114.11		
55	65.40	81.80	87.12	105.71	116.62		
56	67.53	84.50	89.80	108.91	118.64		
57	69.34	86.78	92.04	111.58	120.07		
58	70.21	87.94	93.19	112.91	120.08		
59	70.69	88.62	93.84	113.66	119.51		
60	70.83	88.87	94.04	113.93	118.43		
61	70.63	88.72	93.82	113.77	116.93		
62	70.11	88.18	93.24	113.26	115.12		

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.66	19.00	20.75	26.01	36.68		
26	15.26	19.83	21.66	27.21	38.22		
27	15.92	20.74	22.67	28.51	39.83		
28	16.65	21.73	23.77	29.92	41.54		
29	17.43	22.79	24.96	31.44	43.30		
30	18.28	23.94	26.22	33.06	45.18		
31	19.18	25.16	27.58	34.78	47.13		
32	20.14	26.45	29.00	36.60	49.17		
33	21.16	27.79	30.51	38.48	51.30		
34	22.23	29.22	32.08	40.47	53.51		
35	23.36	30.70	33.74	42.54	55.82		
36	24.54	32.28	35.47	44.70	58.23		
37	25.80	33.92	37.30	46.96	60.73		
38	27.12	35.63	39.21	49.28	63.35		
39	28.49	37.42	41.19	51.71	66.08		
40	29.94	39.29	43.30	54.26	68.90		
41	31.47	41.27	45.49	56.90	71.83		
42	33.06	43.34	47.80	59.68	74.84		
43	35.04	45.72	50.25	62.59	78.00		
44	37.13	48.22	52.81	65.66	81.24		
45	39.34	50.86	55.49	68.83	84.55		
46	41.66	53.61	58.31	72.14	87.92		
47	44.11	56.50	61.25	75.60	91.34		
48	46.67	59.58	64.45	79.35	94.98		
49	49.31	62.74	67.74	83.20	98.61		
50	52.02	65.96	71.09	87.09	102.18		
51	54.77	69.23	74.45	91.01	105.62		
52	57.53	72.47	77.79	94.89	108.90		
53	60.45	75.92	81.33	99.00	112.14		
54	63.25	79.23	84.69	102.91	115.06		
55	65.62	82.23	87.73	106.52	117.57		
56	67.75	84.91	90.40	109.71	119.57		
57	69.55	87.18	92.62	112.36	120.96		
58	70.42	88.33	93.76	113.67	120.96		
59	70.88	89.00	94.38	114.38	120.33		
60	71.01	89.21	94.51	114.57	119.14		
61	70.76	88.99	94.19	114.26	117.49		
62	70.19	88.34	93.46	113.56	115.45		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.72	19.12	20.93	26.26	37.02		
26	15.32	19.95	21.84	27.46	38.58		
27	15.98	20.87	22.86	28.78	40.22		
28	16.72	21.87	23.98	30.21	41.94		
29	17.50	22.94	25.18	31.75	43.74		
30	18.36	24.10	26.45	33.39	45.63		
31	19.26	25.33	27.83	35.13	47.61		
32	20.23	26.63	29.28	36.97	49.68		
33	21.25	27.98	30.80	38.88	51.83		
34	22.33	29.42	32.38	40.88	54.08		
35	23.46	30.92	34.06	42.98	56.41		
36	24.66	32.51	35.82	45.17	58.85		
37	25.92	34.16	37.67	47.46	61.39		
38	27.24	35.89	39.60	49.82	64.05		
39	28.63	37.70	41.61	52.28	66.81		
40	30.08	39.59	43.74	54.86	69.68		
41	31.62	41.58	45.95	57.54	72.64		
42	33.23	43.67	48.30	60.36	75.71		
43	35.22	46.08	50.78	63.32	78.91		
44	37.32	48.60	53.37	66.41	82.20		
45	39.55	51.26	56.09	69.64	85.56		
46	41.88	54.04	58.93	73.00	88.99		
47	44.34	56.95	61.92	76.50	92.46		
48	46.91	60.06	65.16	80.30	96.16		
49	49.57	63.25	68.49	84.21	99.84		
50	52.30	66.51	71.88	88.15	103.46		
51	55.06	69.79	75.28	92.11	106.96		
52	57.83	73.06	78.65	96.03	110.27		
53	60.77	76.52	82.22	100.18	113.55		
54	63.58	79.85	85.60	104.11	116.49		
55	65.96	82.86	88.64	107.73	118.99		
56	68.08	85.54	91.31	110.91	120.97		
57	69.87	87.80	93.50	113.52	122.31		
58	70.73	88.93	94.63	114.81	122.27		
59	71.18	89.57	95.19	115.46	121.55		
60	71.26	89.71	95.22	115.51	120.22		
61	70.96	89.37	94.75	115.01	118.32		
62	70.31	88.58	93.80	114.00	115.93		
63				111.17	111.82		
64				108.26	107.66		
65				105.65	103.82		
66				103.73	100.70		
67				102.87	98.67		
68				103.46	98.10		
69				105.90	99.40		

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.99	19.68	21.76	27.42	38.70		
26	15.60	20.54	22.72	28.69	40.34		
27	16.28	21.49	23.79	30.07	42.06		
28	17.03	22.52	24.95	31.57	43.87		
29	17.83	23.63	26.21	33.18	45.75		
30	18.70	24.82	27.54	34.89	47.73		
31	19.62	26.09	28.97	36.71	49.80		
32	20.62	27.43	30.47	38.63	51.96		
33	21.66	28.83	32.06	40.63	54.22		
34	22.75	30.31	33.71	42.72	56.56		
35	23.91	31.86	35.46	44.92	58.99		
36	25.13	33.48	37.29	47.19	61.54		
37	26.42	35.18	39.20	49.58	64.17		
38	27.76	36.96	41.20	52.03	66.93		
39	29.17	38.82	43.29	54.60	69.80		
40	30.65	40.76	45.49	57.27	72.78		
41	32.22	42.80	47.78	60.06	75.85		
42	33.85	44.95	50.21	62.97	79.02		
43	35.88	47.41	52.77	66.04	82.32		
44	38.01	50.00	55.45	69.25	85.71		
45	40.27	52.72	58.26	72.58	89.16		
46	42.64	55.56	61.19	76.04	92.67		
47	45.14	58.55	64.25	79.66	96.23		
48	47.75	61.71	67.58	83.57	100.00		
49	50.44	64.97	71.01	87.59	103.76		
50	53.20	68.29	74.47	91.63	107.44		
51	56.00	71.63	77.96	95.70	110.99		
52	58.81	74.96	81.41	99.73	114.34		
53	61.78	78.49	85.06	103.96	117.63		
54	64.64	81.87	88.51	107.98	120.58		
55	67.03	84.92	91.62	111.68	123.08		
56	69.18	87.65	94.34	114.94	125.06		
57	70.99	89.94	96.59	117.61	126.38		
58	71.85	91.09	97.72	118.91	126.25		
59	72.31	91.73	98.30	119.57	125.48		
60	72.40	91.89	98.36	119.65	124.11		
61	72.12	91.60	97.94	119.22	122.21		
62	71.50	90.87	97.07	118.34	119.90		
63	69.54	88.55	94.63				
64	67.50	86.14	92.09				
65	65.61	83.94	89.79				
66	64.11	82.26	88.05				
67	63.25	81.40	87.21				
68	63.25	81.67	87.59				
69	64.36	83.38	89.51				

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.34	14.51	15.75	19.80	29.28		
26	11.80	15.14	16.44	20.72	30.54		
27	12.31	15.84	17.22	21.72	31.85		
28	12.87	16.60	18.05	22.79	33.24		
29	13.46	17.42	18.95	23.96	34.69		
30	14.12	18.28	19.91	25.19	36.22		
31	14.80	19.21	20.93	26.50	37.81		
32	15.53	20.19	22.01	27.88	39.48		
33	16.30	21.21	23.14	29.30	41.20		
34	17.12	22.29	24.33	30.82	43.02		
35	17.98	23.41	25.57	32.38	44.90		
36	18.88	24.60	26.89	34.02	46.87		
37	19.84	25.85	28.27	35.74	48.91		
38	20.84	27.13	29.69	37.51	51.06		
39	21.88	28.48	31.20	39.33	53.28		
40	22.98	29.90	32.75	41.25	55.59		
41	24.12	31.40	34.41	43.25	57.97		
42	25.34	32.95	36.13	45.34	60.44		
43	26.83	34.74	37.97	47.53	63.01		
44	28.42	36.62	39.88	49.83	65.63		
45	30.07	38.60	41.89	52.20	68.31		
46	31.82	40.66	43.98	54.68	71.05		
47	33.67	42.81	46.16	57.24	73.82		
48	35.57	45.11	48.52	60.04	76.74		
49	37.55	47.46	50.96	62.88	79.65		
50	39.56	49.84	53.42	65.78	82.51		
51	41.62	52.25	55.90	68.66	85.26		
52	43.67	54.64	58.35	71.51	87.87		
53	45.82	57.13	60.93	74.51	90.41		
54	47.80	59.48	63.37	77.36	92.72		
55	49.62	61.66	65.57	79.99	94.67		
56	51.28	63.61	67.50	82.32	96.23		
57	52.69	65.23	69.11	84.23	97.30		
58	53.35	65.99	69.84	85.08	97.17		
59	53.72	66.40	70.22	85.50	96.58		
60	53.83	66.48	70.26	85.61	95.59		
61	53.72	66.30	70.04	85.42	94.32		
62	53.37	65.87	69.58	85.03	92.85		

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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.37	14.58	15.86	19.94	29.49		
26	11.84	15.22	16.55	20.87	30.76		
27	12.35	15.92	17.34	21.88	32.08		
28	12.91	16.68	18.18	22.97	33.48		
29	13.51	17.50	19.08	24.14	34.94		
30	14.16	18.37	20.05	25.39	36.48		
31	14.85	19.30	21.08	26.71	38.10		
32	15.58	20.30	22.17	28.10	39.78		
33	16.36	21.32	23.31	29.54	41.52		
34	17.19	22.40	24.52	31.07	43.36		
35	18.04	23.54	25.78	32.66	45.26		
36	18.95	24.75	27.10	34.31	47.25		
37	19.91	26.00	28.49	36.04	49.31		
38	20.92	27.29	29.93	37.82	51.48		
39	21.96	28.64	31.44	39.67	53.73		
40	23.06	30.07	33.03	41.62	56.06		
41	24.22	31.58	34.69	43.63	58.47		
42	25.43	33.15	36.43	45.74	60.95		
43	26.94	34.96	38.29	47.96	63.55		
44	28.53	36.85	40.22	50.28	66.21		
45	30.20	38.83	42.25	52.69	68.93		
46	31.95	40.91	44.36	55.18	71.69		
47	33.80	43.08	46.56	57.78	74.49		
48	35.72	45.39	48.95	60.61	77.45		
49	37.71	47.77	51.41	63.48	80.40		
50	39.73	50.17	53.90	66.41	83.28		
51	41.79	52.59	56.39	69.32	86.06		
52	43.84	54.99	58.87	72.20	88.69		
53	46.01	57.51	61.46	75.21	91.26		
54	48.00	59.87	63.91	78.08	93.58		
55	49.84	62.06	66.11	80.72	95.52		
56	51.48	63.99	68.04	83.04	97.06		
57	52.89	65.62	69.63	84.93	98.10		
58	53.55	66.36	70.36	85.76	97.95		
59	53.91	66.74	70.69	86.15	97.31		
60	54.00	66.79	70.69	86.18	96.24		
61	53.86	66.55	70.37	85.86	94.82		
62	53.45	66.02	69.78	85.31	93.14		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.43	14.70	16.02	20.16	29.80		
26	11.89	15.33	16.72	21.10	31.08		
27	12.40	16.04	17.51	22.12	32.43		
28	12.97	16.81	18.37	23.23	33.85		
29	13.58	17.64	19.28	24.42	35.33		
30	14.23	18.52	20.26	25.68	36.89		
31	14.93	19.45	21.30	27.02	38.53		
32	15.66	20.46	22.41	28.43	40.22		
33	16.44	21.50	23.57	29.90	42.00		
34	17.27	22.59	24.78	31.44	43.86		
35	18.14	23.73	26.07	33.05	45.79		
36	19.05	24.95	27.41	34.73	47.80		
37	20.01	26.22	28.82	36.48	49.90		
38	21.03	27.53	30.28	38.30	52.10		
39	22.08	28.90	31.81	40.19	54.38		
40	23.19	30.34	33.42	42.15	56.75		
41	24.36	31.86	35.11	44.21	59.21		
42	25.58	33.45	36.88	46.35	61.73		
43	27.10	35.28	38.77	48.60	64.36		
44	28.71	37.19	40.73	50.97	67.07		
45	30.38	39.20	42.79	53.42	69.84		
46	32.15	41.31	44.92	55.96	72.65		
47	34.01	43.49	47.17	58.59	75.50		
48	35.94	45.82	49.60	61.47	78.51		
49	37.95	48.22	52.08	64.40	81.51		
50	39.99	50.65	54.61	67.36	84.44		
51	42.06	53.10	57.14	70.30	87.26		
52	44.12	55.52	59.64	73.22	89.93		
53	46.30	58.08	62.26	76.28	92.53		
54	48.32	60.46	64.73	79.16	94.86		
55	50.16	62.65	66.94	81.80	96.81		
56	51.80	64.58	68.86	84.11	98.33		
57	53.20	66.18	70.42	85.98	99.32		
58	53.85	66.92	71.13	86.79	99.13		
59	54.20	67.28	71.42	87.12	98.41		
60	54.25	67.26	71.32	87.02	97.20		
61	54.06	66.91	70.88	86.53	95.56		
62	53.57	66.24	70.07	85.70	93.58		
63				83.62	90.33		
64				81.51	87.08		
65				79.66	84.14		
66				78.34	81.78		
67				77.84	80.30		
68				78.42	80.02		
69				80.37	81.22		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.67	15.19	16.76	21.21	31.31		
26	12.14	15.86	17.51	22.20	32.67		
27	12.67	16.60	18.34	23.28	34.08		
28	13.25	17.39	19.24	24.45	35.59		
29	13.87	18.26	20.20	25.70	37.14		
30	14.54	19.17	21.23	27.03	38.78		
31	15.25	20.14	22.33	28.45	40.50		
32	16.01	21.18	23.49	29.93	42.28		
33	16.81	22.26	24.70	31.48	44.15		
34	17.65	23.39	25.98	33.10	46.09		
35	18.54	24.58	27.32	34.80	48.11		
36	19.47	25.83	28.72	36.56	50.22		
37	20.46	27.13	30.20	38.39	52.40		
38	21.50	28.49	31.72	40.30	54.70		
39	22.57	29.90	33.33	42.27	57.08		
40	23.71	31.40	35.00	44.32	59.54		
41	24.90	32.96	36.76	46.47	62.08		
42	26.14	34.59	38.61	48.70	64.71		
43	27.68	36.48	40.56	51.06	67.44		
44	29.32	38.45	42.59	53.51	70.23		
45	31.03	40.52	44.73	56.06	73.08		
46	32.83	42.67	46.95	58.70	75.97		
47	34.73	44.92	49.26	61.43	78.89		
48	36.70	47.32	51.77	64.42	81.97		
49	38.73	49.77	54.35	67.44	85.03		
50	40.81	52.25	56.95	70.50	88.03		
51	42.90	54.75	59.55	73.54	90.89		
52	45.00	57.23	62.13	76.55	93.58		
53	47.21	59.85	64.82	79.68	96.20		
54	49.33	62.33	67.36	82.65	98.54		
55	51.20	64.57	69.62	85.36	100.48		
56	52.87	66.55	71.59	87.74	102.00		
57	54.29	68.20	73.20	89.65	102.98		
58	54.94	68.95	73.91	90.48	102.72		
59	55.30	69.31	74.22	90.82	101.95		
60	55.37	69.32	74.15	90.75	100.71		
61	55.18	69.01	73.74	90.33	99.07		
62	54.74	68.39	73.02	89.61	97.14		
63	53.35	66.70	71.23				
64	51.92	64.94	69.39				
65	50.62	63.38	67.75				
66	49.62	62.22	66.55				
67	49.10	61.67	66.04				
68	49.24	61.99	66.43				
69	50.23	63.37	67.99				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	12.60	16.12	17.50	22.00	32.53		
26	13.11	16.83	18.27	23.02	33.92		
27	13.68	17.60	19.13	24.13	35.38		
28	14.30	18.44	20.06	25.33	36.93		
29	14.96	19.35	21.05	26.62	38.54		
30	15.68	20.31	22.11	27.98	40.24		
31	16.45	21.34	23.25	29.44	42.01		
32	17.26	22.43	24.46	30.98	43.86		
33	18.11	23.57	25.70	32.56	45.78		
34	19.03	24.76	27.03	34.24	47.80		
35	19.98	26.01	28.42	35.98	49.89		
36	20.98	27.33	29.88	37.80	52.08		
37	22.04	28.71	31.41	39.71	54.35		
38	23.15	30.15	32.99	41.67	56.73		
39	24.31	31.64	34.66	43.70	59.21		
40	25.53	33.22	36.40	45.83	61.77		
41	26.80	34.88	38.23	48.06	64.42		
42	28.15	36.61	40.15	50.37	67.15		
43	29.81	38.61	42.19	52.81	70.00		
44	31.57	40.68	44.31	55.36	72.93		
45	33.41	42.88	46.54	58.00	75.91		
46	35.36	45.18	48.87	60.76	78.94		
47	37.41	47.56	51.29	63.61	82.02		
48	39.52	50.12	53.92	66.71	85.26		
49	41.72	52.73	56.62	69.87	88.50		
50	43.96	55.38	59.36	73.08	91.68		
51	46.24	58.05	62.11	76.29	94.73		
52	48.51	60.71	64.84	79.46	97.63		
53	50.91	63.47	67.70	82.79	100.46		
54	53.11	66.09	70.41	85.96	103.02		
55	55.14	68.52	72.86	88.88	105.19		
56	56.97	70.67	75.00	91.46	106.92		
57	58.54	72.49	76.78	93.59	108.11		
58	59.27	73.32	77.60	94.53	107.97		
59	59.69	73.77	78.01	95.00	107.31		
60	59.81	73.87	78.06	95.12	106.22		
61	59.69	73.66	77.82	94.91	104.80		
62	59.30	73.19	77.31	94.49	103.16		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.64	16.20	17.62	22.16	32.76		
26	13.15	16.90	18.39	23.19	34.17		
27	13.72	17.69	19.26	24.31	35.64		
28	14.34	18.53	20.20	25.52	37.21		
29	15.01	19.45	21.20	26.82	38.83		
30	15.73	20.42	22.27	28.20	40.54		
31	16.50	21.45	23.42	29.67	42.33		
32	17.31	22.55	24.63	31.22	44.19		
33	18.17	23.69	25.90	32.82	46.13		
34	19.10	24.90	27.24	34.52	48.17		
35	20.05	26.15	28.64	36.28	50.28		
36	21.05	27.49	30.10	38.12	52.49		
37	22.11	28.88	31.65	40.04	54.79		
38	23.24	30.32	33.26	42.02	57.20		
39	24.39	31.83	34.94	44.08	59.70		
40	25.63	33.41	36.70	46.24	62.29		
41	26.91	35.09	38.54	48.48	64.96		
42	28.26	36.83	40.48	50.82	67.72		
43	29.93	38.84	42.54	53.28	70.61		
44	31.70	40.94	44.69	55.87	73.57		
45	33.55	43.15	46.94	58.54	76.59		
46	35.50	45.46	49.29	61.32	79.66		
47	37.56	47.86	51.74	64.20	82.77		
48	39.69	50.43	54.39	67.35	86.06		
49	41.90	53.07	57.12	70.54	89.33		
50	44.15	55.74	59.89	73.79	92.54		
51	46.44	58.43	62.66	77.02	95.62		
52	48.72	61.10	65.41	80.21	98.54		
53	51.12	63.90	68.29	83.57	101.40		
54	53.34	66.52	71.02	86.76	103.97		
55	55.38	68.96	73.46	89.69	106.14		
56	57.20	71.10	75.60	92.26	107.85		
57	58.77	72.91	77.36	94.36	109.01		
58	59.50	73.74	78.17	95.29	108.84		
59	59.90	74.16	78.55	95.73	108.13		
60	60.00	74.21	78.54	95.75	106.93		
61	59.84	73.94	78.19	95.40	105.35		
62	59.39	73.35	77.53	94.78	103.49		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.70	16.32	17.79	22.40	33.11		
26	13.21	17.03	18.58	23.44	34.53		
27	13.78	17.82	19.46	24.58	36.03		
28	14.41	18.67	20.41	25.81	37.61		
29	15.08	19.60	21.42	27.13	39.26		
30	15.81	20.57	22.51	28.53	40.99		
31	16.59	21.61	23.67	30.03	42.80		
32	17.40	22.73	24.90	31.59	44.70		
33	18.27	23.88	26.19	33.22	46.67		
34	19.19	25.10	27.54	34.94	48.73		
35	20.15	26.37	28.96	36.72	50.87		
36	21.16	27.72	30.46	38.60	53.12		
37	22.24	29.13	32.02	40.54	55.45		
38	23.36	30.58	33.64	42.56	57.90		
39	24.53	32.11	35.35	44.65	60.43		
40	25.77	33.71	37.14	46.83	63.06		
41	27.06	35.40	39.01	49.12	65.78		
42	28.42	37.16	40.98	51.50	68.59		
43	30.10	39.20	43.08	54.01	71.52		
44	31.89	41.32	45.25	56.63	74.53		
45	33.76	43.55	47.54	59.35	77.60		
46	35.72	45.89	49.91	62.17	80.72		
47	37.79	48.32	52.40	65.10	83.89		
48	39.93	50.92	55.11	68.30	87.23		
49	42.16	53.58	57.87	71.55	90.56		
50	44.43	56.28	60.68	74.84	93.83		
51	46.73	59.00	63.48	78.12	96.96		
52	49.02	61.69	66.26	81.36	99.92		
53	51.44	64.53	69.18	84.75	102.81		
54	53.69	67.17	71.92	87.96	105.40		
55	55.73	69.61	74.38	90.90	107.56		
56	57.55	71.76	76.51	93.46	109.25		
57	59.11	73.54	78.24	95.52	110.35		
58	59.83	74.36	79.03	96.43	110.15		
59	60.22	74.75	79.36	96.80	109.35		
60	60.28	74.73	79.25	96.69	108.00		
61	60.06	74.34	78.75	96.15	106.18		
62	59.52	73.59	77.86	95.22	103.97		
63				92.91	100.37		
64				90.57	96.76		
65				88.51	93.48		
66				87.04	90.86		
67				86.49	89.22		
68				87.13	88.91		
69				89.30	90.24		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.96	16.88	18.63	23.57	34.79		
26	13.49	17.62	19.46	24.67	36.29		
27	14.08	18.44	20.38	25.86	37.87		
28	14.72	19.32	21.38	27.17	39.54		
29	15.41	20.28	22.45	28.56	41.27		
30	16.16	21.30	23.59	30.03	43.09		
31	16.95	22.38	24.81	31.61	44.99		
32	17.78	23.53	26.10	33.26	46.98		
33	18.67	24.73	27.45	34.97	49.05		
34	19.62	25.99	28.86	36.78	51.22		
35	20.60	27.31	30.35	38.66	53.45		
36	21.64	28.70	31.92	40.62	55.80		
37	22.73	30.15	33.55	42.66	58.23		
38	23.88	31.65	35.24	44.77	60.78		
39	25.08	33.23	37.03	46.97	63.42		
40	26.34	34.88	38.89	49.24	66.16		
41	27.66	36.63	40.84	51.64	68.98		
42	29.05	38.44	42.89	54.11	71.90		
43	30.76	40.53	45.06	56.73	74.93		
44	32.58	42.72	47.33	59.46	78.04		
45	34.48	45.01	49.70	62.29	81.20		
46	36.48	47.41	52.17	65.22	84.41		
47	38.59	49.91	54.74	68.26	87.66		
48	40.77	52.57	57.53	71.57	91.08		
49	43.03	55.30	60.39	74.93	94.48		
50	45.34	58.06	63.28	78.33	97.80		
51	47.67	60.83	66.17	81.71	100.99		
52	50.00	63.59	69.03	85.05	103.98		
53	52.46	66.50	72.02	88.54	106.89		
54	54.82	69.26	74.84	91.84	109.49		
55	56.88	71.75	77.35	94.85	111.65		
56	58.74	73.95	79.54	97.49	113.34		
57	60.32	75.78	81.33	99.62	114.42		
58	61.05	76.60	82.12	100.53	114.14		
59	61.44	77.01	82.46	100.91	113.27		
60	61.52	77.02	82.39	100.84	111.89		
61	61.32	76.67	81.94	100.36	110.08		
62	60.83	76.00	81.14	99.56	107.94		
63	59.29	74.10	79.14				
64	57.69	72.16	77.10				
65	56.24	70.42	75.28				
66	55.13	69.12	73.95				
67	54.55	68.53	73.37				
68	54.72	68.88	73.81				
69	55.81	70.41	75.54				

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.50	13.36	14.46	18.22	26.85		
26	10.94	13.96	15.11	19.09	28.03		
27	11.40	14.61	15.82	20.01	29.27		
28	11.92	15.31	16.60	21.01	30.56		
29	12.48	16.06	17.42	22.09	31.93		
30	13.08	16.86	18.31	23.24	33.34		
31	13.72	17.71	19.25	24.45	34.82		
32	14.39	18.62	20.25	25.72	36.37		
33	15.10	19.56	21.29	27.05	37.97		
34	15.85	20.55	22.38	28.43	39.64		
35	16.64	21.59	23.52	29.88	41.39		
36	17.47	22.67	24.72	31.38	43.20		
37	18.34	23.80	25.98	32.96	45.06		
38	19.25	24.98	27.28	34.57	47.03		
39	20.19	26.21	28.64	36.23	49.07		
40	21.19	27.50	30.06	37.98	51.17		
41	22.24	28.85	31.55	39.79	53.34		
42	23.34	30.25	33.11	41.69	55.56		
43	24.69	31.87	34.75	43.67	57.88		
44	26.12	33.55	36.48	45.73	60.24		
45	27.61	35.33	38.26	47.87	62.65		
46	29.18	37.18	40.13	50.08	65.08		
47	30.84	39.09	42.06	52.36	67.53		
48	32.52	41.12	44.15	54.83	70.10		
49	34.27	43.19	46.28	57.32	72.64		
50	36.05	45.28	48.44	59.86	75.12		
51	37.84	47.38	50.57	62.37	77.47		
52	39.61	49.45	52.69	64.82	79.68		
53	41.47	51.56	54.87	67.36	81.78		
54	43.16	53.56	56.94	69.78	83.64		
55	44.71	55.38	58.77	71.97	85.18		
56	46.07	56.98	60.34	73.86	86.36		
57	47.22	58.29	61.62	75.41	87.09		
58	47.64	58.74	62.05	75.88	86.67		
59	47.81	58.90	62.16	76.01	85.84		
60	47.78	58.82	62.04	75.92	84.75		
61	47.60	58.56	61.73	75.63	83.49		
62	47.27	58.15	61.30	75.28	82.16		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.53	13.43	14.56	18.37	27.05		
26	10.97	14.03	15.22	19.24	28.25		
27	11.45	14.69	15.95	20.17	29.50		
28	11.97	15.39	16.73	21.19	30.81		
29	12.53	16.15	17.56	22.27	32.18		
30	13.12	16.96	18.45	23.43	33.62		
31	13.76	17.81	19.40	24.66	35.11		
32	14.44	18.74	20.41	25.94	36.67		
33	15.16	19.68	21.46	27.29	38.29		
34	15.91	20.66	22.56	28.69	39.98		
35	16.70	21.71	23.72	30.15	41.75		
36	17.53	22.81	24.92	31.66	43.57		
37	18.41	23.96	26.20	33.26	45.46		
38	19.32	25.14	27.52	34.88	47.45		
39	20.27	26.37	28.88	36.56	49.51		
40	21.28	27.68	30.32	38.35	51.64		
41	22.33	29.03	31.83	40.17	53.82		
42	23.43	30.46	33.40	42.10	56.07		
43	24.80	32.08	35.07	44.10	58.42		
44	26.23	33.78	36.81	46.19	60.83		
45	27.75	35.57	38.61	48.36	63.25		
46	29.30	37.43	40.52	50.58	65.73		
47	30.97	39.36	42.46	52.90	68.21		
48	32.67	41.40	44.57	55.40	70.81		
49	34.43	43.50	46.73	57.93	73.38		
50	36.22	45.60	48.91	60.49	75.89		
51	38.02	47.72	51.07	63.02	78.27		
52	39.79	49.79	53.20	65.50	80.50		
53	41.66	51.94	55.40	68.08	82.62		
54	43.37	53.94	57.48	70.50	84.50		
55	44.92	55.77	59.31	72.70	86.04		
56	46.28	57.37	60.88	74.58	87.20		
57	47.42	58.67	62.14	76.10	87.90		
58	47.85	59.12	62.56	76.56	87.45		
59	48.00	59.25	62.65	76.67	86.58		
60	47.95	59.13	62.46	76.48	85.40		
61	47.73	58.80	62.06	76.08	83.99		
62	47.35	58.29	61.50	75.55	82.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.59	13.54	14.72	18.59	27.37		
26	11.03	14.14	15.39	19.47	28.57		
27	11.50	14.80	16.12	20.42	29.84		
28	12.03	15.51	16.91	21.45	31.17		
29	12.59	16.28	17.76	22.55	32.57		
30	13.19	17.10	18.66	23.72	34.02		
31	13.84	17.96	19.63	24.97	35.53		
32	14.52	18.89	20.65	26.28	37.12		
33	15.25	19.84	21.73	27.64	38.77		
34	16.00	20.85	22.84	29.06	40.49		
35	16.80	21.90	24.02	30.54	42.28		
36	17.63	23.01	25.24	32.09	44.13		
37	18.52	24.18	26.53	33.70	46.06		
38	19.44	25.37	27.86	35.37	48.07		
39	20.40	26.63	29.26	37.08	50.17		
40	21.41	27.94	30.72	38.89	52.33		
41	22.47	29.31	32.25	40.75	54.56		
42	23.58	30.76	33.86	42.71	56.85		
43	24.96	32.40	35.55	44.75	59.24		
44	26.41	34.13	37.32	46.87	61.69		
45	27.92	35.93	39.16	49.08	64.17		
46	29.51	37.82	41.07	51.36	66.69		
47	31.17	39.78	43.06	53.71	69.21		
48	32.90	41.84	45.21	56.26	71.88		
49	34.66	43.96	47.41	58.84	74.49		
50	36.48	46.09	49.62	61.44	77.04		
51	38.28	48.22	51.81	64.01	79.47		
52	40.07	50.33	53.97	66.53	81.73		
53	41.95	52.51	56.20	69.13	83.89		
54	43.68	54.53	58.30	71.58	85.78		
55	45.24	56.36	60.14	73.78	87.32		
56	46.60	57.95	61.70	75.66	88.46		
57	47.73	59.24	62.93	77.15	89.12		
58	48.14	59.68	63.33	77.59	88.63		
59	48.29	59.78	63.38	77.63	87.68		
60	48.20	59.60	63.10	77.33	86.36		
61	47.93	59.16	62.57	76.74	84.73		
62	47.48	58.51	61.80	75.94	82.89		
63				74.41	80.33		
64				72.93	77.86		
65				71.72	75.71		
66				71.01	74.10		
67				70.98	73.22		
68				71.85	73.36		
69				73.86	74.69		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.82	14.04	15.48	19.63	28.87		
26	11.28	14.67	16.18	20.57	30.16		
27	11.77	15.36	16.95	21.58	31.50		
28	12.31	16.10	17.78	22.67	32.91		
29	12.88	16.90	18.68	23.83	34.38		
30	13.51	17.75	19.64	25.08	35.91		
31	14.17	18.66	20.65	26.40	37.51		
32	14.86	19.61	21.74	27.77	39.18		
33	15.61	20.61	22.85	29.22	40.91		
34	16.38	21.65	24.03	30.71	42.72		
35	17.20	22.75	25.26	32.29	44.60		
36	18.06	23.89	26.56	33.92	46.54		
37	18.96	25.10	27.91	35.61	48.56		
38	19.91	26.34	29.30	37.36	50.67		
39	20.88	27.63	30.77	39.17	52.86		
40	21.92	29.00	32.30	41.06	55.12		
41	23.01	30.41	33.90	43.01	57.45		
42	24.15	31.90	35.58	45.06	59.83		
43	25.55	33.61	37.35	47.20	62.31		
44	27.02	35.38	39.19	49.42	64.85		
45	28.57	37.25	41.10	51.73	67.41		
46	30.19	39.19	43.10	54.09	70.00		
47	31.89	41.21	45.16	56.55	72.60		
48	33.65	43.33	47.40	59.21	75.34		
49	35.45	45.50	49.67	61.88	78.02		
50	37.29	47.70	51.96	64.58	80.63		
51	39.12	49.88	54.23	67.24	83.10		
52	40.95	52.03	56.45	69.85	85.40		
53	42.86	54.28	58.76	72.54	87.56		
54	44.70	56.41	60.92	75.06	89.46		
55	46.28	58.28	62.81	77.34	90.99		
56	47.66	59.92	64.43	79.29	92.14		
57	48.82	61.26	65.71	80.83	92.78		
58	49.24	61.70	66.11	81.29	92.22		
59	49.39	61.82	66.18	81.33	91.21		
60	49.32	61.66	65.93	81.07	89.86		
61	49.07	61.27	65.44	80.54	88.24		
62	48.65	60.68	64.75	79.85	86.45		
63	47.60	59.40	63.41				
64	46.57	58.17	62.11				
65	45.67	57.11	61.03				
66	45.06	56.43	60.35				
67	44.87	56.28	60.24				
68	45.21	56.85	60.90				
69	46.25	58.28	62.50				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	2 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	11.67	14.85	16.07	20.25	29.83		
26	12.15	15.51	16.79	21.21	31.14		
27	12.67	16.23	17.58	22.24	32.52		
28	13.25	17.01	18.44	23.35	33.96		
29	13.87	17.85	19.36	24.54	35.47		
30	14.53	18.74	20.35	25.82	37.05		
31	15.24	19.69	21.39	27.17	38.69		
32	15.99	20.69	22.50	28.58	40.41		
33	16.78	21.74	23.65	30.05	42.19		
34	17.61	22.83	24.87	31.59	44.05		
35	18.49	23.98	26.14	33.20	45.99		
36	19.40	25.19	27.46	34.87	48.00		
37	20.37	26.45	28.86	36.62	50.07		
38	21.38	27.76	30.31	38.40	52.25		
39	22.43	29.12	31.82	40.25	54.52		
40	23.55	30.55	33.40	42.20	56.86		
41	24.71	32.05	35.05	44.21	59.26		
42	25.93	33.62	36.78	46.32	61.73		
43	27.44	35.41	38.61	48.52	64.31		
44	29.02	37.29	40.52	50.81	66.94		
45	30.69	39.26	42.51	53.19	69.61		
46	32.42	41.31	44.59	55.64	72.32		
47	34.26	43.44	46.73	58.18	75.04		
48	36.14	45.69	49.05	60.92	77.89		
49	38.08	47.99	51.42	63.69	80.71		
50	40.06	50.31	53.81	66.51	83.46		
51	42.05	52.64	56.20	69.29	86.07		
52	44.01	54.94	58.54	72.02	88.53		
53	46.08	57.29	60.97	74.85	90.86		
54	47.96	59.51	63.26	77.53	92.94		
55	49.68	61.53	65.30	79.97	94.64		
56	51.19	63.31	67.05	82.07	95.96		
57	52.47	64.77	68.46	83.78	96.77		
58	52.93	65.27	68.94	84.31	96.30		
59	53.13	65.45	69.07	84.46	95.38		
60	53.09	65.36	68.93	84.35	94.17		
61	52.89	65.06	68.59	84.03	92.76		
62	52.53	64.61	68.11	83.64	91.28		

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.70	14.92	16.18	20.41	30.06		
26	12.19	15.58	16.91	21.38	31.39		
27	12.72	16.32	17.71	22.41	32.77		
28	13.30	17.10	18.59	23.54	34.23		
29	13.92	17.94	19.51	24.75	35.75		
30	14.58	18.84	20.50	26.04	37.35		
31	15.29	19.79	21.56	27.39	39.01		
32	16.04	20.81	22.68	28.83	40.74		
33	16.84	21.86	23.85	30.32	42.54		
34	17.68	22.96	25.07	31.87	44.42		
35	18.56	24.12	26.36	33.50	46.38		
36	19.47	25.34	27.69	35.18	48.41		
37	20.45	26.62	29.11	36.95	50.51		
38	21.47	27.93	30.57	38.76	52.72		
39	22.52	29.30	32.09	40.63	55.01		
40	23.65	30.75	33.70	42.61	57.38		
41	24.82	32.26	35.37	44.63	59.80		
42	26.04	33.84	37.12	46.77	62.30		
43	27.55	35.65	38.97	49.00	64.92		
44	29.15	37.54	40.90	51.32	67.58		
45	30.83	39.52	42.91	53.72	70.29		
46	32.56	41.59	45.01	56.21	73.03		
47	34.41	43.74	47.18	58.78	75.79		
48	36.31	46.01	49.53	61.56	78.68		
49	38.25	48.33	51.92	64.36	81.54		
50	40.24	50.67	54.34	67.21	84.32		
51	42.24	53.02	56.74	70.02	86.96		
52	44.21	55.33	59.11	72.78	89.44		
53	46.29	57.71	61.56	75.64	91.80		
54	48.19	59.94	63.87	78.33	93.89		
55	49.91	61.97	65.90	80.78	95.59		
56	51.42	63.74	67.65	82.87	96.89		
57	52.69	65.19	69.04	84.56	97.67		
58	53.16	65.68	69.51	85.07	97.17		
59	53.34	65.83	69.61	85.18	96.20		
60	53.28	65.70	69.41	84.98	94.88		
61	53.04	65.33	68.96	84.52	93.32		
62	52.62	64.77	68.33	83.94	91.61		

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.77	15.05	16.36	20.65	30.40		
26	12.25	15.71	17.10	21.63	31.75		
27	12.78	16.45	17.91	22.69	33.16		
28	13.37	17.24	18.80	23.83	34.64		
29	13.99	18.09	19.73	25.05	36.19		
30	14.66	19.00	20.74	26.36	37.80		
31	15.38	19.96	21.82	27.75	39.49		
32	16.13	20.99	22.95	29.20	41.25		
33	16.94	22.05	24.14	30.71	43.08		
34	17.78	23.16	25.37	32.29	44.99		
35	18.66	24.34	26.68	33.94	46.97		
36	19.59	25.57	28.05	35.66	49.03		
37	20.57	26.87	29.48	37.45	51.17		
38	21.60	28.19	30.96	39.29	53.42		
39	22.66	29.59	32.51	41.20	55.74		
40	23.79	31.05	34.14	43.21	58.15		
41	24.97	32.57	35.83	45.28	60.62		
42	26.21	34.17	37.62	47.45	63.17		
43	27.73	36.00	39.50	49.72	65.82		
44	29.34	37.92	41.47	52.08	68.54		
45	31.03	39.93	43.51	54.53	71.30		
46	32.78	42.02	45.64	57.06	74.10		
47	34.64	44.19	47.85	59.67	76.90		
48	36.56	46.49	50.24	62.51	79.86		
49	38.52	48.84	52.67	65.38	82.77		
50	40.52	51.22	55.13	68.27	85.61		
51	42.53	53.58	57.57	71.12	88.30		
52	44.52	55.92	59.96	73.92	90.82		
53	46.61	58.34	62.44	76.82	93.21		
54	48.54	60.59	64.78	79.53	95.31		
55	50.27	62.62	66.82	81.98	97.02		
56	51.77	64.39	68.55	84.07	98.29		
57	53.04	65.82	69.92	85.72	99.02		
58	53.50	66.31	70.37	86.21	98.48		
59	53.65	66.42	70.42	86.26	97.42		
60	53.56	66.22	70.12	85.92	95.96		
61	53.26	65.74	69.52	85.27	94.14		
62	52.75	65.01	68.67	84.38	92.09		
63				82.68	89.25		
64				81.03	86.51		
65				79.69	84.12		
66				78.89	82.32		
67				78.87	81.36		
68				79.83	81.51		
69				82.06	82.99		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	12.03	15.60	17.20	21.82	32.08		
26	12.53	16.30	17.98	22.85	33.51		
27	13.08	17.06	18.83	23.97	35.00		
28	13.68	17.89	19.76	25.19	36.56		
29	14.32	18.78	20.76	26.48	38.20		
30	15.00	19.72	21.82	27.87	39.90		
31	15.74	20.72	22.95	29.33	41.68		
32	16.52	21.79	24.15	30.86	43.53		
33	17.34	22.90	25.40	32.46	45.46		
34	18.20	24.05	26.70	34.13	47.47		
35	19.11	25.27	28.07	35.88	49.55		
36	20.06	26.55	29.51	37.68	51.72		
37	21.07	27.89	31.01	39.57	53.95		
38	22.11	29.26	32.56	41.51	56.30		
39	23.21	30.70	34.19	43.52	58.73		
40	24.36	32.22	35.89	45.62	61.25		
41	25.56	33.79	37.66	47.79	63.83		
42	26.83	35.45	39.53	50.06	66.48		
43	28.39	37.34	41.49	52.45	69.24		
44	30.03	39.32	43.54	54.91	72.05		
45	31.75	41.39	45.67	57.47	74.90		
46	33.55	43.54	47.89	60.10	77.78		
47	35.44	45.79	50.18	62.83	80.67		
48	37.39	48.14	52.66	65.78	83.71		
49	39.39	50.56	55.18	68.75	86.69		
50	41.43	52.99	57.73	71.76	89.58		
51	43.47	55.42	60.25	74.71	92.33		
52	45.50	57.82	62.73	77.62	94.88		
53	47.63	60.31	65.29	80.60	97.29		
54	49.66	62.67	67.69	83.41	99.40		
55	51.42	64.76	69.79	85.93	101.10		
56	52.96	66.58	71.59	88.10	102.37		
57	54.24	68.06	73.01	89.81	103.08		
58	54.71	68.55	73.46	90.31	102.47		
59	54.88	68.68	73.52	90.37	101.35		
60	54.80	68.51	73.25	90.07	99.84		
61	54.52	68.07	72.71	89.49	98.04		
62	54.05	67.42	71.94	88.72	96.06		
63	52.89	66.00	70.46				
64	51.74	64.63	69.01				
65	50.75	63.46	67.80				
66	50.07	62.70	67.06				
67	49.86	62.54	66.93				
68	50.24	63.17	67.66				
69	51.39	64.76	69.44				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.42	11.89	12.81	16.21	23.79		
26	9.81	12.42	13.39	16.98	24.83		
27	10.23	12.99	14.02	17.81	25.94		
28	10.68	13.61	14.70	18.69	27.10		
29	11.17	14.26	15.41	19.64	28.30		
30	11.69	14.97	16.19	20.64	29.54		
31	12.24	15.72	17.00	21.70	30.84		
32	12.83	16.50	17.86	22.82	32.19		
33	13.44	17.31	18.75	23.96	33.58		
34	14.09	18.15	19.69	25.16	35.03		
35	14.77	19.04	20.67	26.42	36.54		
36	15.48	19.97	21.68	27.69	38.08		
37	16.21	20.94	22.75	29.04	39.69		
38	16.99	21.93	23.85	30.41	41.36		
39	17.78	22.96	24.99	31.82	43.08		
40	18.63	24.04	26.18	33.31	44.84		
41	19.51	25.17	27.42	34.82	46.65		
42	20.42	26.34	28.71	36.40	48.51		
43	21.56	27.68	30.06	38.05	50.42		
44	22.75	29.08	31.48	39.75	52.35		
45	23.98	30.54	32.94	41.49	54.30		
46	25.26	32.04	34.43	43.29	56.27		
47	26.61	33.58	35.97	45.12	58.20		
48	27.98	35.19	37.63	47.08	60.20		
49	29.36	36.82	39.29	49.03	62.15		
50	30.76	38.46	40.96	51.00	64.02		
51	32.16	40.08	42.58	52.93	65.76		
52	33.54	41.64	44.18	54.78	67.36		
53	34.92	43.21	45.76	56.65	68.76		
54	36.21	44.64	47.25	58.36	69.97		
55	37.33	45.94	48.57	59.92	70.91		
56	38.31	47.08	49.66	61.26	71.57		
57	39.12	48.00	50.53	62.33	71.92		
58	39.35	48.22	50.73	62.54	71.35		
59	39.43	48.27	50.73	62.54	70.53		
60	39.39	48.17	50.61	62.44	69.60		
61	39.27	48.00	50.42	62.30	68.65		
62	39.10	47.81	50.23	62.22	67.78		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.46	11.96	12.92	16.36	23.99		
26	9.85	12.49	13.51	17.13	25.06		
27	10.26	13.07	14.14	17.97	26.17		
28	10.73	13.69	14.82	18.87	27.34		
29	11.21	14.35	15.55	19.83	28.56		
30	11.74	15.07	16.33	20.85	29.81		
31	12.29	15.80	17.15	21.90	31.13		
32	12.87	16.61	18.02	23.04	32.49		
33	13.50	17.42	18.93	24.20	33.90		
34	14.15	18.27	19.88	25.41	35.37		
35	14.83	19.17	20.87	26.68	36.89		
36	15.54	20.11	21.89	27.98	38.46		
37	16.28	21.08	22.97	29.35	40.08		
38	17.07	22.09	24.09	30.73	41.78		
39	17.86	23.13	25.24	32.16	43.52		
40	18.72	24.22	26.45	33.67	45.31		
41	19.61	25.36	27.70	35.21	47.14		
42	20.51	26.54	29.00	36.79	49.02		
43	21.67	27.90	30.38	38.47	50.97		
44	22.85	29.31	31.81	40.21	52.93		
45	24.11	30.77	33.30	41.98	54.92		
46	25.39	32.29	34.81	43.80	56.91		
47	26.74	33.85	36.38	45.66	58.88		
48	28.12	35.47	38.06	47.64	60.91		
49	29.52	37.13	39.74	49.63	62.90		
50	30.93	38.77	41.43	51.64	64.79		
51	32.34	40.42	43.08	53.58	66.56		
52	33.71	41.99	44.70	55.47	68.17		
53	35.11	43.60	46.30	57.35	69.61		
54	36.41	45.03	47.80	59.08	70.82		
55	37.54	46.34	49.11	60.65	71.76		
56	38.52	47.47	50.20	61.98	72.42		
57	39.33	48.37	51.05	63.03	72.73		
58	39.56	48.59	51.24	63.23	72.13		
59	39.63	48.61	51.22	63.19	71.27		
60	39.56	48.48	51.04	63.01	70.24		
61	39.41	48.25	50.75	62.74	69.15		
62	39.18	47.96	50.42	62.50	68.08		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.51	12.07	13.08	16.58	24.30		
26	9.90	12.60	13.67	17.36	25.39		
27	10.32	13.19	14.31	18.22	26.51		
28	10.79	13.82	15.01	19.13	27.70		
29	11.28	14.48	15.74	20.10	28.94		
30	11.81	15.21	16.54	21.14	30.22		
31	12.37	15.96	17.39	22.22	31.56		
32	12.95	16.76	18.27	23.37	32.94		
33	13.59	17.59	19.19	24.55	34.38		
34	14.24	18.45	20.15	25.78	35.87		
35	14.92	19.37	21.16	27.08	37.43		
36	15.65	20.32	22.21	28.41	39.01		
37	16.39	21.30	23.30	29.80	40.67		
38	17.18	22.32	24.44	31.21	42.41		
39	18.00	23.38	25.62	32.67	44.18		
40	18.84	24.49	26.85	34.21	46.01		
41	19.74	25.63	28.12	35.78	47.88		
42	20.66	26.84	29.45	37.41	49.79		
43	21.82	28.21	30.86	39.12	51.78		
44	23.03	29.66	32.32	40.89	53.79		
45	24.29	31.13	33.84	42.71	55.83		
46	25.59	32.67	35.38	44.56	57.86		
47	26.95	34.26	36.98	46.46	59.88		
48	28.34	35.91	38.69	48.51	61.98		
49	29.75	37.58	40.42	50.55	64.01		
50	31.18	39.27	42.14	52.59	65.95		
51	32.60	40.92	43.82	54.58	67.76		
52	33.99	42.52	45.46	56.50	69.41		
53	35.40	44.14	47.09	58.41	70.88		
54	36.73	45.62	48.61	60.17	72.11		
55	37.86	46.93	49.94	61.74	73.05		
56	38.83	48.05	51.01	63.05	73.67		
57	39.64	48.95	51.84	64.07	73.94		
58	39.86	49.16	52.02	64.26	73.31		
59	39.91	49.15	51.95	64.16	72.37		
60	39.80	48.95	51.68	63.86	71.21		
61	39.60	48.61	51.26	63.41	69.90		
62	39.30	48.18	50.73	62.89	68.51		
63				62.14	66.94		
64				61.50	65.53		
65				61.12	64.42		
66				61.14	63.72		
67				61.66	63.59		
68				62.84	64.15		
69				64.79	65.55		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	9.75	12.57	13.82	17.63	25.81		
26	10.16	13.13	14.46	18.46	26.97		
27	10.59	13.75	15.14	19.37	28.17		
28	11.06	14.41	15.88	20.35	29.44		
29	11.57	15.10	16.68	21.38	30.76		
30	12.12	15.86	17.52	22.49	32.11		
31	12.70	16.65	18.41	23.65	33.53		
32	13.31	17.49	19.35	24.87	35.00		
33	13.95	18.35	20.32	26.13	36.53		
34	14.62	19.25	21.35	27.45	38.10		
35	15.33	20.20	22.41	28.82	39.74		
36	16.07	21.19	23.52	30.23	41.43		
37	16.83	22.22	24.68	31.71	43.18		
38	17.64	23.28	25.87	33.21	45.00		
39	18.49	24.38	27.13	34.76	46.87		
40	19.36	25.55	28.42	36.38	48.80		
41	20.28	26.73	29.77	38.05	50.76		
42	21.23	27.99	31.17	39.76	52.77		
43	22.41	29.42	32.66	41.58	54.85		
44	23.65	30.91	34.19	43.45	56.95		
45	24.94	32.45	35.78	45.35	59.07		
46	26.28	34.05	37.41	47.31	61.19		
47	27.68	35.69	39.08	49.31	63.27		
48	29.10	37.40	40.88	51.44	65.44		
49	30.54	39.13	42.68	53.58	67.53		
50	32.00	40.87	44.48	55.72	69.53		
51	33.45	42.57	46.24	57.81	71.39		
52	34.87	44.24	47.95	59.82	73.07		
53	36.32	45.90	49.65	61.82	74.55		
54	37.68	47.47	51.23	63.65	75.79		
55	38.90	48.85	52.62	65.30	76.72		
56	39.90	50.02	53.74	66.68	77.34		
57	40.73	50.96	54.62	67.76	77.60		
58	40.96	51.18	54.80	67.94	76.90		
59	41.01	51.18	54.74	67.86	75.91		
60	40.92	51.00	54.50	67.59	74.71		
61	40.74	50.71	54.13	67.21	73.40		
62	40.47	50.34	53.67	66.80	72.08		
63	39.93	49.70	53.00				
64	39.44	49.13	52.43				
65	39.09	48.75	52.06				
66	38.96	48.67	52.00				
67	39.13	48.98	52.39				
68	39.70	49.78	53.30				
69	40.73	51.20	54.87				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.47	13.21	14.24	18.01	26.43		
26	10.90	13.80	14.88	18.87	27.60		
27	11.36	14.43	15.58	19.79	28.82		
28	11.87	15.13	16.32	20.77	30.10		
29	12.41	15.85	17.12	21.82	31.44		
30	12.99	16.63	17.99	22.94	32.82		
31	13.60	17.46	18.89	24.11	34.27		
32	14.26	18.33	19.85	25.35	35.76		
33	14.93	19.23	20.84	26.62	37.31		
34	15.66	20.17	21.89	27.96	38.92		
35	16.40	21.16	22.97	29.35	40.59		
36	17.20	22.18	24.09	30.77	42.31		
37	18.01	23.26	25.27	32.27	44.10		
38	18.88	24.37	26.50	33.79	45.95		
39	19.76	25.51	27.77	35.36	47.86		
40	20.70	26.72	29.09	37.00	49.83		
41	21.67	27.97	30.47	38.69	51.83		
42	22.69	29.27	31.89	40.44	53.89		
43	23.95	30.76	33.40	42.28	56.02		
44	25.27	32.31	34.97	44.17	58.17		
45	26.65	33.92	36.60	46.10	60.34		
46	28.07	35.60	38.26	48.10	62.52		
47	29.57	37.31	39.97	50.13	64.67		
48	31.08	39.10	41.81	52.31	66.89		
49	32.62	40.91	43.66	54.48	69.06		
50	34.18	42.72	45.50	56.67	71.13		
51	35.74	44.53	47.32	58.81	73.07		
52	37.26	46.27	49.09	60.87	74.84		
53	38.80	48.01	50.85	62.94	76.40		
54	40.23	49.61	52.50	64.85	77.74		
55	41.47	51.05	53.96	66.58	78.79		
56	42.57	52.31	55.18	68.06	79.53		
57	43.47	53.33	56.14	69.26	79.91		
58	43.73	53.58	56.36	69.49	79.28		
59	43.82	53.63	56.37	69.49	78.37		
60	43.76	53.52	56.23	69.38	77.33		
61	43.63	53.34	56.02	69.22	76.28		
62	43.45	53.13	55.81	69.14	75.31		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	3 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	10.51	13.29	14.35	18.17	26.66		
26	10.94	13.88	15.00	19.03	27.84		
27	11.40	14.52	15.71	19.97	29.08		
28	11.92	15.22	16.46	20.96	30.38		
29	12.46	15.95	17.27	22.03	31.72		
30	13.04	16.74	18.15	23.16	33.12		
31	13.66	17.56	19.06	24.34	34.58		
32	14.31	18.45	20.03	25.60	36.10		
33	15.00	19.35	21.03	26.88	37.66		
34	15.73	20.30	22.09	28.24	39.29		
35	16.47	21.30	23.19	29.65	40.99		
36	17.27	22.34	24.32	31.09	42.72		
37	18.09	23.43	25.52	32.60	44.54		
38	18.96	24.54	26.76	34.14	46.42		
39	19.85	25.70	28.05	35.74	48.36		
40	20.79	26.91	29.39	37.41	50.34		
41	21.78	28.18	30.78	39.12	52.38		
42	22.79	29.49	32.23	40.88	54.46		
43	24.07	30.99	33.76	42.75	56.63		
44	25.40	32.57	35.35	44.68	58.81		
45	26.79	34.19	37.00	46.64	61.02		
46	28.21	35.88	38.68	48.66	63.23		
47	29.72	37.61	40.42	50.73	65.42		
48	31.25	39.42	42.28	52.94	67.68		
49	32.80	41.25	44.16	55.15	69.89		
50	34.36	43.08	46.03	57.38	71.99		
51	35.93	44.91	47.86	59.54	73.96		
52	37.46	46.66	49.66	61.63	75.75		
53	39.01	48.44	51.44	63.72	77.34		
54	40.46	50.04	53.11	65.65	78.69		
55	41.71	51.49	54.57	67.39	79.74		
56	42.79	52.74	55.77	68.86	80.46		
57	43.70	53.75	56.72	70.03	80.81		
58	43.96	54.00	56.94	70.25	80.15		
59	44.03	54.01	56.91	70.22	79.19		
60	43.95	53.86	56.71	70.01	78.05		
61	43.78	53.61	56.39	69.71	76.83		
62	43.53	53.28	56.03	69.44	75.64		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.57	13.41	14.53	18.42	27.00		
26	11.00	14.00	15.19	19.29	28.20		
27	11.47	14.65	15.90	20.24	29.46		
28	11.99	15.36	16.68	21.25	30.78		
29	12.53	16.10	17.49	22.33	32.16		
30	13.12	16.90	18.38	23.49	33.57		
31	13.75	17.73	19.32	24.69	35.06		
32	14.40	18.63	20.30	25.97	36.60		
33	15.09	19.54	21.32	27.28	38.20		
34	15.82	20.50	22.39	28.65	39.86		
35	16.58	21.52	23.51	30.09	41.58		
36	17.38	22.57	24.68	31.57	43.35		
37	18.22	23.67	25.89	33.11	45.20		
38	19.09	24.80	27.15	34.68	47.12		
39	19.99	25.98	28.46	36.31	49.09		
40	20.94	27.21	29.83	38.01	51.12		
41	21.93	28.49	31.25	39.76	53.20		
42	22.96	29.82	32.73	41.56	55.33		
43	24.24	31.35	34.29	43.47	57.53		
44	25.59	32.95	35.91	45.43	59.77		
45	26.99	34.59	37.59	47.45	62.03		
46	28.43	36.31	39.31	49.52	64.29		
47	29.95	38.07	41.09	51.63	66.54		
48	31.50	39.90	43.00	53.89	68.86		
49	33.06	41.76	44.91	56.16	71.12		
50	34.65	43.63	46.82	58.43	73.28		
51	36.22	45.47	48.69	60.64	75.29		
52	37.77	47.25	50.51	62.77	77.12		
53	39.34	49.04	52.32	64.90	78.75		
54	40.81	50.69	54.01	66.85	80.12		
55	42.06	52.14	55.48	68.60	81.16		
56	43.15	53.39	56.68	70.06	81.86		
57	44.04	54.38	57.60	71.19	82.16		
58	44.29	54.62	57.80	71.39	81.46		
59	44.34	54.60	57.72	71.29	80.41		
60	44.23	54.38	57.42	70.95	79.12		
61	44.00	54.01	56.95	70.46	77.66		
62	43.67	53.53	56.36	69.88	76.12		
63				69.04	74.38		
64				68.34	72.81		
65				67.92	71.57		
66				67.94	70.80		
67				68.52	70.66		
68				69.82	71.28		
69				71.98	72.84		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.83	13.97	15.36	19.58	28.68		
26	11.28	14.59	16.07	20.51	29.96		
27	11.77	15.27	16.83	21.52	31.30		
28	12.29	16.01	17.64	22.61	32.71		
29	12.86	16.78	18.52	23.76	34.17		
30	13.46	17.62	19.47	24.99	35.68		
31	14.11	18.50	20.45	26.28	37.25		
32	14.78	19.43	21.50	27.63	38.89		
33	15.50	20.39	22.58	29.03	40.59		
34	16.24	21.39	23.72	30.49	42.34		
35	17.03	22.45	24.90	32.02	44.16		
36	17.86	23.55	26.14	33.59	46.03		
37	18.71	24.69	27.42	35.23	47.98		
38	19.61	25.87	28.75	36.90	50.00		
39	20.54	27.10	30.14	38.62	52.08		
40	21.51	28.38	31.58	40.42	54.22		
41	22.53	29.71	33.08	42.28	56.40		
42	23.58	31.10	34.64	44.18	58.63		
43	24.90	32.68	36.28	46.20	60.95		
44	26.28	34.35	37.99	48.27	63.28		
45	27.71	36.05	39.76	50.39	65.63		
46	29.20	37.83	41.56	52.56	67.98		
47	30.75	39.66	43.42	54.79	70.30		
48	32.33	41.55	45.42	57.16	72.71		
49	33.93	43.48	47.42	59.54	75.04		
50	35.55	45.41	49.42	61.92	77.26		
51	37.16	47.31	51.37	64.23	79.32		
52	38.75	49.15	53.28	66.47	81.19		
53	40.35	51.00	55.17	68.68	82.83		
54	41.87	52.74	56.93	70.73	84.21		
55	43.22	54.28	58.46	72.55	85.25		
56	44.33	55.58	59.72	74.09	85.94		
57	45.25	56.62	60.69	75.28	86.22		
58	45.50	56.87	60.89	75.50	85.45		
59	45.57	56.87	60.83	75.40	84.34		
60	45.47	56.67	60.55	75.10	83.01		
61	45.26	56.35	60.14	74.68	81.56		
62	44.97	55.93	59.64	74.22	80.09		
63	44.36	55.22	58.89				
64	43.82	54.59	58.26				
65	43.43	54.17	57.84				
66	43.29	54.08	57.78				
67	43.48	54.42	58.20				
68	44.11	55.32	59.22				
69	45.25	56.88	60.97				

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¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	34.99	47.04	52.09	64.95			
26	36.53	49.17	54.47	68.00			
27	38.15	51.44	57.02	71.24			
28	39.89	53.86	59.70	74.68			
29	41.72	56.39	62.52	78.27			
30	43.64	59.03	65.45	82.01			
31	45.63	61.75	68.48	85.84			
32	47.68	64.54	71.59	89.78			
33	49.78	67.38	74.76	93.76			
34	51.93	70.27	77.98	97.79			
35	54.12	73.18	81.22	101.84			
36	56.32	76.11	84.48	105.88			
37	58.53	79.02	87.75	109.89			
38	60.76	81.94	91.00	113.86			
39	62.97	84.83	94.22	117.76			
40	65.16	87.66	97.38	121.55			
41	67.30	90.41	100.46	125.22			
42	69.39	93.10	103.44	128.73			
43	71.98	96.04	106.33	132.06			
44	74.53	98.91	109.08	135.18			
45	76.98	101.63	111.65	138.05			
46	79.34	104.19	114.01	140.67			
47	81.58	106.55	116.16	142.97			
48	83.50	108.62	118.16	145.06			
49	85.23	110.42	119.85	146.75			
50	86.70	111.89	121.19	147.99			
51	87.89	112.99	122.12	148.74			
52	88.75	113.68	122.58	148.90			
53	89.19	113.83	122.50	148.37			
54	89.22	113.47	121.85	147.17			
55	88.78	112.54	120.60	145.27			
56	87.87	111.02	118.73	142.61			
57	86.44	108.86	116.19	139.17			
58	84.18	105.82	112.88	134.83			
59	81.36	102.06	108.80	129.64			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	35.02	47.11	52.19	65.09			
26	36.56	49.24	54.59	68.16			
27	38.19	51.52	57.14	71.40			
28	39.93	53.94	59.83	74.85			
29	41.77	56.48	62.65	78.45			
30	43.68	59.13	65.60	82.20			
31	45.67	61.86	68.63	86.06			
32	47.72	64.65	71.75	90.00			
33	49.84	67.50	74.93	93.99			
34	52.00	70.39	78.16	98.04			
35	54.18	73.30	81.43	102.12			
36	56.39	76.24	84.69	106.17			
37	58.60	79.16	87.97	110.20			
38	60.84	82.10	91.24	114.18			
39	63.05	85.00	94.47	118.10			
40	65.24	87.83	97.64	121.92			
41	67.40	90.60	100.74	125.59			
42	69.48	93.29	103.73	129.13			
43	72.09	96.26	106.65	132.48			
44	74.64	99.14	109.42	135.63			
45	77.11	101.87	112.01	138.54			
46	79.47	104.44	114.40	141.18			
47	81.71	106.81	116.56	143.51			
48	83.65	108.91	118.59	145.63			
49	85.39	110.73	120.30	147.36			
50	86.86	112.22	121.67	148.62			
51	88.07	113.34	122.61	149.40			
52	88.93	114.02	123.10	149.57			
53	89.38	114.19	123.03	149.07			
54	89.42	113.85	122.40	147.89			
55	88.99	112.92	121.15	146.00			
56	88.06	111.40	119.27	143.33			
57	86.63	109.22	116.71	139.87			
58	84.37	106.17	113.39	135.51			
59	81.53	102.41	109.29	130.29			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	35.07	47.21	52.35	65.31			
26	36.62	49.36	54.75	68.38			
27	38.24	51.64	57.31	71.65			
28	40.00	54.07	60.01	75.12			
29	41.84	56.61	62.85	78.72			
30	43.76	59.27	65.81	82.49			
31	45.75	62.00	68.87	86.37			
32	47.80	64.81	71.99	90.33			
33	49.92	67.67	75.20	94.35			
34	52.08	70.58	78.44	98.41			
35	54.28	73.51	81.72	102.51			
36	56.50	76.45	85.00	106.59			
37	58.71	79.39	88.30	110.65			
38	60.96	82.33	91.59	114.66			
39	63.18	85.25	94.85	118.62			
40	65.38	88.11	98.04	122.46			
41	67.53	90.89	101.16	126.17			
42	69.63	93.59	104.18	129.74			
43	72.25	96.59	107.12	133.14			
44	74.81	99.48	109.92	136.32			
45	77.29	102.23	112.54	139.27			
46	79.67	104.83	114.96	141.94			
47	81.92	107.23	117.17	144.32			
48	83.87	109.34	119.23	146.48			
49	85.62	111.19	120.97	148.26			
50	87.12	112.71	122.37	149.57			
51	88.33	113.85	123.36	150.38			
52	89.21	114.56	123.87	150.60			
53	89.66	114.74	123.83	150.13			
54	89.71	114.41	123.21	148.98			
55	89.28	113.48	121.98	147.08			
56	88.35	111.95	120.08	144.42			
57	86.92	109.76	117.50	140.91			
58	84.65	106.72	114.16	136.54			
59	81.80	102.92	110.02	131.26			

** Rider Form IDI2000-PR/L45-TD attached.

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	35.45	47.98	53.50	66.92			
26	37.00	50.18	55.96	70.07			
27	38.66	52.50	58.59	73.44			
28	40.44	54.98	61.37	77.02			
29	42.29	57.58	64.28	80.74			
30	44.24	60.29	67.34	84.63			
31	46.27	63.09	70.48	88.62			
32	48.36	65.95	73.70	92.72			
33	50.49	68.88	77.00	96.88			
34	52.69	71.85	80.35	101.09			
35	54.92	74.85	83.73	105.32			
36	57.16	77.87	87.12	109.55			
37	59.43	80.88	90.53	113.75			
38	61.71	83.89	93.91	117.90			
39	63.96	86.87	97.28	122.00			
40	66.19	89.80	100.58	125.97			
41	68.38	92.65	103.80	129.82			
42	70.51	95.41	106.91	133.50			
43	73.16	98.47	109.95	137.02			
44	75.76	101.43	112.82	140.30			
45	78.28	104.24	115.51	143.33			
46	80.68	106.88	117.98	146.06			
47	82.96	109.30	120.22	148.47			
48	84.92	111.43	122.29	150.66			
49	86.67	113.28	124.04	152.42			
50	88.17	114.79	125.41	153.67			
51	89.37	115.89	126.33	154.40			
52	90.23	116.55	126.76	154.48			
53	90.64	116.64	126.57	153.82			
54	90.63	116.19	125.79	152.42			
55	90.15	115.14	124.36	150.26			
56	89.15	113.47	122.25	147.29			
57	87.63	111.12	119.44	143.48			
58	85.27	107.91	115.86	138.80			
59	82.33	103.93	111.48	133.19			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	38.88	52.26	57.88	72.17			
26	40.59	54.64	60.53	75.56			
27	42.39	57.16	63.35	79.16			
28	44.33	59.85	66.33	82.98			
29	46.36	62.66	69.46	86.96			
30	48.49	65.59	72.72	91.12			
31	50.70	68.61	76.09	95.38			
32	52.98	71.71	79.54	99.75			
33	55.32	74.87	83.06	104.17			
34	57.70	78.07	86.64	108.65			
35	60.13	81.31	90.25	113.16			
36	62.58	84.57	93.87	117.65			
37	65.03	87.81	97.50	122.11			
38	67.51	91.04	101.11	126.52			
39	69.97	94.26	104.69	130.85			
40	72.40	97.40	108.20	135.06			
41	74.78	100.46	111.62	139.13			
42	77.10	103.44	114.93	143.03			
43	79.98	106.72	118.15	146.73			
44	82.81	109.90	121.19	150.20			
45	85.54	112.92	124.05	153.39			
46	88.16	115.76	126.68	156.30			
47	90.64	118.39	129.07	158.86			
48	92.78	120.68	131.29	161.18			
49	94.70	122.69	133.16	163.06			
50	96.33	124.33	134.66	164.44			
51	97.66	125.55	135.69	165.26			
52	98.61	126.31	136.21	165.44			
53	99.10	126.47	136.11	164.85			
54	99.13	126.08	135.39	163.52			
55	98.65	125.05	134.01	161.41			
56	97.63	123.36	131.92	158.46			
57	96.04	120.95	129.10	154.63			
58	93.54	117.58	125.42	149.81			
59	90.39	113.41	120.89	144.05			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	38.91	52.34	57.99	72.33			
26	40.62	54.72	60.65	75.72			
27	42.43	57.25	63.48	79.34			
28	44.37	59.94	66.48	83.17			
29	46.41	62.75	69.61	87.16			
30	48.54	65.69	72.88	91.34			
31	50.75	68.73	76.26	95.61			
32	53.03	71.83	79.72	99.99			
33	55.38	74.99	83.26	104.44			
34	57.77	78.21	86.85	108.94			
35	60.20	81.45	90.47	113.46			
36	62.66	84.72	94.10	117.96			
37	65.11	87.96	97.75	122.44			
38	67.60	91.22	101.38	126.87			
39	70.06	94.44	104.97	131.23			
40	72.49	97.59	108.50	135.47			
41	74.89	100.67	111.94	139.55			
42	77.20	103.66	115.26	143.48			
43	80.10	106.96	118.50	147.21			
44	82.93	110.16	121.57	150.71			
45	85.68	113.19	124.45	153.93			
46	88.30	116.05	127.11	156.86			
47	90.79	118.69	129.52	159.46			
48	92.95	121.01	131.76	161.81			
49	94.87	123.03	133.66	163.72			
50	96.52	124.69	135.19	165.14			
51	97.86	125.93	136.23	165.99			
52	98.82	126.69	136.78	166.20			
53	99.31	126.88	136.70	165.63			
54	99.35	126.49	136.00	164.32			
55	98.87	125.47	134.61	162.22			
56	97.85	123.77	132.52	159.26			
57	96.25	121.35	129.68	155.41			
58	93.75	117.97	125.99	150.57			
59	90.59	113.78	121.43	144.77			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	38.97	52.46	58.17	72.57			
26	40.68	54.84	60.83	75.98			
27	42.50	57.38	63.68	79.61			
28	44.44	60.08	66.68	83.46			
29	46.48	62.90	69.83	87.47			
30	48.62	65.85	73.12	91.66			
31	50.84	68.90	76.52	95.96			
32	53.12	72.01	79.99	100.36			
33	55.47	75.19	83.55	104.83			
34	57.87	78.42	87.16	109.35			
35	60.31	81.67	90.80	113.90			
36	62.77	84.95	94.44	118.44			
37	65.23	88.21	98.11	122.94			
38	67.73	91.48	101.76	127.41			
39	70.20	94.72	105.38	131.80			
40	72.64	97.89	108.94	136.07			
41	75.04	100.99	112.40	140.19			
42	77.37	103.99	115.76	144.15			
43	80.27	107.32	119.03	147.93			
44	83.12	110.54	122.14	151.47			
45	85.88	113.59	125.05	154.74			
46	88.52	116.48	127.74	157.71			
47	91.02	119.14	130.19	160.35			
48	93.19	121.49	132.48	162.76			
49	95.13	123.54	134.41	164.74			
50	96.80	125.23	135.97	166.20			
51	98.15	126.49	137.06	167.09			
52	99.12	127.28	137.63	167.34			
53	99.62	127.49	137.59	166.81			
54	99.68	127.12	136.90	165.53			
55	99.20	126.10	135.53	163.42			
56	98.17	124.40	133.43	160.46			
57	96.57	121.96	130.56	156.57			
58	94.05	118.57	126.84	151.71			
59	90.89	114.35	122.24	145.84			

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** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	39.38	53.31	59.44	74.36			
26	41.11	55.75	62.18	77.86			
27	42.95	58.34	65.10	81.60			
28	44.92	61.09	68.19	85.57			
29	46.99	63.98	71.43	89.71			
30	49.16	66.99	74.82	94.03			
31	51.41	70.09	78.31	98.47			
32	53.72	73.28	81.89	103.02			
33	56.11	76.53	85.55	107.64			
34	58.55	79.83	89.28	112.31			
35	61.02	83.17	93.03	117.02			
36	63.52	86.52	96.80	121.72			
37	66.03	89.87	100.58	126.39			
38	68.56	93.21	104.35	131.01			
39	71.07	96.53	108.09	135.56			
40	73.55	99.77	111.76	139.97			
41	75.98	102.94	115.33	144.24			
42	78.35	106.01	118.79	148.33			
43	81.29	109.41	122.16	152.24			
44	84.18	112.70	125.36	155.88			
45	86.97	115.82	128.34	159.25			
46	89.65	118.75	131.09	162.29			
47	92.17	121.45	133.58	164.97			
48	94.35	123.82	135.88	167.39			
49	96.30	125.87	137.82	169.35			
50	97.96	127.54	139.34	170.75			
51	99.30	128.76	140.37	171.55			
52	100.25	129.49	140.84	171.65			
53	100.71	129.60	140.63	170.90			
54	100.70	129.10	139.76	169.36			
55	100.16	127.93	138.18	166.95			
56	99.06	126.08	135.84	163.66			
57	97.36	123.46	132.71	159.43			
58	94.75	119.89	128.74	154.22			
59	91.48	115.47	123.86	147.99			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.23	21.23	23.17	29.48			
26	16.96	22.23	24.28	30.95			
27	17.75	23.34	25.51	32.57			
28	18.62	24.55	26.85	34.32			
29	19.58	25.86	28.28	36.21			
30	20.60	27.26	29.82	38.22			
31	21.69	28.74	31.47	40.36			
32	22.85	30.32	33.20	42.59			
33	24.09	31.96	35.03	44.95			
34	25.36	33.68	36.93	47.40			
35	26.71	35.46	38.91	49.91			
36	28.09	37.32	40.96	52.50			
37	29.54	39.22	43.07	55.17			
38	31.04	41.19	45.26	57.89			
39	32.58	43.20	47.48	60.64			
40	34.14	45.24	49.75	63.43			
41	35.75	47.30	52.03	66.21			
42	37.35	49.38	54.33	68.98			
43	39.29	51.69	56.68	71.79			
44	41.26	54.01	59.02	74.53			
45	43.23	56.31	61.31	77.18			
46	45.19	58.56	63.52	79.73			
47	47.11	60.72	65.66	82.12			
48	48.91	62.80	67.78	84.47			
49	50.63	64.75	69.73	86.59			
50	52.18	66.48	71.47	88.41			
51	53.57	67.98	72.94	89.89			
52	54.73	69.19	74.10	90.96			
53	55.57	69.98	74.82	91.45			
54	56.14	70.42	75.14	91.44			
55	56.36	70.43	75.02	90.90			
56	56.16	69.98	74.41	89.80			
57	55.32	68.97	73.21	88.09			
58	53.89	67.31	71.42	85.67			
59	52.06	65.13	69.08	82.61			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.26	21.30	23.28	29.62			
26	16.99	22.30	24.39	31.10			
27	17.78	23.42	25.63	32.73			
28	18.66	24.63	26.97	34.50			
29	19.62	25.94	28.42	36.40			
30	20.64	27.36	29.97	38.42			
31	21.74	28.85	31.62	40.56			
32	22.90	30.43	33.36	42.81			
33	24.14	32.07	35.21	45.19			
34	25.42	33.80	37.11	47.64			
35	26.77	35.60	39.11	50.18			
36	28.16	37.45	41.17	52.79			
37	29.61	39.36	43.29	55.47			
38	31.12	41.35	45.50	58.20			
39	32.66	43.37	47.72	60.98			
40	34.23	45.42	50.01	63.80			
41	35.84	47.48	52.32	66.59			
42	37.44	49.57	54.63	69.39			
43	39.40	51.91	57.00	72.21			
44	41.38	54.24	59.36	74.98			
45	43.36	56.55	61.66	77.66			
46	45.31	58.81	63.90	80.24			
47	47.25	60.99	66.06	82.66			
48	49.07	63.09	68.21	85.04			
49	50.78	65.06	70.18	87.19			
50	52.35	66.81	71.95	89.05			
51	53.74	68.31	73.44	90.55			
52	54.91	69.54	74.62	91.63			
53	55.77	70.35	75.35	92.15			
54	56.34	70.79	75.69	92.16			
55	56.55	70.80	75.57	91.63			
56	56.36	70.35	74.95	90.52			
57	55.50	69.34	73.73	88.78			
58	54.08	67.67	71.94	86.35			
59	52.24	65.46	69.56	83.26			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.31	21.40	23.43	29.84			
26	17.05	22.41	24.56	31.33			
27	17.85	23.53	25.80	32.97			
28	18.73	24.75	27.16	34.75			
29	19.69	26.08	28.62	36.67			
30	20.72	27.50	30.18	38.71			
31	21.82	29.00	31.85	40.88			
32	22.98	30.59	33.61	43.15			
33	24.22	32.24	35.46	45.54			
34	25.51	33.99	37.39	48.02			
35	26.87	35.79	39.41	50.57			
36	28.27	37.66	41.47	53.21			
37	29.73	39.58	43.61	55.92			
38	31.24	41.58	45.84	58.69			
39	32.78	43.61	48.10	61.50			
40	34.36	45.68	50.41	64.34			
41	35.97	47.78	52.74	67.17			
42	37.58	49.87	55.08	70.00			
43	39.56	52.24	57.47	72.86			
44	41.54	54.59	59.87	75.67			
45	43.53	56.91	62.21	78.39			
46	45.50	59.20	64.47	81.00			
47	47.45	61.41	66.66	83.47			
48	49.29	63.53	68.85	85.90			
49	51.01	65.52	70.85	88.11			
50	52.61	67.29	72.65	90.00			
51	54.01	68.82	74.18	91.54			
52	55.18	70.07	75.38	92.66			
53	56.05	70.90	76.16	93.22			
54	56.63	71.35	76.51	93.25			
55	56.85	71.37	76.39	92.72			
56	56.65	70.91	75.76	91.60			
57	55.79	69.88	74.52	89.83			
58	54.36	68.21	72.71	87.38			
59	52.50	65.97	70.29	84.22			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.68	22.17	24.59	31.45			
26	17.43	23.23	25.78	33.03			
27	18.26	24.39	27.09	34.76			
28	19.16	25.67	28.52	36.65			
29	20.15	27.05	30.06	38.68			
30	21.20	28.52	31.72	40.84			
31	22.33	30.07	33.47	43.13			
32	23.52	31.72	35.31	45.54			
33	24.80	33.46	37.27	48.07			
34	26.12	35.26	39.30	50.69			
35	27.51	37.14	41.41	53.39			
36	28.94	39.08	43.60	56.17			
37	30.44	41.07	45.84	59.01			
38	31.98	43.14	48.17	61.93			
39	33.56	45.24	50.54	64.88			
40	35.18	47.38	52.95	67.85			
41	36.82	49.54	55.38	70.81			
42	38.46	51.69	57.81	73.76			
43	40.47	54.12	60.30	76.74			
44	42.50	56.53	62.77	79.64			
45	44.52	58.92	65.16	82.46			
46	46.53	61.24	67.49	85.12			
47	48.49	63.48	69.71	87.63			
48	50.34	65.62	71.91	90.07			
49	52.07	67.60	73.92	92.25			
50	53.65	69.37	75.68	94.09			
51	55.04	70.87	77.16	95.55			
52	56.20	72.05	78.28	96.54			
53	57.02	72.79	78.89	96.91			
54	57.54	73.14	79.09	96.69			
55	57.71	73.02	78.77	95.89			
56	57.46	72.42	77.93	94.48			
57	56.50	71.24	76.46	92.40			
58	54.98	69.40	74.41	89.64			
59	53.03	66.99	71.75	86.15			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.03	23.58	25.75	32.75			
26	18.84	24.70	26.98	34.39			
27	19.72	25.93	28.34	36.19			
28	20.69	27.28	29.83	38.13			
29	21.75	28.73	31.42	40.23			
30	22.89	30.29	33.14	42.47			
31	24.10	31.94	34.96	44.84			
32	25.39	33.69	36.89	47.33			
33	26.76	35.51	38.92	49.94			
34	28.18	37.42	41.03	52.66			
35	29.67	39.41	43.23	55.46			
36	31.21	41.47	45.51	58.34			
37	32.82	43.58	47.85	61.29			
38	34.49	45.77	50.28	64.32			
39	36.19	48.00	52.76	67.38			
40	37.94	50.27	55.27	70.48			
41	39.71	52.55	57.82	73.57			
42	41.49	54.86	60.37	76.65			
43	43.66	57.44	62.98	79.76			
44	45.85	60.02	65.58	82.81			
45	48.03	62.57	68.12	85.76			
46	50.20	65.06	70.58	88.59			
47	52.34	67.47	72.95	91.25			
48	54.35	69.78	75.31	93.86			
49	56.25	71.94	77.48	96.21			
50	57.98	73.87	79.41	98.23			
51	59.52	75.53	81.05	99.88			
52	60.81	76.88	82.33	101.06			
53	61.75	77.76	83.13	101.61			
54	62.37	78.24	83.49	101.60			
55	62.61	78.25	83.35	101.01			
56	62.40	77.75	82.68	99.77			
57	61.46	76.63	81.34	97.87			
58	59.88	74.79	79.36	95.19			
59	57.84	72.36	76.75	91.78			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.07	23.66	25.86	32.91			
26	18.88	24.78	27.10	34.56			
27	19.76	26.02	28.48	36.36			
28	20.73	27.37	29.97	38.32			
29	21.81	28.83	31.57	40.44			
30	22.94	30.40	33.30	42.69			
31	24.16	32.05	35.13	45.06			
32	25.44	33.81	37.07	47.57			
33	26.82	35.63	39.12	50.20			
34	28.25	37.56	41.24	52.94			
35	29.74	39.55	43.45	55.76			
36	31.29	41.62	45.74	58.65			
37	32.90	43.74	48.10	61.63			
38	34.58	45.94	50.55	64.67			
39	36.28	48.18	53.03	67.76			
40	38.03	50.46	55.56	70.88			
41	39.82	52.76	58.13	73.99			
42	41.60	55.08	60.70	77.10			
43	43.77	57.68	63.33	80.24			
44	45.97	60.27	65.96	83.32			
45	48.17	62.83	68.52	86.29			
46	50.34	65.34	71.00	89.15			
47	52.49	67.77	73.40	91.85			
48	54.52	70.10	75.79	94.49			
49	56.43	72.28	77.98	96.88			
50	58.17	74.23	79.94	98.94			
51	59.72	75.91	81.59	100.61			
52	61.01	77.26	82.90	101.82			
53	61.96	78.16	83.72	102.40			
54	62.59	78.65	84.10	102.41			
55	62.83	78.67	83.96	101.82			
56	62.62	78.16	83.27	100.58			
57	61.67	77.04	81.92	98.65			
58	60.09	75.19	79.93	95.95			
59	58.04	72.74	77.29	92.51			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.12	23.78	26.04	33.16			
26	18.94	24.90	27.29	34.81			
27	19.83	26.14	28.67	36.63			
28	20.80	27.51	30.18	38.61			
29	21.88	28.98	31.79	40.74			
30	23.02	30.55	33.54	43.01			
31	24.24	32.22	35.38	45.42			
32	25.53	33.99	37.34	47.94			
33	26.91	35.82	39.41	50.60			
34	28.34	37.76	41.54	53.35			
35	29.85	39.77	43.78	56.20			
36	31.41	41.84	46.09	59.13			
37	33.03	43.98	48.46	62.13			
38	34.71	46.20	50.93	65.21			
39	36.42	48.46	53.44	68.33			
40	38.18	50.76	56.00	71.48			
41	39.97	53.08	58.60	74.63			
42	41.76	55.41	61.20	77.77			
43	43.95	58.04	63.86	80.96			
44	46.16	60.65	66.52	84.08			
45	48.37	63.24	69.12	87.10			
46	50.56	65.77	71.63	90.01			
47	52.72	68.23	74.07	92.74			
48	54.76	70.58	76.50	95.44			
49	56.68	72.79	78.72	97.89			
50	58.45	74.77	80.72	99.99			
51	60.01	76.47	82.42	101.71			
52	61.32	77.85	83.76	102.96			
53	62.28	78.78	84.61	103.58			
54	62.92	79.28	85.01	103.61			
55	63.17	79.30	84.88	103.02			
56	62.95	78.79	84.18	101.77			
57	61.99	77.64	82.80	99.81			
58	60.39	75.79	80.78	97.09			
59	58.34	73.30	78.10	93.58			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Max. Ben. Period	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	18.53	24.63	27.32	34.94			
26	19.37	25.81	28.64	36.70			
27	20.28	27.10	30.10	38.62			
28	21.29	28.52	31.69	40.73			
29	22.39	30.05	33.40	42.98			
30	23.56	31.69	35.24	45.38			
31	24.82	33.41	37.18	47.92			
32	26.14	35.25	39.24	50.60			
33	27.55	37.17	41.41	53.41			
34	29.02	39.18	43.67	56.32			
35	30.56	41.26	46.02	59.32			
36	32.16	43.42	48.44	62.41			
37	33.82	45.64	50.93	65.57			
38	35.53	47.93	53.52	68.81			
39	37.29	50.27	56.15	72.09			
40	39.09	52.64	58.83	75.39			
41	40.91	55.04	61.53	78.68			
42	42.74	57.44	64.23	81.95			
43	44.97	60.13	66.99	85.27			
44	47.22	62.81	69.74	88.49			
45	49.46	65.46	72.41	91.62			
46	51.69	68.04	74.98	94.58			
47	53.87	70.53	77.46	97.36			
48	55.92	72.91	79.90	100.07			
49	57.85	75.12	82.13	102.50			
50	59.61	77.08	84.09	104.54			
51	61.16	78.74	85.73	106.16			
52	62.44	80.06	86.97	107.27			
53	63.36	80.88	87.66	107.67			
54	63.94	81.26	87.87	107.44			
55	64.13	81.14	87.52	106.55			
56	63.84	80.47	86.59	104.98			
57	62.78	79.15	84.96	102.67			
58	61.09	77.11	82.68	99.60			
59	58.92	74.43	79.72	95.73			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.97	18.10	19.68	25.15			
26	14.59	18.97	20.62	26.44			
27	15.28	19.92	21.67	27.83			
28	16.03	20.96	22.81	29.34			
29	16.84	22.07	24.04	30.97			
30	17.72	23.26	25.35	32.70			
31	18.66	24.54	26.75	34.53			
32	19.66	25.87	28.23	36.46			
33	20.71	27.28	29.78	38.47			
34	21.80	28.75	31.41	40.58			
35	22.95	30.28	33.08	42.73			
36	24.14	31.86	34.82	44.96			
37	25.37	33.47	36.62	47.24			
38	26.66	35.15	38.47	49.57			
39	27.96	36.87	40.37	51.92			
40	29.30	38.61	42.28	54.30			
41	30.65	40.35	44.22	56.68			
42	32.01	42.10	46.16	59.05			
43	33.67	44.06	48.14	61.42			
44	35.34	46.02	50.10	63.73			
45	37.00	47.94	52.02	65.96			
46	38.64	49.83	53.86	68.09			
47	40.26	51.64	55.64	70.09			
48	41.76	53.35	57.38	72.03			
49	43.17	54.96	58.99	73.74			
50	44.47	56.37	60.41	75.20			
51	45.58	57.60	61.59	76.38			
52	46.53	58.55	62.50	77.18			
53	47.18	59.14	63.03	77.48			
54	47.58	59.43	63.22	77.33			
55	47.70	59.32	63.03	76.74			
56	47.41	58.80	62.44	75.68			
57	46.75	57.88	61.36	74.11			
58	45.59	56.42	59.80	71.96			
59	44.10	54.53	57.78	69.27			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.99	18.17	19.77	25.30			
26	14.62	19.04	20.72	26.58			
27	15.32	20.00	21.79	27.99			
28	16.07	21.04	22.93	29.51			
29	16.90	22.16	24.17	31.15			
30	17.78	23.36	25.49	32.90			
31	18.71	24.65	26.90	34.73			
32	19.70	25.99	28.39	36.68			
33	20.76	27.39	29.96	38.71			
34	21.86	28.87	31.58	40.83			
35	23.01	30.40	33.28	43.01			
36	24.21	31.99	35.03	45.25			
37	25.44	33.62	36.84	47.54			
38	26.73	35.31	38.71	49.89			
39	28.04	37.03	40.61	52.26			
40	29.38	38.77	42.55	54.67			
41	30.75	40.53	44.50	57.07			
42	32.11	42.29	46.46	59.44			
43	33.77	44.27	48.46	61.84			
44	35.45	46.24	50.44	64.20			
45	37.12	48.18	52.38	66.45			
46	38.77	50.08	54.24	68.60			
47	40.39	51.91	56.04	70.63			
48	41.91	53.65	57.82	72.59			
49	43.33	55.27	59.44	74.34			
50	44.63	56.70	60.89	75.84			
51	45.76	57.94	62.08	77.04			
52	46.70	58.89	63.01	77.86			
53	47.37	59.51	63.56	78.18			
54	47.78	59.80	63.76	78.06			
55	47.89	59.72	63.58	77.48			
56	47.62	59.20	62.98	76.39			
57	46.95	58.26	61.89	74.81			
58	45.80	56.79	60.32	72.64			
59	44.29	54.88	58.26	69.92			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.04	18.27	19.93	25.52			
26	14.68	19.15	20.89	26.81			
27	15.37	20.11	21.96	28.24			
28	16.13	21.17	23.12	29.77			
29	16.96	22.30	24.37	31.42			
30	17.85	23.50	25.70	33.19			
31	18.79	24.80	27.13	35.05			
32	19.78	26.14	28.64	37.01			
33	20.84	27.56	30.22	39.07			
34	21.95	29.06	31.86	41.20			
35	23.11	30.61	33.57	43.40			
36	24.31	32.20	35.34	45.67			
37	25.55	33.84	37.16	47.99			
38	26.85	35.53	39.06	50.37			
39	28.16	37.29	40.99	52.78			
40	29.52	39.05	42.94	55.21			
41	30.88	40.82	44.92	57.64			
42	32.26	42.59	46.90	60.06			
43	33.93	44.60	48.94	62.49			
44	35.62	46.59	50.95	64.87			
45	37.30	48.54	52.91	67.18			
46	38.97	50.47	54.82	69.37			
47	40.59	52.32	56.65	71.44			
48	42.13	54.08	58.46	73.45			
49	43.56	55.73	60.11	75.26			
50	44.88	57.19	61.59	76.79			
51	46.02	58.44	62.83	78.03			
52	46.98	59.43	63.78	78.89			
53	47.65	60.06	64.36	79.24			
54	48.07	60.36	64.58	79.14			
55	48.20	60.30	64.41	78.56			
56	47.93	59.78	63.80	77.48			
57	47.26	58.83	62.68	75.86			
58	46.10	57.35	61.08	73.67			
59	44.57	55.40	58.99	70.89			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.41	19.04	21.08	27.13			
26	15.07	19.97	22.11	28.51			
27	15.79	20.97	23.25	30.03			
28	16.57	22.08	24.48	31.67			
29	17.42	23.26	25.81	33.44			
30	18.33	24.52	27.24	35.32			
31	19.30	25.87	28.75	37.31			
32	20.33	27.29	30.34	39.41			
33	21.42	28.78	32.02	41.60			
34	22.55	30.33	33.77	43.87			
35	23.75	31.95	35.59	46.22			
36	24.99	33.62	37.46	48.63			
37	26.26	35.32	39.39	51.08			
38	27.60	37.10	41.39	53.61			
39	28.95	38.91	43.43	56.16			
40	30.33	40.74	45.49	58.73			
41	31.72	42.57	47.56	61.28			
42	33.14	44.41	49.63	63.82			
43	34.85	46.48	51.76	66.37			
44	36.57	48.53	53.85	68.85			
45	38.29	50.55	55.88	71.24			
46	39.98	52.51	57.83	73.49			
47	41.63	54.39	59.69	75.60			
48	43.17	56.18	61.52	77.62			
49	44.62	57.82	63.18	79.40			
50	45.93	59.27	64.63	80.89			
51	47.06	60.48	65.81	82.03			
52	48.00	61.42	66.67	82.77			
53	48.63	61.95	67.11	82.92			
54	48.99	62.14	67.15	82.58			
55	49.06	61.95	66.79	81.73			
56	48.79	61.34	65.96	80.35			
57	48.03	60.24	64.62	78.43			
58	46.77	58.58	62.78	75.93			
59	45.15	56.47	60.45	72.83			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.51	20.11	21.86	27.95			
26	16.21	21.08	22.91	29.37			
27	16.98	22.13	24.08	30.92			
28	17.81	23.29	25.34	32.60			
29	18.72	24.53	26.71	34.41			
30	19.69	25.85	28.17	36.34			
31	20.73	27.27	29.73	38.37			
32	21.84	28.75	31.36	40.51			
33	23.00	30.31	33.09	42.75			
34	24.22	31.94	34.89	45.08			
35	25.50	33.64	36.76	47.48			
36	26.82	35.39	38.69	49.96			
37	28.19	37.19	40.68	52.48			
38	29.61	39.05	42.75	55.08			
39	31.06	40.96	44.85	57.69			
40	32.55	42.89	46.98	60.34			
41	34.06	44.83	49.13	62.98			
42	35.57	46.77	51.29	65.60			
43	37.41	48.95	53.50	68.24			
44	39.27	51.13	55.67	70.81			
45	41.10	53.27	57.80	73.30			
46	42.94	55.36	59.85	75.66			
47	44.73	57.38	61.82	77.88			
48	46.39	59.29	63.76	80.03			
49	47.97	61.07	65.54	81.94			
50	49.40	62.64	67.13	83.56			
51	50.65	63.99	68.44	84.87			
52	51.69	65.05	69.44	85.76			
53	52.42	65.71	70.04	86.08			
54	52.87	66.03	70.24	85.92			
55	52.99	65.91	70.04	85.27			
56	52.67	65.33	69.38	84.08			
57	51.94	64.31	68.18	82.35			
58	50.66	62.68	66.44	79.96			
59	49.00	60.59	64.20	76.97			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.55	20.19	21.97	28.11			
26	16.24	21.16	23.03	29.54			
27	17.02	22.22	24.21	31.10			
28	17.86	23.38	25.48	32.79			
29	18.77	24.62	26.86	34.61			
30	19.75	25.95	28.33	36.56			
31	20.79	27.39	29.89	38.60			
32	21.89	28.87	31.54	40.75			
33	23.06	30.43	33.28	43.01			
34	24.29	32.08	35.09	45.36			
35	25.57	33.78	36.98	47.78			
36	26.90	35.54	38.92	50.27			
37	28.27	37.35	40.93	52.82			
38	29.70	39.23	43.01	55.43			
39	31.15	41.15	45.13	58.07			
40	32.65	43.08	47.27	60.75			
41	34.16	45.04	49.45	63.40			
42	35.68	46.99	51.62	66.05			
43	37.52	49.19	53.85	68.71			
44	39.39	51.38	56.05	71.32			
45	41.25	53.53	58.19	73.83			
46	43.08	55.64	60.27	76.23			
47	44.88	57.68	62.27	78.48			
48	46.56	59.61	64.24	80.66			
49	48.14	61.42	66.04	82.61			
50	49.59	63.00	67.65	84.27			
51	50.85	64.37	68.98	85.60			
52	51.89	65.44	70.01	86.51			
53	52.63	66.11	70.63	86.86			
54	53.09	66.44	70.85	86.72			
55	53.21	66.35	70.65	86.08			
56	52.91	65.77	69.98	84.88			
57	52.17	64.73	68.76	83.12			
58	50.89	63.10	67.01	80.71			
59	49.21	60.98	64.73	77.70			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.60	20.30	22.15	28.35			
26	16.31	21.28	23.21	29.80			
27	17.08	22.34	24.40	31.37			
28	17.93	23.52	25.69	33.08			
29	18.84	24.77	27.08	34.92			
30	19.83	26.11	28.56	36.88			
31	20.87	27.55	30.15	38.95			
32	21.98	29.05	31.81	41.12			
33	23.15	30.62	33.57	43.41			
34	24.38	32.29	35.40	45.78			
35	25.68	34.00	37.30	48.22			
36	27.02	35.77	39.27	50.75			
37	28.39	37.59	41.29	53.32			
38	29.83	39.49	43.40	55.97			
39	31.29	41.43	45.54	58.64			
40	32.80	43.38	47.71	61.34			
41	34.31	45.36	49.91	64.05			
42	35.84	47.33	52.11	66.73			
43	37.70	49.55	54.38	69.43			
44	39.58	51.76	56.61	72.08			
45	41.45	53.94	58.79	74.64			
46	43.30	56.07	60.90	77.08			
47	45.11	58.13	62.94	79.38			
48	46.81	60.10	64.95	81.61			
49	48.40	61.93	66.79	83.62			
50	49.87	63.54	68.44	85.32			
51	51.14	64.94	69.81	86.70			
52	52.20	66.03	70.87	87.66			
53	52.95	66.73	71.52	88.04			
54	53.42	67.06	71.76	87.93			
55	53.55	66.99	71.56	87.29			
56	53.26	66.42	70.88	86.08			
57	52.51	65.37	69.64	84.29			
58	51.22	63.72	67.87	81.86			
59	49.53	61.56	65.54	78.77			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	16.02	21.16	23.43	30.14			
26	16.74	22.18	24.56	31.68			
27	17.54	23.30	25.83	33.36			
28	18.41	24.53	27.20	35.19			
29	19.35	25.85	28.68	37.15			
30	20.36	27.24	30.26	39.25			
31	21.45	28.75	31.94	41.46			
32	22.59	30.32	33.71	43.78			
33	23.80	31.97	35.58	46.22			
34	25.06	33.70	37.52	48.74			
35	26.39	35.50	39.54	51.35			
36	27.76	37.35	41.62	54.03			
37	29.18	39.25	43.76	56.76			
38	30.66	41.22	45.99	59.57			
39	32.16	43.23	48.25	62.40			
40	33.70	45.27	50.54	65.25			
41	35.25	47.31	52.84	68.09			
42	36.82	49.35	55.15	70.91			
43	38.72	51.65	57.51	73.74			
44	40.64	53.93	59.83	76.50			
45	42.54	56.16	62.08	79.16			
46	44.42	58.34	64.26	81.66			
47	46.26	60.44	66.33	84.00			
48	47.97	62.42	68.36	86.24			
49	49.57	64.25	70.20	88.23			
50	51.03	65.85	71.81	89.87			
51	52.29	67.21	73.12	91.15			
52	53.33	68.24	74.08	91.97			
53	54.03	68.83	74.56	92.14			
54	54.44	69.04	74.62	91.76			
55	54.51	68.83	74.21	90.82			
56	54.21	68.16	73.30	89.28			
57	53.36	66.93	71.80	87.15			
58	51.97	65.09	69.76	84.37			
59	50.17	62.74	67.16	80.92			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.99	16.76	18.17	23.33			
26	13.59	17.57	19.07	24.53			
27	14.23	18.49	20.06	25.85			
28	14.94	19.46	21.13	27.27			
29	15.72	20.50	22.29	28.81			
30	16.54	21.62	23.51	30.44			
31	17.41	22.82	24.82	32.16			
32	18.34	24.07	26.20	33.96			
33	19.32	25.39	27.64	35.84			
34	20.34	26.74	29.16	37.82			
35	21.42	28.16	30.72	39.85			
36	22.52	29.64	32.34	41.91			
37	23.66	31.14	34.01	44.04			
38	24.85	32.70	35.72	46.22			
39	26.07	34.28	37.48	48.40			
40	27.30	35.89	39.25	50.61			
41	28.56	37.51	41.02	52.81			
42	29.81	39.11	42.80	54.98			
43	31.33	40.90	44.62	57.15			
44	32.85	42.69	46.39	59.26			
45	34.36	44.44	48.13	61.28			
46	35.86	46.14	49.79	63.20			
47	37.31	47.77	51.37	64.99			
48	38.64	49.29	52.91	66.68			
49	39.90	50.69	54.30	68.16			
50	41.03	51.91	55.52	69.41			
51	42.01	52.95	56.51	70.36			
52	42.79	53.74	57.25	70.96			
53	43.31	54.18	57.63	71.09			
54	43.60	54.34	57.70	70.81			
55	43.63	54.16	57.44	70.14			
56	43.31	53.58	56.82	69.04			
57	42.65	52.69	55.77	67.52			
58	41.57	51.30	54.30	65.47			
59	40.19	49.56	52.43	62.99			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.02	16.83	18.27	23.47			
26	13.61	17.64	19.18	24.68			
27	14.27	18.57	20.18	26.01			
28	14.99	19.54	21.26	27.45			
29	15.76	20.59	22.42	29.00			
30	16.59	21.72	23.65	30.63			
31	17.46	22.92	24.97	32.36			
32	18.39	24.18	26.36	34.18			
33	19.37	25.49	27.82	36.08			
34	20.40	26.88	29.35	38.07			
35	21.48	28.29	30.92	40.12			
36	22.59	29.77	32.54	42.20			
37	23.73	31.28	34.23	44.33			
38	24.93	32.86	35.96	46.53			
39	26.15	34.45	37.73	48.74			
40	27.39	36.06	39.50	50.97			
41	28.65	37.69	41.31	53.19			
42	29.90	39.31	43.10	55.39			
43	31.42	41.11	44.93	57.58			
44	32.96	42.92	46.74	59.72			
45	34.50	44.68	48.49	61.77			
46	35.99	46.39	50.18	63.71			
47	37.44	48.04	51.77	65.52			
48	38.79	49.58	53.34	67.25			
49	40.06	51.00	54.75	68.75			
50	41.19	52.24	55.99	70.04			
51	42.18	53.28	57.00	71.01			
52	42.97	54.08	57.77	71.64			
53	43.51	54.54	58.17	71.79			
54	43.81	54.71	58.25	71.54			
55	43.83	54.55	57.98	70.87			
56	43.52	53.98	57.36	69.77			
57	42.86	53.06	56.28	68.22			
58	41.78	51.68	54.82	66.16			
59	40.37	49.91	52.91	63.64			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.07	16.94	18.43	23.69			
26	13.67	17.76	19.35	24.91			
27	14.33	18.67	20.35	26.26			
28	15.05	19.67	21.44	27.70			
29	15.82	20.72	22.62	29.27			
30	16.66	21.86	23.87	30.93			
31	17.54	23.07	25.20	32.67			
32	18.47	24.34	26.60	34.51			
33	19.45	25.67	28.08	36.44			
34	20.49	27.05	29.62	38.45			
35	21.58	28.49	31.21	40.52			
36	22.70	29.98	32.85	42.63			
37	23.85	31.50	34.56	44.79			
38	25.05	33.09	36.31	47.01			
39	26.28	34.71	38.10	49.25			
40	27.53	36.33	39.90	51.52			
41	28.79	37.98	41.72	53.77			
42	30.06	39.61	43.54	55.99			
43	31.58	41.44	45.41	58.23			
44	33.14	43.26	47.25	60.39			
45	34.67	45.04	49.02	62.50			
46	36.19	46.78	50.74	64.48			
47	37.66	48.44	52.38	66.33			
48	39.01	50.02	53.98	68.10			
49	40.29	51.45	55.42	69.66			
50	41.45	52.72	56.70	70.99			
51	42.44	53.79	57.75	72.00			
52	43.25	54.61	58.54	72.67			
53	43.79	55.10	58.97	72.85			
54	44.10	55.27	59.06	72.62			
55	44.13	55.12	58.81	71.96			
56	43.84	54.57	58.18	70.85			
57	43.17	53.64	57.08	69.26			
58	42.08	52.24	55.58	67.19			
59	40.66	50.44	53.64	64.60			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.44	17.71	19.58	25.30			
26	14.06	18.58	20.56	26.60			
27	14.74	19.54	21.64	28.05			
28	15.49	20.57	22.80	29.60			
29	16.28	21.69	24.06	31.28			
30	17.14	22.88	25.40	33.06			
31	18.05	24.15	26.81	34.94			
32	19.02	25.48	28.32	36.91			
33	20.03	26.88	29.88	38.97			
34	21.10	28.33	31.53	41.11			
35	22.22	29.83	33.23	43.32			
36	23.36	31.40	34.97	45.58			
37	24.56	32.99	36.78	47.88			
38	25.79	34.65	38.63	50.26			
39	27.06	36.33	40.53	52.63			
40	28.34	38.02	42.44	55.03			
41	29.64	39.73	44.36	57.41			
42	30.93	41.43	46.28	59.76			
43	32.51	43.32	48.22	62.11			
44	34.09	45.21	50.14	64.37			
45	35.66	47.04	51.99	66.56			
46	37.20	48.83	53.76	68.60			
47	38.69	50.52	55.42	70.49			
48	40.06	52.10	57.04	72.27			
49	41.34	53.55	58.49	73.81			
50	42.50	54.80	59.73	75.08			
51	43.48	55.84	60.72	76.01			
52	44.26	56.60	61.42	76.55			
53	44.77	56.99	61.71	76.53			
54	45.02	57.06	61.64	76.07			
55	44.99	56.78	61.19	75.13			
56	44.70	56.14	60.34	73.73			
57	43.94	55.04	59.02	71.83			
58	42.75	53.48	57.29	69.44			
59	41.24	51.51	55.10	66.54			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.43	18.63	20.19	25.92			
26	15.09	19.53	21.19	27.25			
27	15.81	20.54	22.29	28.72			
28	16.61	21.62	23.48	30.30			
29	17.46	22.78	24.76	32.01			
30	18.37	24.02	26.13	33.82			
31	19.34	25.35	27.58	35.73			
32	20.38	26.74	29.11	37.73			
33	21.46	28.20	30.71	39.83			
34	22.60	29.72	32.40	42.02			
35	23.80	31.29	34.14	44.27			
36	25.02	32.93	35.93	46.57			
37	26.29	34.60	37.79	48.93			
38	27.61	36.34	39.69	51.35			
39	28.97	38.10	41.64	53.78			
40	30.33	39.87	43.60	56.23			
41	31.73	41.67	45.58	58.68			
42	33.12	43.45	47.56	61.09			
43	34.80	45.44	49.57	63.50			
44	36.50	47.43	51.55	65.84			
45	38.18	49.38	53.48	68.09			
46	39.85	51.27	55.33	70.22			
47	41.46	53.07	57.08	72.20			
48	42.94	54.76	58.78	74.09			
49	44.33	56.32	60.33	75.72			
50	45.58	57.68	61.69	77.11			
51	46.68	58.83	62.79	78.17			
52	47.55	59.71	63.62	78.85			
53	48.13	60.20	64.04	78.98			
54	48.45	60.38	64.11	78.68			
55	48.48	60.17	63.82	77.93			
56	48.13	59.54	63.13	76.72			
57	47.40	58.54	61.96	75.02			
58	46.19	57.01	60.33	72.75			
59	44.65	55.07	58.26	69.99			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.47	18.71	20.30	26.07			
26	15.13	19.61	21.31	27.42			
27	15.86	20.63	22.42	28.90			
28	16.65	21.71	23.62	30.49			
29	17.51	22.88	24.91	32.22			
30	18.43	24.13	26.29	34.04			
31	19.40	25.47	27.75	35.96			
32	20.43	26.87	29.29	37.98			
33	21.52	28.33	30.91	40.09			
34	22.67	29.86	32.60	42.30			
35	23.87	31.43	34.36	44.57			
36	25.10	33.08	36.16	46.89			
37	26.37	34.76	38.03	49.26			
38	27.70	36.51	39.95	51.70			
39	29.06	38.28	41.91	54.16			
40	30.43	40.07	43.89	56.64			
41	31.84	41.88	45.89	59.10			
42	33.23	43.67	47.89	61.54			
43	34.92	45.68	49.92	63.98			
44	36.63	47.69	51.93	66.35			
45	38.32	49.64	53.87	68.63			
46	39.99	51.55	55.75	70.79			
47	41.61	53.37	57.53	72.80			
48	43.10	55.09	59.26	74.72			
49	44.51	56.66	60.83	76.39			
50	45.77	58.04	62.22	77.82			
51	46.87	59.21	63.33	78.90			
52	47.75	60.10	64.19	79.60			
53	48.34	60.61	64.63	79.76			
54	48.67	60.79	64.72	79.48			
55	48.70	60.61	64.42	78.74			
56	48.36	59.98	63.73	77.52			
57	47.63	58.96	62.54	75.79			
58	46.42	57.42	60.90	73.51			
59	44.86	55.46	58.79	70.71			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.52	18.82	20.48	26.32			
26	15.19	19.73	21.50	27.68			
27	15.92	20.75	22.62	29.17			
28	16.72	21.85	23.82	30.78			
29	17.58	23.03	25.13	32.52			
30	18.51	24.29	26.52	34.36			
31	19.48	25.63	28.00	36.31			
32	20.52	27.04	29.56	38.35			
33	21.61	28.52	31.20	40.49			
34	22.77	30.06	32.91	42.72			
35	23.97	31.65	34.68	45.01			
36	25.21	33.31	36.50	47.36			
37	26.50	35.01	38.39	49.76			
38	27.83	36.77	40.34	52.24			
39	29.20	38.56	42.33	54.73			
40	30.58	40.37	44.33	57.24			
41	31.99	42.20	46.36	59.74			
42	33.40	44.01	48.38	62.22			
43	35.09	46.04	50.45	64.70			
44	36.82	48.07	52.49	67.11			
45	38.53	50.05	54.47	69.44			
46	40.21	51.98	56.38	71.64			
47	41.84	53.83	58.19	73.70			
48	43.35	55.57	59.97	75.67			
49	44.77	57.17	61.58	77.40			
50	46.05	58.58	63.00	78.87			
51	47.16	59.77	64.16	80.00			
52	48.06	60.68	65.04	80.75			
53	48.66	61.22	65.52	80.94			
54	49.00	61.42	65.62	80.69			
55	49.03	61.25	65.34	79.95			
56	48.72	60.63	64.64	78.72			
57	47.97	59.59	63.42	76.96			
58	46.75	58.04	61.76	74.65			
59	45.18	56.05	59.60	71.78			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	14.93	19.68	21.75	28.11			
26	15.62	20.64	22.84	29.56			
27	16.38	21.71	24.04	31.16			
28	17.20	22.86	25.34	32.89			
29	18.09	24.10	26.73	34.76			
30	19.04	25.42	28.22	36.73			
31	20.06	26.83	29.80	38.82			
32	21.13	28.31	31.46	41.01			
33	22.26	29.87	33.20	43.30			
34	23.44	31.48	35.03	45.68			
35	24.68	33.15	36.92	48.14			
36	25.96	34.88	38.86	50.64			
37	27.29	36.66	40.87	53.20			
38	28.66	38.50	42.93	55.84			
39	30.07	40.37	45.04	58.48			
40	31.49	42.25	47.16	61.14			
41	32.93	44.15	49.29	63.79			
42	34.37	46.03	51.42	66.40			
43	36.12	48.14	53.58	69.01			
44	37.88	50.23	55.71	71.53			
45	39.62	52.27	57.76	73.96			
46	41.33	54.25	59.73	76.22			
47	42.99	56.14	61.58	78.32			
48	44.51	57.90	63.38	80.30			
49	45.94	59.50	64.99	82.02			
50	47.21	60.89	66.37	83.42			
51	48.31	62.04	67.47	84.45			
52	49.18	62.89	68.25	85.06			
53	49.74	63.32	68.56	85.03			
54	50.02	63.40	68.48	84.52			
55	49.99	63.09	67.99	83.48			
56	49.66	62.37	67.05	81.92			
57	48.82	61.16	65.58	79.82			
58	47.50	59.42	63.65	77.16			
59	45.82	57.23	61.22	73.93			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.76	15.08	16.28	21.02			
26	12.30	15.82	17.10	22.12			
27	12.88	16.64	18.00	23.33			
28	13.53	17.52	18.96	24.61			
29	14.22	18.46	20.00	26.00			
30	14.96	19.47	21.10	27.47			
31	15.74	20.54	22.26	29.02			
32	16.58	21.66	23.49	30.65			
33	17.46	22.82	24.78	32.35			
34	18.37	24.04	26.12	34.11			
35	19.32	25.31	27.51	35.92			
36	20.30	26.60	28.94	37.76			
37	21.30	27.93	30.40	39.64			
38	22.36	29.30	31.91	41.58			
39	23.43	30.70	33.45	43.52			
40	24.52	32.10	34.99	45.45			
41	25.60	33.49	36.53	47.37			
42	26.67	34.89	38.06	49.25			
43	28.00	36.43	39.61	51.11			
44	29.31	37.95	41.11	52.91			
45	30.60	39.43	42.57	54.61			
46	31.86	40.85	43.94	56.20			
47	33.08	42.20	45.24	57.65			
48	34.18	43.42	46.46	58.98			
49	35.18	44.53	47.56	60.11			
50	36.08	45.48	48.49	61.04			
51	36.84	46.26	49.23	61.71			
52	37.44	46.85	49.76	62.09			
53	37.85	47.17	50.01	62.08			
54	38.06	47.25	50.01	61.75			
55	38.05	47.07	49.74	61.10			
56	37.80	46.55	49.20	60.09			
57	37.22	45.77	48.32	58.73			
58	36.29	44.59	47.07	56.95			
59	35.11	43.13	45.50	54.82			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.78	15.15	16.38	21.16			
26	12.33	15.89	17.21	22.27			
27	12.93	16.72	18.11	23.49			
28	13.57	17.60	19.09	24.79			
29	14.27	18.55	20.13	26.18			
30	15.01	19.56	21.24	27.68			
31	15.80	20.64	22.41	29.22			
32	16.62	21.76	23.65	30.87			
33	17.51	22.93	24.96	32.59			
34	18.43	24.17	26.30	34.36			
35	19.38	25.43	27.70	36.19			
36	20.37	26.73	29.15	38.05			
37	21.38	28.08	30.62	39.95			
38	22.44	29.46	32.15	41.90			
39	23.50	30.87	33.70	43.85			
40	24.60	32.28	35.25	45.82			
41	25.70	33.69	36.81	47.75			
42	26.77	35.09	38.37	49.66			
43	28.10	36.64	39.93	51.53			
44	29.43	38.18	41.46	53.37			
45	30.72	39.67	42.92	55.09			
46	31.99	41.10	44.32	56.71			
47	33.22	42.48	45.65	58.19			
48	34.33	43.71	46.89	59.55			
49	35.34	44.84	48.00	60.71			
50	36.24	45.80	48.96	61.67			
51	37.01	46.60	49.71	62.37			
52	37.63	47.20	50.27	62.77			
53	38.04	47.53	50.54	62.79			
54	38.25	47.63	50.56	62.47			
55	38.24	47.45	50.28	61.82			
56	38.01	46.95	49.74	60.81			
57	37.43	46.15	48.84	59.44			
58	36.49	44.96	47.58	57.63			
59	35.30	43.47	45.99	55.48			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.84	15.25	16.54	21.38			
26	12.39	16.01	17.38	22.50			
27	12.98	16.83	18.29	23.72			
28	13.63	17.72	19.27	25.05			
29	14.34	18.68	20.33	26.46			
30	15.08	19.70	21.45	27.97			
31	15.88	20.79	22.64	29.54			
32	16.70	21.92	23.89	31.20			
33	17.59	23.10	25.22	32.94			
34	18.52	24.36	26.58	34.73			
35	19.47	25.63	28.00	36.58			
36	20.48	26.95	29.45	38.47			
37	21.49	28.30	30.95	40.40			
38	22.55	29.69	32.50	42.38			
39	23.64	31.13	34.06	44.37			
40	24.74	32.54	35.65	46.36			
41	25.83	33.97	37.23	48.33			
42	26.92	35.39	38.81	50.27			
43	28.26	36.97	40.40	52.18			
44	29.59	38.53	41.96	54.06			
45	30.91	40.04	43.45	55.82			
46	32.19	41.49	44.89	57.47			
47	33.42	42.89	46.24	59.00			
48	34.55	44.15	47.53	60.40			
49	35.57	45.29	48.67	61.63			
50	36.49	46.30	49.67	62.62			
51	37.27	47.11	50.46	63.36			
52	37.90	47.73	51.04	63.80			
53	38.32	48.08	51.34	63.85			
54	38.54	48.19	51.37	63.56			
55	38.54	48.01	51.11	62.91			
56	38.32	47.54	50.56	61.89			
57	37.74	46.72	49.63	60.47			
58	36.79	45.52	48.36	58.66			
59	35.59	44.00	46.72	56.43			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.21	16.02	17.69	22.99			
26	12.78	16.83	18.59	24.20			
27	13.39	17.70	19.57	25.52			
28	14.06	18.64	20.64	26.95			
29	14.79	19.65	21.77	28.48			
30	15.57	20.72	22.99	30.10			
31	16.39	21.87	24.26	31.80			
32	17.25	23.06	25.61	33.60			
33	18.17	24.31	27.02	35.46			
34	19.13	25.63	28.49	37.41			
35	20.12	26.97	30.01	39.40			
36	21.15	28.36	31.57	41.43			
37	22.20	29.79	33.18	43.50			
38	23.30	31.25	34.82	45.62			
39	24.42	32.75	36.50	47.75			
40	25.55	34.24	38.19	49.87			
41	26.67	35.73	39.87	51.97			
42	27.80	37.22	41.54	54.03			
43	29.18	38.85	43.22	56.06			
44	30.54	40.47	44.86	58.03			
45	31.88	42.04	46.42	59.88			
46	33.20	43.53	47.91	61.59			
47	34.46	44.96	49.30	63.16			
48	35.60	46.24	50.59	64.57			
49	36.63	47.39	51.74	65.78			
50	37.54	48.36	52.70	66.72			
51	38.31	49.15	53.43	67.36			
52	38.92	49.72	53.93	67.68			
53	39.30	49.98	54.08	67.53			
54	39.47	49.97	53.94	67.00			
55	39.41	49.67	53.50	66.09			
56	39.12	49.07	52.72	64.77			
57	38.51	48.13	51.58	63.05			
58	37.47	46.76	50.05	60.92			
59	36.16	45.06	48.18	58.37			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.06	16.76	18.08	23.36			
26	13.67	17.58	19.00	24.58			
27	14.32	18.49	19.99	25.92			
28	15.03	19.47	21.07	27.35			
29	15.80	20.51	22.22	28.89			
30	16.62	21.63	23.44	30.53			
31	17.49	22.82	24.74	32.24			
32	18.42	24.06	26.10	34.06			
33	19.40	25.35	27.54	35.94			
34	20.41	26.72	29.02	37.90			
35	21.46	28.12	30.56	39.91			
36	22.55	29.56	32.16	41.96			
37	23.67	31.04	33.78	44.05			
38	24.84	32.56	35.46	46.20			
39	26.03	34.12	37.16	48.35			
40	27.24	35.67	38.88	50.50			
41	28.44	37.22	40.59	52.63			
42	29.64	38.77	42.29	54.73			
43	31.11	40.48	44.01	56.79			
44	32.57	42.17	45.68	58.79			
45	33.99	43.82	47.29	60.68			
46	35.40	45.39	48.82	62.44			
47	36.76	46.90	50.27	64.06			
48	37.97	48.24	51.62	65.53			
49	39.09	49.47	52.84	66.79			
50	40.08	50.53	53.87	67.82			
51	40.93	51.40	54.69	68.57			
52	41.61	52.06	55.28	68.99			
53	42.06	52.40	55.56	68.98			
54	42.28	52.50	55.56	68.61			
55	42.28	52.30	55.26	67.88			
56	41.99	51.73	54.67	66.77			
57	41.36	50.86	53.69	65.26			
58	40.32	49.54	52.30	63.28			
59	39.01	47.92	50.56	60.91			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.09	16.83	18.20	23.51			
26	13.70	17.66	19.12	24.75			
27	14.36	18.58	20.13	26.09			
28	15.07	19.55	21.21	27.54			
29	15.86	20.61	22.37	29.09			
30	16.68	21.74	23.60	30.75			
31	17.55	22.93	24.90	32.47			
32	18.47	24.18	26.28	34.30			
33	19.46	25.48	27.73	36.20			
34	20.48	26.86	29.22	38.18			
35	21.53	28.26	30.78	40.21			
36	22.63	29.71	32.38	42.28			
37	23.75	31.20	34.03	44.39			
38	24.93	32.74	35.72	46.55			
39	26.12	34.30	37.44	48.73			
40	27.33	35.86	39.17	50.91			
41	28.55	37.43	40.90	53.06			
42	29.74	38.99	42.63	55.18			
43	31.22	40.72	44.36	57.26			
44	32.69	42.42	46.06	59.30			
45	34.14	44.08	47.69	61.21			
46	35.54	45.67	49.24	63.01			
47	36.91	47.19	50.71	64.65			
48	38.14	48.57	52.10	66.17			
49	39.27	49.82	53.34	67.46			
50	40.27	50.89	54.40	68.53			
51	41.12	51.78	55.24	69.30			
52	41.81	52.45	55.85	69.75			
53	42.27	52.81	56.15	69.77			
54	42.50	52.91	56.17	69.41			
55	42.50	52.72	55.87	68.69			
56	42.23	52.17	55.26	67.57			
57	41.59	51.28	54.27	66.04			
58	40.55	49.96	52.87	64.04			
59	39.22	48.30	51.10	61.64			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.15	16.95	18.37	23.76			
26	13.76	17.78	19.31	25.00			
27	14.42	18.70	20.32	26.36			
28	15.14	19.69	21.41	27.83			
29	15.93	20.76	22.59	29.40			
30	16.76	21.89	23.84	31.07			
31	17.64	23.10	25.16	32.82			
32	18.56	24.36	26.55	34.67			
33	19.54	25.67	28.02	36.60			
34	20.57	27.06	29.53	38.60			
35	21.64	28.48	31.11	40.65			
36	22.75	29.94	32.73	42.75			
37	23.87	31.44	34.39	44.89			
38	25.06	32.99	36.11	47.09			
39	26.26	34.58	37.85	49.30			
40	27.48	36.16	39.61	51.51			
41	28.70	37.74	41.37	53.70			
42	29.91	39.33	43.12	55.85			
43	31.40	41.08	44.89	57.98			
44	32.89	42.80	46.62	60.06			
45	34.34	44.48	48.29	62.02			
46	35.76	46.10	49.88	63.86			
47	37.14	47.65	51.38	65.55			
48	38.39	49.05	52.81	67.12			
49	39.52	50.33	54.08	68.47			
50	40.55	51.44	55.18	69.58			
51	41.41	52.34	56.06	70.40			
52	42.12	53.04	56.71	70.89			
53	42.58	53.42	57.04	70.95			
54	42.83	53.54	57.08	70.62			
55	42.83	53.35	56.79	69.90			
56	42.57	52.82	56.17	68.76			
57	41.93	51.91	55.15	67.20			
58	40.88	50.58	53.72	65.18			
59	39.54	48.89	51.91	62.71			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	13.56	17.80	19.65	25.55			
26	14.19	18.69	20.65	26.88			
27	14.88	19.66	21.74	28.35			
28	15.63	20.71	22.92	29.95			
29	16.44	21.83	24.19	31.64			
30	17.29	23.03	25.54	33.44			
31	18.21	24.30	26.95	35.33			
32	19.17	25.63	28.45	37.33			
33	20.19	27.02	30.03	39.41			
34	21.25	28.48	31.65	41.56			
35	22.35	29.97	33.34	43.77			
36	23.50	31.51	35.09	46.03			
37	24.67	33.10	36.86	48.33			
38	25.89	34.72	38.69	50.69			
39	27.13	36.39	40.56	53.06			
40	28.39	38.04	42.43	55.41			
41	29.64	39.70	44.30	57.75			
42	30.89	41.35	46.16	60.03			
43	32.42	43.17	48.02	62.30			
44	33.94	44.97	49.84	64.48			
45	35.43	46.71	51.58	66.54			
46	36.89	48.37	53.23	68.44			
47	38.29	49.96	54.77	70.17			
48	39.55	51.37	56.21	71.75			
49	40.69	52.65	57.49	73.08			
50	41.71	53.74	58.56	74.13			
51	42.57	54.61	59.37	74.85			
52	43.24	55.25	59.92	75.20			
53	43.67	55.53	60.09	75.04			
54	43.85	55.52	59.94	74.45			
55	43.79	55.18	59.44	73.43			
56	43.46	54.52	58.58	71.97			
57	42.79	53.48	57.31	70.06			
58	41.63	51.96	55.62	67.69			
59	40.18	50.07	53.53	64.86			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.42	0.56	0.62	0.76	1.07	2.34	4.26
26	0.44	0.60	0.66	0.79	1.13	2.44	4.42
27	0.48	0.63	0.69	0.84	1.19	2.54	4.61
28	0.49	0.68	0.74	0.89	1.25	2.65	4.79
29	0.53	0.71	0.77	0.94	1.32	2.76	4.98
30	0.56	0.76	0.84	1.00	1.39	2.88	5.19
31	0.60	0.81	0.89	1.07	1.47	3.01	5.40
32	0.64	0.85	0.94	1.14	1.55	3.13	5.62
33	0.68	0.92	1.00	1.21	1.64	3.28	5.87
34	0.72	0.97	1.06	1.29	1.72	3.42	6.12
35	0.77	1.03	1.14	1.37	1.81	3.58	6.39
36	0.83	1.10	1.21	1.46	1.92	3.75	6.69
37	0.87	1.17	1.28	1.55	2.02	3.92	6.99
38	0.93	1.24	1.36	1.64	2.13	4.11	7.32
39	0.99	1.31	1.45	1.74	2.25	4.31	7.66
40	1.06	1.40	1.54	1.85	2.37	4.51	8.03
41	1.13	1.49	1.64	1.96	2.50	4.73	8.42
42	1.20	1.58	1.73	2.08	2.63	4.96	8.84
43	1.28	1.68	1.86	2.20	2.78	5.22	9.31
44	1.38	1.80	1.95	2.34	2.94	5.48	9.79
45	1.47	1.92	2.08	2.47	3.10	5.75	10.28
46	1.57	2.03	2.20	2.60	3.26	6.02	10.80
47	1.68	2.16	2.33	2.75	3.42	6.30	11.32
48	1.79	2.30	2.47	2.92	3.61	6.62	11.92
49	1.90	2.43	2.60	3.08	3.78	6.93	12.52
50	2.02	2.56	2.75	3.24	3.95	7.23	13.08
51	2.12	2.68	2.87	3.37	4.09	7.49	13.57
52	2.21	2.80	2.97	3.49	4.21	7.72	13.99
53	2.31	2.90	3.09	3.61	4.31	7.90	14.36
54	2.38	2.97	3.16	3.69	4.36	8.03	14.57
55	2.41	3.02	3.20	3.73	4.38	8.05	14.64
56	2.41	3.03	3.19	3.73	4.33	7.98	14.51
57	2.38	2.97	3.14	3.67	4.22	7.80	14.15
58	2.29	2.88	3.03	3.53	4.04	7.46	13.54
59	2.16	2.71	2.85	3.33	3.77	6.98	12.64
60	1.97	2.47	2.60	3.04	3.40	6.32	11.41
61	1.72	2.16	2.26	2.65	2.92	5.47	9.84
62	1.40	1.77	1.86	2.16	2.36	4.43	7.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.43	0.58	0.64	0.78	1.12	2.43	4.44
26	0.45	0.61	0.68	0.83	1.17	2.53	4.59
27	0.48	0.65	0.71	0.87	1.23	2.65	4.80
28	0.50	0.69	0.76	0.92	1.30	2.75	4.97
29	0.54	0.73	0.81	0.99	1.37	2.88	5.18
30	0.57	0.77	0.86	1.05	1.45	2.98	5.39
31	0.61	0.83	0.92	1.12	1.53	3.13	5.61
32	0.65	0.88	0.98	1.19	1.62	3.26	5.84
33	0.69	0.94	1.04	1.26	1.71	3.41	6.11
34	0.74	0.99	1.10	1.34	1.79	3.56	6.37
35	0.79	1.06	1.18	1.43	1.88	3.72	6.64
36	0.84	1.14	1.25	1.51	2.00	3.90	6.95
37	0.89	1.21	1.33	1.61	2.10	4.08	7.26
38	0.95	1.28	1.41	1.71	2.22	4.28	7.61
39	1.01	1.35	1.50	1.81	2.34	4.48	7.97
40	1.07	1.43	1.59	1.92	2.46	4.70	8.35
41	1.14	1.53	1.70	2.04	2.60	4.93	8.76
42	1.21	1.62	1.80	2.16	2.74	5.17	9.20
43	1.31	1.72	1.92	2.29	2.90	5.43	9.68
44	1.40	1.85	2.02	2.43	3.05	5.70	10.18
45	1.50	1.96	2.15	2.57	3.22	5.98	10.69
46	1.59	2.09	2.28	2.71	3.39	6.26	11.22
47	1.71	2.22	2.41	2.87	3.56	6.56	11.77
48	1.82	2.35	2.56	3.04	3.75	6.89	12.40
49	1.94	2.50	2.70	3.20	3.93	7.22	13.02
50	2.04	2.62	2.84	3.37	4.11	7.52	13.60
51	2.16	2.75	2.97	3.51	4.25	7.80	14.11
52	2.25	2.87	3.08	3.63	4.37	8.03	14.56
53	2.34	2.97	3.20	3.76	4.48	8.22	14.93
54	2.42	3.05	3.27	3.84	4.54	8.34	15.16
55	2.45	3.10	3.31	3.88	4.56	8.38	15.23
56	2.45	3.11	3.30	3.88	4.51	8.30	15.09
57	2.42	3.05	3.26	3.81	4.38	8.10	14.72
58	2.33	2.95	3.13	3.68	4.20	7.76	14.08
59	2.18	2.78	2.95	3.45	3.92	7.25	13.15
60	2.01	2.53	2.69	3.15	3.53	6.57	11.87
61	1.75	2.22	2.34	2.75	3.04	5.69	10.23
62	1.43	1.81	1.92	2.24	2.46	4.60	8.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.44	0.60	0.68	0.83	1.18	2.58	4.69
26	0.46	0.63	0.71	0.87	1.23	2.68	4.87
27	0.49	0.68	0.76	0.92	1.31	2.80	5.07
28	0.52	0.71	0.80	0.98	1.38	2.90	5.26
29	0.55	0.76	0.84	1.04	1.45	3.04	5.48
30	0.59	0.81	0.91	1.11	1.53	3.16	5.71
31	0.62	0.85	0.97	1.18	1.62	3.31	5.94
32	0.67	0.92	1.02	1.25	1.71	3.45	6.19
33	0.70	0.98	1.09	1.33	1.80	3.61	6.46
34	0.76	1.03	1.15	1.42	1.89	3.77	6.73
35	0.81	1.09	1.23	1.50	2.00	3.93	7.03
36	0.85	1.17	1.31	1.60	2.10	4.12	7.35
37	0.92	1.24	1.39	1.70	2.23	4.32	7.68
38	0.98	1.32	1.48	1.80	2.34	4.52	8.04
39	1.04	1.40	1.58	1.92	2.47	4.73	8.44
40	1.10	1.49	1.67	2.02	2.60	4.96	8.84
41	1.17	1.58	1.79	2.16	2.75	5.21	9.26
42	1.24	1.68	1.88	2.28	2.90	5.46	9.73
43	1.34	1.79	2.02	2.42	3.05	5.75	10.24
44	1.43	1.92	2.13	2.57	3.23	6.03	10.77
45	1.54	2.03	2.26	2.72	3.41	6.32	11.31
46	1.63	2.16	2.39	2.87	3.59	6.62	11.87
47	1.75	2.30	2.53	3.03	3.77	6.93	12.45
48	1.87	2.44	2.68	3.21	3.96	7.29	13.12
49	1.98	2.59	2.83	3.38	4.16	7.64	13.77
50	2.10	2.73	2.98	3.56	4.34	7.96	14.38
51	2.21	2.86	3.12	3.70	4.50	8.25	14.92
52	2.31	2.97	3.24	3.85	4.63	8.48	15.40
53	2.40	3.08	3.36	3.97	4.73	8.69	15.80
54	2.47	3.17	3.44	4.06	4.80	8.83	16.03
55	2.51	3.21	3.48	4.10	4.81	8.86	16.11
56	2.51	3.21	3.47	4.10	4.76	8.78	15.96
57	2.48	3.17	3.41	4.03	4.64	8.57	15.57
58	2.38	3.05	3.29	3.88	4.44	8.20	14.90
59	2.24	2.89	3.10	3.65	4.14	7.67	13.90
60	2.05	2.63	2.82	3.34	3.73	6.95	12.56
61	1.79	2.30	2.46	2.90	3.21	6.02	10.82
62	1.46	1.87	2.02	2.37	2.59	4.88	8.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.47	0.62	0.69	0.84	1.20	2.60	4.73
26	0.49	0.66	0.73	0.88	1.25	2.71	4.91
27	0.53	0.70	0.77	0.93	1.32	2.82	5.12
28	0.55	0.75	0.82	0.99	1.39	2.94	5.32
29	0.59	0.79	0.86	1.05	1.47	3.07	5.54
30	0.62	0.84	0.92	1.12	1.55	3.19	5.76
31	0.67	0.90	0.99	1.20	1.64	3.34	6.00
32	0.71	0.95	1.05	1.27	1.72	3.48	6.25
33	0.75	1.02	1.12	1.35	1.82	3.64	6.52
34	0.80	1.07	1.18	1.43	1.91	3.80	6.80
35	0.86	1.14	1.27	1.52	2.02	3.98	7.10
36	0.92	1.22	1.35	1.62	2.13	4.16	7.43
37	0.97	1.30	1.43	1.72	2.25	4.36	7.76
38	1.04	1.38	1.51	1.82	2.37	4.57	8.13
39	1.11	1.46	1.61	1.94	2.50	4.79	8.52
40	1.17	1.56	1.71	2.05	2.63	5.02	8.92
41	1.25	1.65	1.82	2.18	2.78	5.26	9.35
42	1.33	1.75	1.93	2.31	2.92	5.52	9.83
43	1.43	1.87	2.06	2.45	3.09	5.80	10.34
44	1.53	2.00	2.17	2.60	3.26	6.09	10.88
45	1.64	2.13	2.31	2.75	3.44	6.38	11.42
46	1.74	2.26	2.45	2.90	3.63	6.69	11.99
47	1.87	2.40	2.59	3.06	3.80	7.00	12.58
48	1.99	2.55	2.75	3.25	4.00	7.36	13.25
49	2.11	2.70	2.90	3.42	4.21	7.71	13.91
50	2.24	2.84	3.05	3.60	4.39	8.03	14.53
51	2.36	2.98	3.19	3.75	4.55	8.32	15.07
52	2.46	3.11	3.31	3.88	4.67	8.57	15.55
53	2.56	3.22	3.43	4.01	4.79	8.78	15.95
54	2.64	3.31	3.51	4.10	4.85	8.91	16.19
55	2.68	3.35	3.56	4.14	4.87	8.95	16.27
56	2.68	3.36	3.55	4.14	4.81	8.87	16.12
57	2.64	3.31	3.49	4.07	4.68	8.66	15.73
58	2.54	3.19	3.36	3.92	4.49	8.29	15.05
59	2.39	3.01	3.17	3.70	4.18	7.75	14.04
60	2.19	2.75	2.89	3.37	3.78	7.02	12.68
61	1.91	2.40	2.52	2.94	3.25	6.08	10.93
62	1.56	1.96	2.06	2.39	2.62	4.92	8.76

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.48	0.64	0.71	0.87	1.24	2.70	4.93
26	0.50	0.68	0.76	0.92	1.30	2.82	5.10
27	0.54	0.72	0.79	0.97	1.37	2.94	5.32
28	0.55	0.77	0.84	1.02	1.44	3.05	5.53
29	0.60	0.81	0.90	1.09	1.52	3.19	5.76
30	0.63	0.86	0.96	1.16	1.61	3.32	5.99
31	0.68	0.92	1.02	1.24	1.70	3.48	6.24
32	0.72	0.98	1.08	1.32	1.80	3.63	6.49
33	0.77	1.05	1.15	1.40	1.89	3.78	6.78
34	0.82	1.10	1.22	1.49	1.99	3.95	7.08
35	0.88	1.17	1.31	1.58	2.09	4.14	7.38
36	0.93	1.26	1.39	1.68	2.22	4.33	7.73
37	0.99	1.34	1.48	1.79	2.34	4.54	8.07
38	1.06	1.42	1.57	1.89	2.46	4.75	8.46
39	1.13	1.50	1.66	2.02	2.60	4.98	8.86
40	1.19	1.59	1.77	2.13	2.74	5.22	9.28
41	1.27	1.70	1.88	2.27	2.89	5.47	9.72
42	1.35	1.80	2.00	2.39	3.04	5.74	10.23
43	1.45	1.92	2.13	2.54	3.21	6.03	10.75
44	1.56	2.05	2.25	2.70	3.40	6.34	11.32
45	1.66	2.18	2.38	2.85	3.58	6.64	11.88
46	1.77	2.31	2.53	3.01	3.77	6.95	12.47
47	1.90	2.46	2.68	3.19	3.95	7.29	13.08
48	2.02	2.61	2.84	3.37	4.16	7.66	13.78
49	2.15	2.77	3.00	3.56	4.37	8.02	14.47
50	2.27	2.91	3.16	3.74	4.57	8.35	15.11
51	2.39	3.06	3.30	3.90	4.73	8.66	15.67
52	2.50	3.19	3.42	4.04	4.86	8.91	16.17
53	2.60	3.30	3.56	4.17	4.98	9.13	16.59
54	2.68	3.40	3.63	4.26	5.04	9.27	16.84
55	2.72	3.44	3.68	4.31	5.06	9.31	16.92
56	2.72	3.45	3.67	4.31	5.01	9.22	16.76
57	2.68	3.40	3.62	4.23	4.87	9.00	16.36
58	2.59	3.27	3.48	4.08	4.66	8.62	15.65
59	2.43	3.09	3.27	3.84	4.35	8.06	14.61
60	2.23	2.82	2.99	3.50	3.92	7.30	13.19
61	1.94	2.46	2.60	3.05	3.38	6.33	11.37
62	1.58	2.02	2.13	2.49	2.73	5.11	9.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.48	0.66	0.75	0.92	1.31	2.86	5.21
26	0.51	0.70	0.79	0.97	1.37	2.98	5.40
27	0.55	0.75	0.84	1.02	1.45	3.11	5.63
28	0.57	0.79	0.89	1.08	1.53	3.23	5.84
29	0.62	0.84	0.94	1.15	1.61	3.38	6.09
30	0.65	0.90	1.00	1.23	1.70	3.51	6.34
31	0.70	0.95	1.07	1.31	1.80	3.68	6.60
32	0.74	1.01	1.14	1.39	1.89	3.84	6.87
33	0.78	1.08	1.21	1.48	2.00	4.00	7.17
34	0.84	1.14	1.28	1.58	2.10	4.18	7.48
35	0.90	1.21	1.37	1.67	2.22	4.37	7.81
36	0.95	1.30	1.46	1.78	2.34	4.58	8.17
37	1.01	1.38	1.55	1.88	2.47	4.80	8.54
38	1.08	1.47	1.65	2.01	2.60	5.02	8.94
39	1.15	1.56	1.75	2.13	2.75	5.26	9.37
40	1.22	1.65	1.86	2.25	2.90	5.52	9.81
41	1.30	1.76	1.98	2.39	3.05	5.79	10.29
42	1.38	1.87	2.09	2.53	3.21	6.07	10.82
43	1.49	1.99	2.24	2.68	3.40	6.38	11.38
44	1.59	2.13	2.37	2.85	3.59	6.70	11.97
45	1.71	2.26	2.51	3.02	3.78	7.02	12.57
46	1.81	2.40	2.66	3.19	3.99	7.36	13.19
47	1.94	2.55	2.82	3.36	4.18	7.71	13.83
48	2.07	2.71	2.98	3.56	4.40	8.10	14.58
49	2.20	2.88	3.15	3.76	4.62	8.48	15.30
50	2.33	3.03	3.32	3.95	4.82	8.84	15.98
51	2.46	3.18	3.47	4.12	5.00	9.16	16.58
52	2.56	3.30	3.60	4.27	5.14	9.42	17.11
53	2.67	3.42	3.73	4.41	5.26	9.66	17.55
54	2.75	3.52	3.82	4.51	5.33	9.80	17.81
55	2.79	3.56	3.86	4.56	5.35	9.85	17.90
56	2.79	3.57	3.85	4.56	5.29	9.76	17.73
57	2.75	3.52	3.79	4.48	5.15	9.52	17.30
58	2.65	3.40	3.65	4.31	4.93	9.12	16.55
59	2.49	3.20	3.44	4.06	4.59	8.53	15.45
60	2.28	2.92	3.14	3.70	4.14	7.73	13.95
61	1.99	2.55	2.74	3.23	3.57	6.69	12.02
62	1.62	2.09	2.24	2.63	2.88	5.41	9.64

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.97	6.85	7.51	10.08	15.21	31.14	56.67
26	5.05	6.94	7.61	10.23	15.40	31.23	56.72
27	5.11	7.06	7.74	10.41	15.58	31.25	56.67
28	5.21	7.18	7.87	10.60	15.73	31.23	56.49
29	5.30	7.30	8.02	10.79	15.88	31.15	56.21
30	5.39	7.44	8.16	10.98	16.00	31.03	55.83
31	5.47	7.56	8.31	11.18	16.09	30.85	55.34
32	5.57	7.69	8.45	11.34	16.17	30.63	54.79
33	5.66	7.80	8.55	11.49	16.21	30.35	54.17
34	5.73	7.90	8.66	11.63	16.22	30.04	53.49
35	5.80	7.98	8.76	11.74	16.19	29.69	52.74
36	5.86	8.04	8.84	11.82	16.15	29.29	51.94
37	5.90	8.10	8.90	11.87	16.08	28.86	51.08
38	5.93	8.12	8.91	11.87	15.96	28.40	50.22
39	5.96	8.13	8.92	11.84	15.82	27.90	49.32
40	5.96	8.10	8.91	11.79	15.64	27.36	48.36
41	5.94	8.07	8.87	11.70	15.42	26.78	47.35
42	5.91	8.01	8.80	11.56	15.15	26.15	46.28
43	5.91	7.96	8.72	11.41	14.86	25.51	45.19
44	5.90	7.88	8.61	11.21	14.53	24.81	44.02
45	5.86	7.78	8.46	10.96	14.14	24.05	42.75
46	5.79	7.64	8.27	10.67	13.70	23.22	41.37
47	5.68	7.45	8.05	10.34	13.19	22.33	39.85
48	5.54	7.22	7.77	9.93	12.59	21.30	38.11
49	5.35	6.94	7.45	9.46	11.92	20.20	36.23
50	5.13	6.62	7.10	8.95	11.19	19.03	34.21
51	4.89	6.27	6.71	8.40	10.43	17.78	32.04
52	4.61	5.88	6.27	7.80	9.60	16.46	29.74
53	4.27	5.41	5.76	7.10	8.67	14.95	27.10
54	3.90	4.92	5.22	6.39	7.72	13.42	24.35
55	3.52	4.42	4.68	5.67	6.77	11.90	21.61
56	3.14	3.92	4.14	4.96	5.86	10.40	18.92
57	2.75	3.43	3.62	4.29	4.98	8.99	16.36
58	2.38	2.98	3.14	3.70	4.23	7.74	14.05
59	2.05	2.57	2.70	3.16	3.56	6.61	11.96
60	1.76	2.21	2.32	2.68	3.01	5.63	10.15
61	1.52	1.90	2.00	2.31	2.55	4.81	8.62
62	1.32	1.67	1.75	2.03	2.23	4.18	7.44
63						3.93	7.00
64						3.86	6.91

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.98	6.86	7.52	10.10	15.24	31.23	56.83
26	5.06	6.96	7.64	10.26	15.44	31.32	56.89
27	5.12	7.07	7.75	10.45	15.62	31.35	56.84
28	5.21	7.20	7.90	10.62	15.78	31.33	56.67
29	5.31	7.32	8.04	10.82	15.93	31.26	56.40
30	5.39	7.45	8.19	11.02	16.05	31.13	56.02
31	5.49	7.59	8.33	11.21	16.14	30.97	55.55
32	5.58	7.71	8.47	11.40	16.23	30.75	55.00
33	5.66	7.81	8.60	11.55	16.27	30.47	54.39
34	5.75	7.92	8.70	11.68	16.28	30.18	53.72
35	5.81	8.01	8.80	11.79	16.26	29.82	52.98
36	5.87	8.07	8.88	11.87	16.23	29.43	52.18
37	5.91	8.12	8.94	11.93	16.15	29.00	51.34
38	5.95	8.16	8.96	11.93	16.04	28.55	50.49
39	5.97	8.16	8.97	11.92	15.90	28.06	49.61
40	5.97	8.14	8.96	11.86	15.73	27.54	48.66
41	5.96	8.10	8.92	11.78	15.51	26.95	47.66
42	5.92	8.05	8.86	11.64	15.25	26.35	46.61
43	5.93	8.01	8.78	11.49	14.97	25.70	45.54
44	5.91	7.93	8.67	11.30	14.63	25.02	44.40
45	5.88	7.82	8.53	11.04	14.26	24.26	43.14
46	5.81	7.68	8.35	10.77	13.82	23.45	41.76
47	5.71	7.51	8.12	10.45	13.32	22.56	40.27
48	5.56	7.28	7.86	10.03	12.72	21.55	38.56
49	5.38	7.00	7.54	9.57	12.06	20.46	36.70
50	5.17	6.68	7.19	9.07	11.34	19.29	34.70
51	4.92	6.34	6.80	8.52	10.58	18.06	32.55
52	4.65	5.95	6.36	7.93	9.76	16.75	30.28
53	4.30	5.47	5.86	7.23	8.84	15.25	27.63
54	3.93	5.00	5.32	6.52	7.88	13.72	24.90
55	3.56	4.49	4.79	5.81	6.93	12.21	22.17
56	3.18	4.00	4.25	5.10	6.02	10.70	19.47
57	2.79	3.51	3.72	4.43	5.14	9.28	16.90
58	2.42	3.05	3.24	3.83	4.38	8.02	14.56
59	2.08	2.63	2.79	3.27	3.71	6.87	12.44
60	1.79	2.27	2.41	2.80	3.13	5.87	10.58
61	1.55	1.95	2.07	2.41	2.67	5.02	9.00
62	1.35	1.72	1.81	2.12	2.32	4.35	7.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.99	6.87	7.56	10.15	15.30	31.36	57.08
26	5.06	6.98	7.66	10.30	15.51	31.46	57.15
27	5.14	7.09	7.80	10.49	15.68	31.50	57.10
28	5.23	7.22	7.94	10.67	15.85	31.48	56.94
29	5.32	7.35	8.08	10.88	16.00	31.42	56.68
30	5.41	7.49	8.23	11.08	16.13	31.29	56.32
31	5.51	7.61	8.37	11.27	16.23	31.14	55.85
32	5.60	7.74	8.52	11.45	16.31	30.93	55.33
33	5.68	7.86	8.65	11.61	16.36	30.66	54.73
34	5.76	7.96	8.76	11.75	16.39	30.37	54.06
35	5.83	8.04	8.85	11.86	16.37	30.03	53.34
36	5.90	8.10	8.94	11.95	16.33	29.64	52.56
37	5.94	8.16	9.00	12.01	16.26	29.23	51.74
38	5.97	8.20	9.03	12.03	16.17	28.78	50.91
39	5.99	8.20	9.05	12.01	16.03	28.30	50.05
40	5.99	8.19	9.04	11.97	15.86	27.79	49.11
41	5.98	8.16	9.00	11.89	15.65	27.23	48.14
42	5.96	8.10	8.95	11.76	15.40	26.63	47.12
43	5.96	8.06	8.87	11.62	15.13	26.00	46.07
44	5.95	7.99	8.76	11.43	14.80	25.33	44.95
45	5.91	7.89	8.62	11.19	14.44	24.60	43.72
46	5.85	7.75	8.46	10.92	14.01	23.80	42.38
47	5.76	7.59	8.25	10.60	13.52	22.92	40.92
48	5.61	7.36	7.97	10.20	12.93	21.92	39.24
49	5.42	7.08	7.66	9.75	12.28	20.86	37.42
50	5.21	6.78	7.32	9.25	11.56	19.70	35.44
51	4.97	6.43	6.94	8.70	10.81	18.48	33.33
52	4.70	6.05	6.51	8.12	10.00	17.18	31.07
53	4.36	5.58	6.01	7.44	9.07	15.70	28.45
54	4.00	5.10	5.48	6.73	8.13	14.18	25.72
55	3.62	4.60	4.95	6.02	7.18	12.66	22.99
56	3.23	4.10	4.41	5.32	6.26	11.16	20.28
57	2.84	3.62	3.87	4.64	5.38	9.72	17.70
58	2.47	3.16	3.39	4.02	4.61	8.44	15.34
59	2.13	2.73	2.93	3.47	3.92	7.27	13.16
60	1.84	2.36	2.53	2.97	3.32	6.23	11.22
61	1.58	2.02	2.18	2.56	2.82	5.33	9.55
62	1.37	1.77	1.90	2.24	2.45	4.60	8.19
63				2.12	2.30		
64				2.09	2.27		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.18	7.28	8.16	10.99	16.58	34.25	62.34
26	5.26	7.38	8.27	11.16	16.80	34.36	62.40
27	5.33	7.51	8.40	11.35	16.98	34.38	62.34
28	5.42	7.64	8.55	11.55	17.16	34.36	62.14
29	5.51	7.77	8.71	11.77	17.32	34.28	61.84
30	5.61	7.91	8.87	11.99	17.45	34.14	61.41
31	5.71	8.05	9.02	12.19	17.55	33.94	60.88
32	5.81	8.18	9.18	12.38	17.63	33.70	60.27
33	5.89	8.30	9.30	12.54	17.68	33.39	59.58
34	5.97	8.40	9.42	12.69	17.70	33.05	58.83
35	6.04	8.49	9.52	12.80	17.67	32.66	58.01
36	6.11	8.55	9.60	12.89	17.63	32.22	57.12
37	6.15	8.61	9.66	12.94	17.53	31.74	56.19
38	6.18	8.64	9.70	12.95	17.42	31.24	55.24
39	6.20	8.65	9.70	12.94	17.27	30.69	54.24
40	6.20	8.62	9.69	12.87	17.06	30.10	53.20
41	6.19	8.59	9.64	12.78	16.83	29.45	52.09
42	6.16	8.52	9.57	12.63	16.54	28.78	50.91
43	6.16	8.47	9.48	12.45	16.23	28.06	49.70
44	6.14	8.39	9.35	12.24	15.86	27.30	48.43
45	6.11	8.27	9.20	11.97	15.44	26.45	47.03
46	6.03	8.12	8.99	11.66	14.97	25.56	45.50
47	5.92	7.94	8.76	11.29	14.41	24.56	43.83
48	5.76	7.68	8.45	10.84	13.75	23.43	41.92
49	5.57	7.38	8.10	10.34	13.02	22.22	39.86
50	5.35	7.05	7.71	9.79	12.24	20.92	37.63
51	5.10	6.67	7.29	9.18	11.40	19.55	35.24
52	4.80	6.26	6.81	8.53	10.51	18.10	32.73
53	4.44	5.76	6.26	7.76	9.49	16.45	29.80
54	4.07	5.24	5.68	7.00	8.46	14.76	26.79
55	3.67	4.70	5.09	6.21	7.42	13.09	23.77
56	3.26	4.16	4.51	5.44	6.42	11.45	20.81
57	2.87	3.65	3.93	4.72	5.46	9.89	18.00
58	2.48	3.17	3.41	4.06	4.65	8.50	15.46
59	2.13	2.73	2.93	3.47	3.92	7.27	13.16
60	1.83	2.35	2.52	2.96	3.31	6.20	11.16
61	1.58	2.02	2.17	2.54	2.81	5.30	9.49
62	1.37	1.77	1.90	2.24	2.45	4.60	8.19
63	1.30	1.67	1.80				
64	1.28	1.65	1.77				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.85	8.05	8.83	11.85	17.89	36.63	66.67
26	5.94	8.17	8.96	12.04	18.12	36.74	66.74
27	6.02	8.30	9.10	12.25	18.32	36.77	66.67
28	6.12	8.45	9.26	12.46	18.51	36.74	66.46
29	6.23	8.60	9.43	12.69	18.68	36.65	66.13
30	6.34	8.76	9.60	12.92	18.82	36.50	65.67
31	6.44	8.90	9.77	13.15	18.93	36.30	65.11
32	6.56	9.05	9.94	13.35	19.02	36.04	64.46
33	6.65	9.17	10.07	13.53	19.07	35.71	63.73
34	6.74	9.29	10.19	13.68	19.08	35.35	62.92
35	6.82	9.39	10.30	13.81	19.05	34.93	62.04
36	6.89	9.46	10.39	13.90	19.00	34.45	61.10
37	6.94	9.52	10.46	13.97	18.91	33.95	60.10
38	6.98	9.56	10.49	13.97	18.78	33.40	59.08
39	7.00	9.57	10.50	13.94	18.61	32.82	58.02
40	7.00	9.54	10.48	13.88	18.39	32.19	56.89
41	6.99	9.50	10.44	13.77	18.14	31.50	55.70
42	6.95	9.42	10.36	13.60	17.83	30.77	54.45
43	6.95	9.36	10.26	13.43	17.49	30.02	53.16
44	6.93	9.28	10.12	13.19	17.09	29.19	51.79
45	6.89	9.15	9.95	12.89	16.64	28.29	50.29
46	6.81	8.98	9.73	12.56	16.12	27.32	48.66
47	6.69	8.77	9.47	12.16	15.52	26.27	46.88
48	6.51	8.49	9.14	11.68	14.81	25.05	44.84
49	6.29	8.17	8.76	11.13	14.03	23.76	42.63
50	6.04	7.79	8.35	10.53	13.17	22.38	40.24
51	5.76	7.37	7.88	9.87	12.27	20.91	37.70
52	5.42	6.92	7.37	9.17	11.30	19.36	35.00
53	5.02	6.36	6.77	8.35	10.20	17.59	31.87
54	4.58	5.79	6.14	7.52	9.08	15.79	28.64
55	4.14	5.19	5.51	6.67	7.96	14.00	25.42
56	3.70	4.61	4.88	5.83	6.89	12.24	22.26
57	3.24	4.04	4.26	5.05	5.86	10.58	19.25
58	2.81	3.51	3.70	4.35	4.98	9.10	16.54
59	2.41	3.02	3.18	3.71	4.20	7.78	14.07
60	2.07	2.60	2.73	3.16	3.54	6.63	11.93
61	1.79	2.24	2.35	2.72	3.00	5.67	10.15
62	1.56	1.96	2.06	2.39	2.62	4.92	8.76
63						4.63	8.25
64						4.55	8.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.86	8.07	8.85	11.89	17.93	36.74	66.86
26	5.95	8.18	8.98	12.07	18.17	36.85	66.93
27	6.03	8.32	9.13	12.28	18.37	36.88	66.87
28	6.13	8.47	9.29	12.50	18.56	36.85	66.67
29	6.24	8.62	9.46	12.73	18.74	36.78	66.35
30	6.34	8.77	9.64	12.96	18.88	36.63	65.90
31	6.46	8.92	9.80	13.19	18.99	36.43	65.35
32	6.56	9.07	9.97	13.40	19.09	36.18	64.71
33	6.66	9.20	10.11	13.58	19.14	35.85	63.99
34	6.76	9.32	10.23	13.74	19.16	35.50	63.19
35	6.84	9.42	10.35	13.87	19.13	35.09	62.32
36	6.91	9.50	10.45	13.97	19.09	34.62	61.40
37	6.96	9.56	10.52	14.04	19.00	34.13	60.40
38	7.00	9.59	10.54	14.04	18.88	33.59	59.41
39	7.02	9.60	10.55	14.02	18.71	33.02	58.36
40	7.02	9.57	10.54	13.96	18.50	32.39	57.24
41	7.00	9.54	10.50	13.86	18.24	31.72	56.07
42	6.97	9.47	10.43	13.69	17.94	30.99	54.84
43	6.98	9.42	10.33	13.53	17.61	30.25	53.57
44	6.96	9.33	10.20	13.30	17.22	29.44	52.23
45	6.92	9.20	10.03	13.00	16.78	28.55	50.75
46	6.84	9.04	9.82	12.67	16.26	27.59	49.14
47	6.72	8.84	9.56	12.28	15.67	26.55	47.38
48	6.55	8.56	9.24	11.80	14.97	25.35	45.36
49	6.33	8.24	8.87	11.26	14.19	24.07	43.18
50	6.07	7.86	8.46	10.67	13.35	22.70	40.82
51	5.79	7.45	8.00	10.02	12.44	21.24	38.30
52	5.46	7.00	7.49	9.33	11.48	19.70	35.62
53	5.06	6.44	6.89	8.51	10.39	17.94	32.51
54	4.63	5.88	6.27	7.67	9.28	16.14	29.30
55	4.18	5.28	5.63	6.84	8.16	14.36	26.07
56	3.74	4.70	5.00	6.00	7.08	12.59	22.90
57	3.28	4.13	4.38	5.21	6.05	10.92	19.88
58	2.85	3.59	3.81	4.51	5.16	9.43	17.13
59	2.45	3.10	3.28	3.85	4.36	8.09	14.63
60	2.10	2.67	2.83	3.29	3.69	6.91	12.44
61	1.82	2.30	2.44	2.83	3.13	5.91	10.59
62	1.58	2.02	2.13	2.49	2.73	5.11	9.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.87	8.09	8.89	11.93	18.00	36.90	67.14
26	5.96	8.21	9.02	12.13	18.24	37.01	67.23
27	6.05	8.34	9.17	12.34	18.45	37.05	67.18
28	6.15	8.49	9.34	12.56	18.65	37.03	66.99
29	6.25	8.64	9.50	12.80	18.82	36.96	66.69
30	6.36	8.81	9.68	13.03	18.97	36.82	66.26
31	6.48	8.96	9.85	13.26	19.09	36.63	65.71
32	6.58	9.11	10.02	13.47	19.18	36.39	65.08
33	6.68	9.24	10.17	13.66	19.25	36.07	64.38
34	6.78	9.35	10.30	13.82	19.27	35.73	63.60
35	6.86	9.46	10.42	13.96	19.25	35.32	62.75
36	6.93	9.54	10.52	14.06	19.21	34.87	61.84
37	6.99	9.60	10.59	14.13	19.13	34.39	60.87
38	7.02	9.64	10.62	14.15	19.02	33.86	59.89
39	7.05	9.65	10.64	14.13	18.86	33.30	58.87
40	7.05	9.64	10.63	14.08	18.66	32.69	57.78
41	7.04	9.60	10.60	13.98	18.41	32.03	56.64
42	7.00	9.53	10.52	13.83	18.12	31.33	55.43
43	7.01	9.49	10.44	13.67	17.79	30.60	54.20
44	7.00	9.40	10.31	13.45	17.42	29.80	52.88
45	6.96	9.28	10.15	13.16	16.98	28.93	51.44
46	6.88	9.13	9.94	12.85	16.48	27.99	49.86
47	6.77	8.93	9.70	12.46	15.90	26.97	48.14
48	6.60	8.66	9.38	11.99	15.21	25.79	46.16
49	6.38	8.33	9.02	11.47	14.44	24.53	44.02
50	6.13	7.97	8.62	10.89	13.60	23.18	41.69
51	5.85	7.57	8.17	10.24	12.72	21.74	39.20
52	5.53	7.11	7.66	9.56	11.77	20.21	36.56
53	5.12	6.56	7.07	8.75	10.67	18.47	33.47
54	4.70	6.00	6.45	7.92	9.57	16.68	30.26
55	4.25	5.41	5.82	7.08	8.45	14.90	27.05
56	3.80	4.82	5.18	6.25	7.37	13.13	23.87
57	3.34	4.25	4.56	5.46	6.33	11.44	20.82
58	2.91	3.71	3.99	4.73	5.42	9.93	18.04
59	2.51	3.21	3.45	4.07	4.61	8.55	15.48
60	2.16	2.77	2.98	3.49	3.91	7.33	13.20
61	1.87	2.38	2.57	3.01	3.33	6.27	11.24
62	1.62	2.09	2.24	2.63	2.88	5.41	9.64
63				2.49	2.70		
64				2.46	2.67		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.10	8.56	9.59	12.93	19.51	40.30	73.34
26	6.19	8.69	9.73	13.13	19.76	40.42	73.41
27	6.27	8.83	9.89	13.36	19.98	40.44	73.34
28	6.38	8.98	10.07	13.59	20.19	40.42	73.10
29	6.49	9.14	10.25	13.84	20.37	40.32	72.75
30	6.60	9.31	10.44	14.10	20.53	40.15	72.24
31	6.71	9.47	10.61	14.34	20.64	39.93	71.62
32	6.83	9.63	10.80	14.56	20.74	39.64	70.91
33	6.93	9.76	10.95	14.76	20.79	39.28	70.10
34	7.02	9.88	11.08	14.92	20.82	38.89	69.21
35	7.10	9.99	11.20	15.07	20.79	38.42	68.24
36	7.18	10.07	11.30	15.17	20.73	37.90	67.21
37	7.23	10.13	11.37	15.23	20.63	37.35	66.11
38	7.27	10.16	11.40	15.24	20.50	36.75	64.99
39	7.30	10.17	11.41	15.22	20.31	36.11	63.82
40	7.30	10.15	11.40	15.14	20.07	35.41	62.59
41	7.28	10.10	11.34	15.03	19.79	34.65	61.27
42	7.24	10.02	11.26	14.85	19.46	33.85	59.89
43	7.24	9.96	11.15	14.65	19.09	33.02	58.48
44	7.22	9.86	11.00	14.40	18.66	32.11	56.97
45	7.18	9.73	10.82	14.08	18.17	31.13	55.33
46	7.09	9.56	10.58	13.72	17.61	30.06	53.53
47	6.97	9.34	10.30	13.28	16.96	28.90	51.57
48	6.78	9.04	9.94	12.75	16.18	27.56	49.32
49	6.56	8.69	9.53	12.16	15.32	26.14	46.89
50	6.29	8.29	9.07	11.51	14.40	24.61	44.26
51	5.99	7.85	8.57	10.80	13.41	23.00	41.47
52	5.65	7.36	8.02	10.03	12.36	21.30	38.50
53	5.23	6.77	7.36	9.13	11.16	19.35	35.06
54	4.78	6.16	6.68	8.23	9.94	17.36	31.51
55	4.31	5.53	5.98	7.31	8.73	15.40	27.97
56	3.85	4.90	5.30	6.40	7.55	13.46	24.48
57	3.37	4.29	4.63	5.54	6.43	11.63	21.17
58	2.92	3.73	4.01	4.77	5.46	10.01	18.19
59	2.51	3.21	3.45	4.07	4.61	8.55	15.48
60	2.16	2.76	2.97	3.48	3.89	7.29	13.13
61	1.86	2.38	2.55	2.99	3.30	6.23	11.16
62	1.62	2.09	2.24	2.63	2.88	5.41	9.64
63	1.53	1.97	2.11				
64	1.50	1.94	2.09				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.46	7.50	8.21	11.04	16.61	33.83	61.46
26	5.54	7.62	8.36	11.25	16.86	34.00	61.69
27	5.64	7.77	8.53	11.48	17.10	34.14	61.79
28	5.76	7.93	8.70	11.71	17.33	34.21	61.78
29	5.87	8.10	8.89	11.96	17.54	34.22	61.66
30	6.00	8.27	9.07	12.21	17.73	34.20	61.44
31	6.12	8.45	9.26	12.48	17.90	34.13	61.13
32	6.24	8.62	9.45	12.72	18.04	33.99	60.75
33	6.36	8.76	9.63	12.94	18.16	33.84	60.30
34	6.47	8.91	9.79	13.14	18.24	33.62	59.78
35	6.57	9.05	9.94	13.31	18.30	33.38	59.22
36	6.68	9.16	10.06	13.46	18.34	33.09	58.59
37	6.76	9.26	10.17	13.59	18.34	32.75	57.92
38	6.84	9.34	10.26	13.67	18.30	32.41	57.27
39	6.89	9.40	10.32	13.72	18.24	32.03	56.57
40	6.93	9.43	10.37	13.74	18.14	31.61	55.82
41	6.96	9.45	10.38	13.73	18.00	31.14	55.02
42	6.97	9.44	10.38	13.67	17.83	30.64	54.17
43	7.04	9.46	10.37	13.59	17.63	30.12	53.33
44	7.08	9.45	10.30	13.47	17.39	29.56	52.40
45	7.09	9.41	10.23	13.30	17.09	28.92	51.37
46	7.08	9.33	10.10	13.09	16.73	28.20	50.20
47	7.04	9.20	9.94	12.82	16.31	27.40	48.89
48	6.93	9.03	9.72	12.47	15.76	26.47	47.35
49	6.78	8.80	9.44	12.06	15.14	25.44	45.62
50	6.60	8.51	9.12	11.59	14.44	24.31	43.69
51	6.38	8.18	8.75	11.04	13.66	23.06	41.57
52	6.12	7.80	8.32	10.45	12.81	21.72	39.23
53	5.76	7.30	7.79	9.72	11.80	20.10	36.38
54	5.37	6.78	7.21	8.95	10.74	18.42	33.38
55	4.96	6.23	6.60	8.13	9.67	16.68	30.27
56	4.52	5.66	5.98	7.32	8.61	14.95	27.17
57	4.07	5.09	5.36	6.53	7.56	13.27	24.10
58	3.61	4.51	4.75	5.76	6.57	11.66	21.15
59	3.16	3.97	4.17	5.04	5.66	10.15	18.38
60	2.76	3.47	3.65	4.38	4.87	8.79	15.87
61	2.41	3.02	3.18	3.82	4.18	7.61	13.67
62	2.11	2.66	2.78	3.36	3.67	6.66	11.84
63						5.96	10.46
64						5.55	9.61
65						5.46	9.34
66						5.76	9.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.46	7.51	8.24	11.08	16.64	33.92	61.62
26	5.54	7.64	8.39	11.27	16.90	34.09	61.86
27	5.65	7.79	8.55	11.50	17.14	34.23	61.96
28	5.76	7.95	8.72	11.75	17.37	34.30	61.96
29	5.88	8.11	8.91	11.99	17.58	34.33	61.85
30	6.01	8.30	9.10	12.25	17.78	34.30	61.64
31	6.12	8.46	9.29	12.51	17.95	34.23	61.34
32	6.26	8.63	9.49	12.77	18.10	34.12	60.96
33	6.37	8.79	9.65	12.99	18.22	33.95	60.52
34	6.49	8.93	9.82	13.18	18.31	33.75	60.02
35	6.59	9.06	9.97	13.36	18.37	33.51	59.45
36	6.70	9.20	10.10	13.52	18.42	33.23	58.85
37	6.77	9.29	10.22	13.64	18.42	32.90	58.19
38	6.86	9.36	10.30	13.73	18.38	32.57	57.54
39	6.91	9.42	10.37	13.79	18.33	32.19	56.86
40	6.95	9.46	10.41	13.81	18.22	31.79	56.12
41	6.98	9.49	10.44	13.80	18.09	31.33	55.33
42	6.99	9.48	10.45	13.74	17.93	30.84	54.51
43	7.06	9.50	10.43	13.68	17.73	30.32	53.68
44	7.10	9.50	10.38	13.56	17.50	29.77	52.77
45	7.11	9.45	10.30	13.39	17.21	29.14	51.75
46	7.11	9.38	10.18	13.18	16.85	28.43	50.61
47	7.07	9.26	10.01	12.93	16.43	27.65	49.32
48	6.96	9.08	9.80	12.58	15.89	26.73	47.80
49	6.81	8.85	9.53	12.17	15.28	25.70	46.09
50	6.63	8.57	9.20	11.70	14.59	24.57	44.18
51	6.42	8.25	8.84	11.18	13.81	23.35	42.08
52	6.16	7.86	8.41	10.59	12.97	22.01	39.77
53	5.81	7.37	7.88	9.85	11.97	20.40	36.92
54	5.41	6.86	7.30	9.08	10.91	18.72	33.93
55	5.00	6.31	6.71	8.27	9.84	16.98	30.83
56	4.57	5.74	6.08	7.46	8.76	15.25	27.71
57	4.11	5.17	5.46	6.66	7.71	13.56	24.64
58	3.64	4.58	4.85	5.90	6.72	11.94	21.66
59	3.19	4.04	4.27	5.17	5.81	10.41	18.87
60	2.79	3.53	3.73	4.50	4.99	9.03	16.30
61	2.44	3.07	3.26	3.92	4.29	7.82	14.04
62	2.13	2.70	2.84	3.44	3.77	6.82	12.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.46	7.53	8.26	11.11	16.70	34.05	61.86
26	5.55	7.66	8.41	11.32	16.97	34.23	62.11
27	5.66	7.81	8.58	11.55	17.21	34.37	62.22
28	5.77	7.97	8.76	11.79	17.44	34.45	62.23
29	5.90	8.15	8.95	12.05	17.66	34.49	62.13
30	6.02	8.32	9.15	12.31	17.86	34.47	61.93
31	6.14	8.49	9.34	12.58	18.03	34.41	61.64
32	6.27	8.66	9.53	12.83	18.18	34.29	61.27
33	6.39	8.83	9.71	13.05	18.31	34.14	60.85
34	6.50	8.97	9.87	13.25	18.41	33.94	60.36
35	6.61	9.10	10.02	13.44	18.48	33.71	59.81
36	6.71	9.23	10.16	13.60	18.52	33.44	59.22
37	6.79	9.33	10.28	13.73	18.52	33.13	58.58
38	6.87	9.41	10.38	13.82	18.51	32.80	57.96
39	6.93	9.47	10.45	13.89	18.45	32.44	57.29
40	6.98	9.51	10.49	13.91	18.37	32.04	56.58
41	7.00	9.54	10.52	13.90	18.23	31.59	55.81
42	7.01	9.54	10.52	13.86	18.08	31.12	55.01
43	7.09	9.57	10.52	13.79	17.89	30.62	54.21
44	7.13	9.57	10.47	13.69	17.67	30.08	53.33
45	7.15	9.52	10.40	13.53	17.38	29.46	52.33
46	7.15	9.45	10.29	13.33	17.04	28.78	51.22
47	7.11	9.35	10.13	13.08	16.63	28.00	49.97
48	7.00	9.16	9.92	12.74	16.10	27.10	48.48
49	6.86	8.95	9.65	12.35	15.49	26.10	46.80
50	6.68	8.67	9.35	11.89	14.80	24.98	44.92
51	6.47	8.34	8.98	11.36	14.04	23.77	42.86
52	6.21	7.96	8.56	10.78	13.21	22.44	40.56
53	5.86	7.48	8.03	10.05	12.21	20.85	37.73
54	5.46	6.96	7.46	9.29	11.16	19.18	34.75
55	5.06	6.41	6.86	8.48	10.08	17.44	31.65
56	4.61	5.84	6.25	7.67	9.00	15.71	28.54
57	4.16	5.26	5.61	6.87	7.96	14.00	25.44
58	3.70	4.69	5.00	6.09	6.95	12.36	22.42
59	3.25	4.14	4.42	5.35	6.01	10.81	19.58
60	2.83	3.62	3.86	4.66	5.17	9.39	16.94
61	2.47	3.16	3.37	4.07	4.46	8.13	14.59
62	2.17	2.77	2.93	3.56	3.89	7.08	12.59
63				3.17	3.48		
64				2.90	3.27		
65				2.79	3.29		
66				2.83	3.54		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.68	7.97	8.93	12.05	18.11	37.21	67.60
26	5.76	8.10	9.09	12.26	18.38	37.41	67.86
27	5.87	8.26	9.27	12.51	18.65	37.54	67.97
28	5.99	8.44	9.45	12.78	18.89	37.63	67.96
29	6.12	8.62	9.65	13.04	19.12	37.65	67.82
30	6.25	8.80	9.86	13.33	19.32	37.62	67.58
31	6.37	8.98	10.07	13.60	19.53	37.53	67.25
32	6.50	9.16	10.28	13.88	19.68	37.40	66.82
33	6.63	9.33	10.46	14.12	19.81	37.22	66.33
34	6.74	9.48	10.64	14.33	19.91	36.99	65.75
35	6.86	9.62	10.80	14.52	19.98	36.71	65.14
36	6.96	9.75	10.94	14.69	20.01	36.39	64.45
37	7.04	9.85	11.05	14.82	20.01	36.03	63.71
38	7.12	9.94	11.15	14.92	19.98	35.65	63.00
39	7.17	10.00	11.22	14.97	19.91	35.24	62.22
40	7.22	10.03	11.26	14.99	19.79	34.78	61.40
41	7.26	10.05	11.29	14.98	19.64	34.26	60.52
42	7.26	10.05	11.29	14.92	19.46	33.71	59.58
43	7.33	10.07	11.26	14.84	19.25	33.14	58.66
44	7.37	10.06	11.20	14.70	18.98	32.52	57.64
45	7.39	10.01	11.12	14.52	18.66	31.81	56.50
46	7.37	9.93	10.98	14.29	18.27	31.03	55.23
47	7.33	9.80	10.80	13.99	17.80	30.15	53.79
48	7.22	9.60	10.56	13.61	17.21	29.12	52.09
49	7.07	9.35	10.26	13.16	16.53	27.98	50.19
50	6.87	9.06	9.91	12.65	15.77	26.73	48.06
51	6.65	8.70	9.50	12.07	14.92	25.36	45.73
52	6.37	8.30	9.05	11.42	14.00	23.88	43.16
53	6.01	7.77	8.46	10.62	12.90	22.11	40.01
54	5.60	7.22	7.83	9.79	11.76	20.26	36.71
55	5.17	6.63	7.17	8.90	10.59	18.35	33.30
56	4.72	6.02	6.50	8.02	9.41	16.45	29.88
57	4.24	5.41	5.82	7.15	8.27	14.59	26.51
58	3.76	4.80	5.17	6.31	7.20	12.83	23.27
59	3.29	4.22	4.54	5.52	6.20	11.17	20.22
60	2.87	3.70	3.97	4.80	5.32	9.67	17.45
61	2.51	3.22	3.46	4.19	4.58	8.38	15.04
62	2.20	2.82	3.02	3.68	4.01	7.32	13.02
63	1.95	2.52	2.68				
64	1.80	2.30	2.46				
65	1.74	2.21	2.37				
66	1.74	2.23	2.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.42	8.82	9.66	13.00	19.54	39.79	72.30
26	6.51	8.97	9.84	13.23	19.84	40.00	72.57
27	6.64	9.14	10.03	13.50	20.12	40.15	72.70
28	6.77	9.33	10.23	13.78	20.38	40.24	72.69
29	6.91	9.53	10.45	14.07	20.64	40.26	72.54
30	7.06	9.73	10.67	14.37	20.86	40.23	72.28
31	7.20	9.94	10.89	14.68	21.06	40.15	71.92
32	7.34	10.14	11.12	14.97	21.23	40.00	71.46
33	7.49	10.31	11.33	15.22	21.37	39.80	70.94
34	7.61	10.48	11.51	15.45	21.46	39.56	70.33
35	7.74	10.64	11.69	15.66	21.53	39.27	69.66
36	7.86	10.78	11.84	15.84	21.58	38.92	68.93
37	7.95	10.89	11.97	15.98	21.58	38.54	68.15
38	8.04	10.98	12.07	16.08	21.53	38.13	67.37
39	8.10	11.05	12.14	16.14	21.46	37.68	66.55
40	8.16	11.10	12.20	16.17	21.34	37.19	65.67
41	8.19	11.11	12.21	16.15	21.18	36.64	64.72
42	8.20	11.11	12.21	16.08	20.97	36.05	63.73
43	8.28	11.13	12.20	15.99	20.74	35.44	62.74
44	8.32	11.12	12.13	15.85	20.46	34.78	61.64
45	8.34	11.07	12.04	15.65	20.11	34.02	60.43
46	8.33	10.97	11.89	15.39	19.69	33.18	59.07
47	8.28	10.83	11.69	15.08	19.18	32.24	57.53
48	8.15	10.62	11.43	14.67	18.54	31.14	55.70
49	7.98	10.35	11.11	14.19	17.80	29.93	53.67
50	7.76	10.01	10.73	13.63	16.98	28.59	51.40
51	7.51	9.62	10.29	13.00	16.07	27.13	48.91
52	7.20	9.17	9.79	12.29	15.07	25.55	46.16
53	6.78	8.60	9.16	11.43	13.89	23.65	42.79
54	6.32	7.98	8.47	10.52	12.65	21.67	39.27
55	5.83	7.33	7.76	9.57	11.38	19.62	35.61
56	5.32	6.66	7.03	8.62	10.12	17.59	31.96
57	4.79	5.98	6.30	7.68	8.89	15.61	28.35
58	4.24	5.31	5.59	6.78	7.74	13.72	24.88
59	3.71	4.67	4.91	5.93	6.66	11.94	21.63
60	3.25	4.08	4.29	5.16	5.72	10.34	18.66
61	2.83	3.56	3.74	4.50	4.92	8.96	16.08
62	2.48	3.12	3.27	3.95	4.32	7.83	13.93
63						7.00	12.31
64						6.53	11.31
65						6.43	10.98
66						6.77	11.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.42	8.84	9.69	13.03	19.58	39.90	72.49
26	6.52	8.98	9.86	13.26	19.89	40.11	72.77
27	6.64	9.16	10.06	13.53	20.17	40.27	72.90
28	6.78	9.35	10.26	13.82	20.43	40.36	72.90
29	6.92	9.55	10.48	14.12	20.69	40.38	72.76
30	7.07	9.76	10.71	14.41	20.92	40.36	72.51
31	7.21	9.95	10.93	14.72	21.12	40.28	72.16
32	7.36	10.16	11.16	15.02	21.30	40.14	71.71
33	7.50	10.34	11.36	15.28	21.44	39.94	71.20
34	7.63	10.51	11.55	15.51	21.54	39.71	70.60
35	7.75	10.67	11.73	15.72	21.61	39.42	69.94
36	7.88	10.82	11.88	15.90	21.67	39.09	69.23
37	7.96	10.93	12.02	16.05	21.67	38.71	68.46
38	8.06	11.02	12.13	16.15	21.63	38.32	67.70
39	8.12	11.09	12.20	16.22	21.56	37.88	66.89
40	8.18	11.13	12.25	16.24	21.45	37.39	66.02
41	8.21	11.16	12.28	16.24	21.29	36.85	65.09
42	8.22	11.15	12.28	16.17	21.08	36.27	64.13
43	8.31	11.18	12.27	16.09	20.86	35.67	63.15
44	8.35	11.18	12.21	15.95	20.59	35.02	62.08
45	8.37	11.12	12.12	15.75	20.25	34.28	60.89
46	8.36	11.04	11.98	15.51	19.83	33.45	59.54
47	8.32	10.89	11.77	15.21	19.33	32.52	58.03
48	8.18	10.68	11.53	14.79	18.70	31.44	56.23
49	8.02	10.42	11.21	14.32	17.97	30.24	54.23
50	7.80	10.08	10.83	13.77	17.16	28.91	51.98
51	7.55	9.70	10.40	13.15	16.24	27.46	49.51
52	7.24	9.25	9.90	12.45	15.26	25.89	46.78
53	6.83	8.68	9.28	11.59	14.08	24.00	43.43
54	6.36	8.07	8.60	10.68	12.84	22.02	39.92
55	5.88	7.42	7.88	9.73	11.57	19.98	36.26
56	5.37	6.75	7.15	8.78	10.31	17.94	32.60
57	4.83	6.07	6.42	7.84	9.07	15.95	28.99
58	4.29	5.39	5.70	6.93	7.91	14.05	25.48
59	3.76	4.75	5.02	6.07	6.83	12.25	22.19
60	3.28	4.15	4.39	5.29	5.87	10.62	19.18
61	2.87	3.62	3.83	4.61	5.05	9.20	16.52
62	2.51	3.18	3.34	4.05	4.43	8.03	14.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.43	8.86	9.72	13.08	19.65	40.06	72.78
26	6.53	9.01	9.90	13.31	19.96	40.28	73.07
27	6.65	9.19	10.09	13.59	20.25	40.44	73.21
28	6.79	9.38	10.30	13.88	20.52	40.53	73.22
29	6.93	9.58	10.52	14.18	20.78	40.57	73.09
30	7.08	9.79	10.76	14.48	21.01	40.55	72.86
31	7.22	9.99	10.98	14.79	21.22	40.48	72.52
32	7.37	10.19	11.21	15.09	21.39	40.35	72.09
33	7.52	10.38	11.42	15.36	21.54	40.16	71.59
34	7.65	10.55	11.62	15.59	21.66	39.93	71.01
35	7.77	10.71	11.79	15.80	21.74	39.66	70.37
36	7.89	10.86	11.95	16.00	21.79	39.34	69.67
37	7.99	10.97	12.09	16.15	21.80	38.98	68.92
38	8.09	11.07	12.21	16.26	21.77	38.59	68.18
39	8.15	11.14	12.28	16.33	21.71	38.16	67.40
40	8.21	11.19	12.34	16.37	21.60	37.69	66.55
41	8.25	11.22	12.37	16.36	21.45	37.17	65.66
42	8.25	11.22	12.38	16.31	21.26	36.61	64.72
43	8.34	11.26	12.37	16.23	21.05	36.02	63.77
44	8.39	11.26	12.32	16.10	20.79	35.38	62.74
45	8.41	11.20	12.24	15.92	20.45	34.66	61.57
46	8.40	11.12	12.10	15.68	20.05	33.85	60.26
47	8.36	10.99	11.92	15.38	19.56	32.95	58.78
48	8.24	10.78	11.67	14.99	18.94	31.88	57.03
49	8.07	10.52	11.36	14.52	18.22	30.70	55.06
50	7.86	10.20	10.99	13.98	17.42	29.39	52.85
51	7.61	9.81	10.57	13.37	16.52	27.97	50.42
52	7.30	9.37	10.08	12.68	15.54	26.40	47.71
53	6.89	8.80	9.45	11.83	14.36	24.53	44.39
54	6.43	8.19	8.78	10.93	13.13	22.55	40.88
55	5.95	7.54	8.07	9.98	11.86	20.52	37.24
56	5.43	6.87	7.35	9.03	10.60	18.48	33.57
57	4.90	6.20	6.60	8.09	9.35	16.47	29.93
58	4.35	5.52	5.88	7.16	8.18	14.55	26.38
59	3.82	4.87	5.19	6.29	7.08	12.72	23.04
60	3.34	4.26	4.54	5.49	6.09	11.04	19.93
61	2.91	3.71	3.96	4.79	5.24	9.57	17.17
62	2.55	3.26	3.45	4.19	4.58	8.32	14.81
63				3.73	4.10		
64				3.41	3.85		
65				3.28	3.87		
66				3.34	4.16		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.68	9.38	10.51	14.17	21.30	43.77	79.53
26	6.78	9.54	10.69	14.42	21.63	44.01	79.83
27	6.91	9.72	10.90	14.72	21.94	44.17	79.97
28	7.05	9.93	11.12	15.03	22.23	44.26	79.96
29	7.20	10.14	11.36	15.35	22.50	44.29	79.79
30	7.35	10.36	11.61	15.68	22.74	44.26	79.51
31	7.50	10.57	11.84	16.01	22.97	44.16	79.11
32	7.65	10.78	12.09	16.32	23.14	44.00	78.61
33	7.80	10.97	12.31	16.61	23.30	43.78	78.03
34	7.93	11.15	12.51	16.85	23.42	43.52	77.36
35	8.06	11.32	12.70	17.08	23.50	43.19	76.63
36	8.18	11.47	12.87	17.27	23.54	42.81	75.82
37	8.28	11.59	13.01	17.43	23.54	42.39	74.96
38	8.38	11.69	13.12	17.55	23.50	41.94	74.11
39	8.44	11.76	13.20	17.61	23.42	41.45	73.20
40	8.50	11.80	13.25	17.64	23.28	40.91	72.23
41	8.54	11.83	13.28	17.62	23.11	40.30	71.20
42	8.54	11.82	13.28	17.55	22.89	39.66	70.10
43	8.62	11.84	13.25	17.45	22.64	38.98	69.01
44	8.67	11.84	13.18	17.30	22.33	38.25	67.81
45	8.69	11.77	13.09	17.08	21.95	37.43	66.48
46	8.68	11.68	12.92	16.81	21.49	36.50	64.97
47	8.62	11.53	12.71	16.46	20.94	35.46	63.28
48	8.49	11.30	12.43	16.02	20.25	34.26	61.27
49	8.32	11.01	12.07	15.49	19.44	32.92	59.04
50	8.09	10.66	11.66	14.89	18.55	31.45	56.54
51	7.82	10.23	11.18	14.20	17.56	29.84	53.80
52	7.50	9.76	10.64	13.44	16.47	28.10	50.78
53	7.07	9.14	9.95	12.50	15.18	26.01	47.07
54	6.58	8.49	9.21	11.51	13.83	23.83	43.19
55	6.08	7.80	8.44	10.46	12.45	21.59	39.18
56	5.54	7.08	7.65	9.43	11.07	19.35	35.16
57	4.99	6.36	6.85	8.41	9.73	17.17	31.19
58	4.42	5.65	6.07	7.42	8.47	15.09	27.37
59	3.87	4.97	5.34	6.49	7.30	13.14	23.80
60	3.38	4.35	4.66	5.65	6.27	11.38	20.53
61	2.95	3.78	4.07	4.93	5.39	9.86	17.69
62	2.59	3.33	3.56	4.33	4.73	8.62	15.32
63	2.30	2.96	3.16				
64	2.12	2.70	2.90				
65	2.05	2.60	2.78				
66	2.05	2.62	2.81				

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.06	8.33	9.14	12.29	18.41		
26	6.18	8.50	9.33	12.55	18.74		
27	6.31	8.70	9.54	12.85	19.07		
28	6.46	8.91	9.77	13.16	19.38		
29	6.61	9.12	10.01	13.49	19.68		
30	6.78	9.35	10.26	13.82	19.97		
31	6.94	9.58	10.51	14.15	20.22		
32	7.11	9.80	10.76	14.48	20.47		
33	7.27	10.01	10.99	14.78	20.67		
34	7.44	10.23	11.22	15.07	20.86		
35	7.58	10.40	11.43	15.34	21.01		
36	7.73	10.60	11.63	15.58	21.15		
37	7.86	10.75	11.82	15.80	21.24		
38	7.98	10.89	11.98	15.97	21.32		
39	8.09	11.03	12.11	16.11	21.37		
40	8.18	11.13	12.24	16.24	21.37		
41	8.26	11.21	12.33	16.31	21.33		
42	8.34	11.28	12.40	16.34	21.25		
43	8.47	11.38	12.45	16.38	21.14		
44	8.57	11.45	12.50	16.36	20.97		
45	8.67	11.49	12.50	16.29	20.72		
46	8.71	11.49	12.44	16.16	20.42		
47	8.75	11.45	12.35	15.98	20.02		
48	8.70	11.34	12.21	15.73	19.52		
49	8.62	11.18	11.99	15.39	18.92		
50	8.50	10.96	11.74	14.99	18.22		
51	8.33	10.67	11.40	14.51	17.43		
52	8.10	10.33	11.02	13.94	16.55		
53	7.75	9.85	10.47	13.20	15.46		
54	7.37	9.30	9.88	12.39	14.31		
55	6.94	8.73	9.25	11.55	13.12		
56	6.50	8.13	8.59	10.67	11.93		
57	6.01	7.51	7.91	9.80	10.75		
58	5.54	6.93	7.30	9.03	9.75		
59	5.09	6.37	6.71	8.28	8.80		
60	4.65	5.82	6.12	7.56	7.91		
61	4.22	5.30	5.56	6.87	7.08		
62	3.82	4.79	5.02	6.24	6.33		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.06	8.35	9.16	12.32	18.44		
26	6.19	8.52	9.35	12.58	18.79		
27	6.32	8.71	9.56	12.88	19.11		
28	6.47	8.91	9.79	13.19	19.42		
29	6.62	9.13	10.04	13.53	19.72		
30	6.78	9.36	10.30	13.85	20.02		
31	6.95	9.60	10.54	14.19	20.28		
32	7.12	9.82	10.80	14.53	20.52		
33	7.29	10.04	11.02	14.84	20.73		
34	7.44	10.25	11.25	15.12	20.92		
35	7.59	10.43	11.47	15.38	21.08		
36	7.74	10.62	11.67	15.64	21.22		
37	7.88	10.79	11.86	15.86	21.32		
38	8.00	10.93	12.02	16.03	21.40		
39	8.10	11.05	12.15	16.18	21.45		
40	8.20	11.16	12.29	16.30	21.45		
41	8.28	11.25	12.38	16.39	21.42		
42	8.35	11.32	12.46	16.42	21.35		
43	8.49	11.41	12.51	16.46	21.24		
44	8.60	11.49	12.56	16.45	21.08		
45	8.69	11.54	12.56	16.39	20.85		
46	8.75	11.55	12.51	16.25	20.53		
47	8.77	11.50	12.43	16.09	20.15		
48	8.74	11.40	12.29	15.83	19.65		
49	8.65	11.24	12.09	15.51	19.06		
50	8.53	11.02	11.83	15.11	18.37		
51	8.36	10.74	11.50	14.63	17.58		
52	8.13	10.40	11.11	14.07	16.71		
53	7.80	9.91	10.58	13.34	15.63		
54	7.41	9.38	9.99	12.53	14.48		
55	6.98	8.80	9.35	11.69	13.29		
56	6.54	8.20	8.69	10.81	12.09		
57	6.05	7.59	8.02	9.94	10.91		
58	5.58	7.00	7.40	9.16	9.90		
59	5.11	6.43	6.79	8.40	8.95		
60	4.67	5.88	6.21	7.66	8.04		
61	4.25	5.35	5.63	6.97	7.20		
62	3.84	4.83	5.09	6.32	6.42		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.07	8.36	9.20	12.36	18.51		
26	6.20	8.54	9.38	12.63	18.85		
27	6.33	8.74	9.60	12.93	19.18		
28	6.49	8.94	9.83	13.24	19.50		
29	6.64	9.16	10.08	13.58	19.80		
30	6.80	9.40	10.33	13.91	20.09		
31	6.96	9.64	10.59	14.25	20.36		
32	7.14	9.85	10.84	14.59	20.61		
33	7.30	10.07	11.07	14.90	20.82		
34	7.45	10.29	11.30	15.19	21.02		
35	7.60	10.46	11.53	15.46	21.18		
36	7.75	10.66	11.73	15.72	21.32		
37	7.90	10.83	11.92	15.94	21.43		
38	8.01	10.97	12.09	16.13	21.52		
39	8.12	11.11	12.23	16.28	21.57		
40	8.23	11.21	12.36	16.40	21.59		
41	8.31	11.30	12.46	16.48	21.57		
42	8.39	11.37	12.54	16.54	21.50		
43	8.52	11.48	12.61	16.58	21.40		
44	8.62	11.56	12.65	16.58	21.24		
45	8.72	11.60	12.66	16.53	21.02		
46	8.78	11.62	12.63	16.40	20.72		
47	8.81	11.59	12.54	16.24	20.35		
48	8.78	11.48	12.41	15.99	19.85		
49	8.70	11.32	12.21	15.68	19.27		
50	8.57	11.11	11.96	15.29	18.59		
51	8.41	10.83	11.64	14.83	17.81		
52	8.18	10.50	11.26	14.26	16.95		
53	7.85	10.01	10.73	13.54	15.87		
54	7.45	9.49	10.15	12.74	14.72		
55	7.04	8.91	9.50	11.90	13.53		
56	6.59	8.31	8.85	11.02	12.34		
57	6.11	7.69	8.17	10.15	11.15		
58	5.63	7.11	7.55	9.35	10.13		
59	5.17	6.53	6.93	8.59	9.15		
60	4.72	5.97	6.34	7.84	8.23		
61	4.29	5.42	5.75	7.12	7.36		
62	3.86	4.89	5.17	6.44	6.55		
63				5.74	5.76		
64				5.10	5.06		
65				4.51	4.44		
66				4.02	3.90		
67				3.62	3.47		
68				3.33	3.17		
69				3.17	2.97		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.31	8.86	9.94	13.39	20.07		
26	6.43	9.06	10.14	13.69	20.44		
27	6.57	9.25	10.37	14.01	20.79		
28	6.73	9.47	10.62	14.34	21.14		
29	6.89	9.70	10.89	14.71	21.46		
30	7.06	9.95	11.15	15.07	21.77		
31	7.23	10.20	11.42	15.44	22.06		
32	7.41	10.43	11.70	15.79	22.32		
33	7.58	10.65	11.94	16.13	22.55		
34	7.74	10.88	12.20	16.44	22.75		
35	7.89	11.07	12.43	16.73	22.92		
36	8.05	11.26	12.65	16.99	23.06		
37	8.19	11.45	12.84	17.23	23.17		
38	8.31	11.60	13.02	17.43	23.26		
39	8.42	11.73	13.16	17.58	23.30		
40	8.53	11.84	13.30	17.71	23.31		
41	8.61	11.93	13.39	17.78	23.27		
42	8.69	11.99	13.48	17.83	23.19		
43	8.82	12.10	13.54	17.86	23.06		
44	8.93	12.19	13.59	17.85	22.88		
45	9.03	12.22	13.58	17.78	22.62		
46	9.08	12.23	13.53	17.64	22.28		
47	9.11	12.19	13.43	17.44	21.86		
48	9.07	12.06	13.27	17.16	21.30		
49	8.98	11.89	13.04	16.80	20.65		
50	8.85	11.65	12.75	16.37	19.89		
51	8.68	11.34	12.40	15.84	19.03		
52	8.43	10.99	11.98	15.22	18.08		
53	8.08	10.47	11.39	14.42	16.89		
54	7.67	9.90	10.74	13.54	15.64		
55	7.23	9.28	10.05	12.61	14.34		
56	6.77	8.65	9.34	11.66	13.04		
57	6.27	7.99	8.61	10.72	11.77		
58	5.77	7.37	7.94	9.86	10.66		
59	5.30	6.78	7.29	9.06	9.63		
60	4.84	6.20	6.66	8.25	8.65		
61	4.40	5.63	6.05	7.52	7.75		
62	3.97	5.10	5.46	6.82	6.91		
63	3.53	4.55	4.87				
64	3.12	4.03	4.31				
65	2.75	3.56	3.83				
66	2.44	3.17	3.41				
67	2.18	2.84	3.05				
68	1.99	2.61	2.81				
69	1.87	2.47	2.67				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.13	9.80	10.75	14.46	21.66		
26	7.27	10.01	10.97	14.77	22.05		
27	7.43	10.23	11.22	15.12	22.43		
28	7.60	10.47	11.49	15.48	22.80		
29	7.78	10.73	11.78	15.87	23.15		
30	7.97	11.00	12.07	16.25	23.49		
31	8.17	11.27	12.36	16.65	23.80		
32	8.36	11.53	12.66	17.04	24.08		
33	8.55	11.78	12.93	17.40	24.32		
34	8.75	12.03	13.20	17.73	24.53		
35	8.91	12.24	13.45	18.04	24.72		
36	9.09	12.46	13.68	18.33	24.88		
37	9.25	12.65	13.90	18.59	24.99		
38	9.39	12.82	14.09	18.79	25.08		
39	9.51	12.97	14.25	18.96	25.13		
40	9.63	13.09	14.40	19.10	25.13		
41	9.72	13.19	14.50	19.18	25.10		
42	9.81	13.27	14.59	19.23	25.00		
43	9.96	13.38	14.65	19.26	24.87		
44	10.08	13.47	14.70	19.25	24.67		
45	10.20	13.52	14.70	19.17	24.38		
46	10.25	13.53	14.63	19.01	24.02		
47	10.29	13.47	14.53	18.81	23.56		
48	10.24	13.34	14.36	18.50	22.96		
49	10.15	13.15	14.12	18.11	22.26		
50	10.00	12.89	13.81	17.64	21.44		
51	9.80	12.55	13.42	17.07	20.50		
52	9.52	12.15	12.96	16.39	19.47		
53	9.13	11.58	12.32	15.53	18.19		
54	8.67	10.95	11.62	14.58	16.83		
55	8.17	10.27	10.88	13.58	15.44		
56	7.65	9.57	10.10	12.55	14.04		
57	7.08	8.84	9.31	11.54	12.65		
58	6.52	8.16	8.59	10.62	11.48		
59	5.98	7.50	7.88	9.74	10.36		
60	5.46	6.85	7.21	8.89	9.31		
61	4.96	6.23	6.54	8.09	8.33		
62	4.49	5.63	5.91	7.34	7.44		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.14	9.82	10.78	14.49	21.70		
26	7.28	10.02	11.00	14.80	22.11		
27	7.44	10.25	11.25	15.15	22.48		
28	7.61	10.49	11.52	15.51	22.85		
29	7.79	10.74	11.81	15.91	23.21		
30	7.98	11.02	12.11	16.30	23.55		
31	8.18	11.30	12.40	16.69	23.86		
32	8.38	11.55	12.70	17.09	24.15		
33	8.57	11.81	12.96	17.45	24.39		
34	8.76	12.06	13.24	17.78	24.61		
35	8.93	12.27	13.49	18.10	24.80		
36	9.11	12.50	13.73	18.39	24.97		
37	9.27	12.69	13.96	18.66	25.08		
38	9.41	12.86	14.14	18.86	25.18		
39	9.53	13.01	14.30	19.03	25.23		
40	9.64	13.13	14.46	19.18	25.24		
41	9.74	13.24	14.56	19.27	25.20		
42	9.83	13.31	14.66	19.32	25.12		
43	9.99	13.43	14.72	19.36	24.99		
44	10.11	13.53	14.78	19.35	24.80		
45	10.23	13.57	14.78	19.27	24.53		
46	10.29	13.58	14.72	19.12	24.16		
47	10.32	13.53	14.62	18.93	23.71		
48	10.28	13.41	14.46	18.62	23.12		
49	10.18	13.22	14.22	18.24	22.42		
50	10.03	12.96	13.91	17.78	21.61		
51	9.84	12.63	13.53	17.22	20.68		
52	9.57	12.23	13.08	16.55	19.66		
53	9.17	11.66	12.44	15.69	18.38		
54	8.71	11.04	11.75	14.74	17.03		
55	8.21	10.36	11.00	13.75	15.63		
56	7.69	9.65	10.23	12.72	14.23		
57	7.12	8.92	9.43	11.70	12.84		
58	6.56	8.24	8.70	10.78	11.65		
59	6.02	7.57	7.99	9.88	10.52		
60	5.50	6.92	7.30	9.02	9.46		
61	5.00	6.29	6.63	8.20	8.47		
62	4.51	5.68	5.98	7.44	7.55		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.15	9.84	10.82	14.54	21.77		
26	7.29	10.05	11.04	14.85	22.18		
27	7.44	10.28	11.29	15.21	22.56		
28	7.63	10.52	11.56	15.58	22.94		
29	7.81	10.78	11.85	15.97	23.29		
30	8.00	11.05	12.15	16.37	23.64		
31	8.19	11.33	12.45	16.76	23.95		
32	8.40	11.59	12.75	17.16	24.24		
33	8.59	11.84	13.02	17.53	24.50		
34	8.77	12.10	13.30	17.87	24.73		
35	8.95	12.31	13.56	18.19	24.92		
36	9.13	12.54	13.80	18.49	25.09		
37	9.29	12.74	14.03	18.75	25.21		
38	9.42	12.91	14.22	18.97	25.32		
39	9.56	13.07	14.39	19.15	25.38		
40	9.68	13.19	14.55	19.30	25.40		
41	9.78	13.30	14.66	19.40	25.37		
42	9.86	13.38	14.76	19.46	25.29		
43	10.02	13.50	14.84	19.50	25.18		
44	10.15	13.60	14.89	19.50	24.99		
45	10.26	13.65	14.90	19.44	24.73		
46	10.33	13.67	14.85	19.30	24.38		
47	10.37	13.63	14.76	19.10	23.94		
48	10.33	13.51	14.60	18.81	23.36		
49	10.23	13.31	14.37	18.44	22.67		
50	10.08	13.07	14.07	17.99	21.87		
51	9.90	12.74	13.70	17.44	20.95		
52	9.63	12.35	13.25	16.78	19.94		
53	9.23	11.78	12.62	15.93	18.66		
54	8.77	11.16	11.93	14.99	17.32		
55	8.28	10.48	11.18	13.99	15.92		
56	7.75	9.78	10.41	12.96	14.51		
57	7.19	9.05	9.61	11.94	13.12		
58	6.63	8.36	8.88	11.01	11.92		
59	6.08	7.68	8.16	10.10	10.77		
60	5.55	7.02	7.45	9.22	9.68		
61	5.05	6.38	6.76	8.38	8.66		
62	4.55	5.76	6.09	7.58	7.70		
63				6.75	6.78		
64				5.99	5.95		
65				5.32	5.22		
66				4.73	4.58		
67				4.26	4.08		
68				3.92	3.72		
69				3.72	3.50		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.43	10.43	11.69	15.76	23.61		
26	7.57	10.65	11.92	16.10	24.05		
27	7.74	10.89	12.20	16.48	24.46		
28	7.92	11.14	12.50	16.88	24.87		
29	8.10	11.41	12.80	17.31	25.25		
30	8.31	11.70	13.12	17.73	25.61		
31	8.51	11.99	13.44	18.15	25.95		
32	8.71	12.27	13.76	18.58	26.26		
33	8.91	12.53	14.05	18.97	26.52		
34	9.11	12.80	14.34	19.34	26.76		
35	9.28	13.02	14.62	19.68	26.96		
36	9.47	13.25	14.87	19.99	27.14		
37	9.64	13.46	15.11	20.28	27.26		
38	9.78	13.64	15.31	20.50	27.36		
39	9.91	13.80	15.49	20.68	27.41		
40	10.03	13.93	15.65	20.83	27.42		
41	10.13	14.04	15.76	20.93	27.38		
42	10.22	14.12	15.86	20.98	27.28		
43	10.38	14.24	15.93	21.01	27.14		
44	10.51	14.34	15.98	21.00	26.92		
45	10.62	14.38	15.97	20.92	26.61		
46	10.68	14.39	15.91	20.75	26.22		
47	10.72	14.34	15.80	20.52	25.71		
48	10.67	14.19	15.61	20.19	25.06		
49	10.57	13.98	15.35	19.76	24.30		
50	10.41	13.71	15.00	19.25	23.40		
51	10.21	13.35	14.59	18.64	22.39		
52	9.92	12.93	14.09	17.91	21.27		
53	9.50	12.32	13.39	16.97	19.87		
54	9.03	11.64	12.64	15.93	18.40		
55	8.51	10.92	11.82	14.84	16.87		
56	7.96	10.17	10.98	13.72	15.34		
57	7.37	9.40	10.12	12.61	13.84		
58	6.79	8.68	9.34	11.61	12.54		
59	6.23	7.97	8.57	10.65	11.33		
60	5.69	7.29	7.83	9.72	10.18		
61	5.17	6.63	7.11	8.84	9.12		
62	4.67	5.99	6.42	8.03	8.13		
63	4.15	5.35	5.73				
64	3.67	4.74	5.08				
65	3.24	4.20	4.51				
66	2.87	3.73	4.00				
67	2.57	3.34	3.59				
68	2.34	3.07	3.30				
69	2.21	2.90	3.13				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.17	20.86	22.87	30.88			
26	15.62	21.51	23.58	31.86			
27	16.10	22.21	24.36	32.94			
28	16.63	22.95	25.18	34.08			
29	17.19	23.74	26.06	35.28			
30	17.78	24.57	26.96	36.53			
31	18.38	25.42	27.90	37.80			
32	19.01	26.29	28.85	39.07			
33	19.65	27.16	29.81	40.37			
34	20.29	28.01	30.75	41.62			
35	20.92	28.85	31.68	42.84			
36	21.54	29.65	32.57	43.98			
37	22.13	30.41	33.41	45.06			
38	22.70	31.13	34.20	46.03			
39	23.21	31.77	34.91	46.89			
40	23.67	32.32	35.53	47.60			
41	24.06	32.77	36.02	48.14			
42	24.36	33.10	36.39	48.51			
43	24.75	33.40	36.59	48.62			
44	25.04	33.57	36.63	48.51			
45	25.21	33.57	36.49	48.16			
46	25.25	33.40	36.18	47.58			
47	25.16	33.06	35.67	46.75			
48	24.81	32.41	34.89	45.58			
49	24.30	31.59	33.92	44.16			
50	23.64	30.57	32.75	42.48			
51	22.84	29.37	31.41	40.58			
52	21.89	28.00	29.88	38.45			
53	20.67	26.30	28.00	35.92			
54	19.32	24.47	26.00	33.24			
55	17.91	22.56	23.89	30.44			
56	16.43	20.57	21.75	27.61			
57	14.92	18.59	19.61	24.81			
58	13.30	16.59	17.48	22.07			
59	11.73	14.67	15.44	19.47			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.18	20.87	22.90	30.91			
26	15.63	21.52	23.60	31.89			
27	16.10	22.22	24.38	32.96			
28	16.63	22.97	25.20	34.11			
29	17.20	23.76	26.08	35.32			
30	17.78	24.59	27.00	36.56			
31	18.39	25.45	27.93	37.84			
32	19.02	26.30	28.88	39.12			
33	19.66	27.17	29.84	40.41			
34	20.31	28.04	30.79	41.67			
35	20.94	28.87	31.72	42.89			
36	21.56	29.68	32.61	44.04			
37	22.15	30.45	33.46	45.12			
38	22.71	31.15	34.24	46.09			
39	23.23	31.79	34.95	46.95			
40	23.69	32.35	35.58	47.67			
41	24.07	32.81	36.07	48.22			
42	24.38	33.14	36.45	48.58			
43	24.76	33.45	36.65	48.70			
44	25.06	33.62	36.69	48.59			
45	25.23	33.62	36.56	48.25			
46	25.27	33.45	36.25	47.68			
47	25.19	33.11	35.74	46.85			
48	24.83	32.47	34.98	45.68			
49	24.32	31.64	34.00	44.26			
50	23.66	30.63	32.84	42.60			
51	22.86	29.44	31.50	40.71			
52	21.92	28.07	29.97	38.58			
53	20.71	26.37	28.10	36.05			
54	19.37	24.55	26.10	33.37			
55	17.94	22.63	24.00	30.58			
56	16.46	20.65	21.86	27.76			
57	14.96	18.67	19.71	24.94			
58	13.34	16.67	17.58	22.21			
59	11.76	14.74	15.53	19.59			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.19	20.89	22.92	30.94			
26	15.64	21.53	23.63	31.94			
27	16.12	22.25	24.41	33.01			
28	16.65	22.99	25.24	34.16			
29	17.21	23.79	26.12	35.38			
30	17.79	24.61	27.03	36.63			
31	18.41	25.48	27.97	37.90			
32	19.03	26.34	28.93	39.18			
33	19.68	27.21	29.89	40.47			
34	20.32	28.07	30.84	41.75			
35	20.96	28.91	31.77	42.96			
36	21.57	29.72	32.67	44.11			
37	22.17	30.48	33.52	45.21			
38	22.73	31.20	34.31	46.19			
39	23.26	31.85	35.03	47.05			
40	23.72	32.40	35.65	47.78			
41	24.10	32.86	36.15	48.33			
42	24.41	33.18	36.53	48.70			
43	24.80	33.51	36.74	48.82			
44	25.10	33.68	36.78	48.73			
45	25.26	33.69	36.67	48.40			
46	25.31	33.53	36.36	47.83			
47	25.22	33.18	35.86	47.00			
48	24.87	32.55	35.09	45.85			
49	24.37	31.74	34.14	44.44			
50	23.72	30.73	32.98	42.78			
51	22.92	29.54	31.64	40.89			
52	21.97	28.18	30.11	38.77			
53	20.76	26.48	28.25	36.26			
54	19.42	24.66	26.26	33.58			
55	18.00	22.74	24.16	30.79			
56	16.52	20.77	22.02	27.96			
57	15.01	18.78	19.87	25.15			
58	13.39	16.77	17.73	22.40			
59	11.81	14.84	15.67	19.77			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	15.80	22.19	24.86	33.66			
26	16.27	22.87	25.63	34.73			
27	16.77	23.62	26.47	35.90			
28	17.33	24.41	27.37	37.15			
29	17.91	25.26	28.32	38.47			
30	18.52	26.14	29.30	39.82			
31	19.15	27.05	30.32	41.22			
32	19.80	27.96	31.35	42.60			
33	20.47	28.89	32.39	44.01			
34	21.14	29.80	33.43	45.38			
35	21.80	30.69	34.43	46.70			
36	22.44	31.54	35.40	47.95			
37	23.06	32.35	36.32	49.13			
38	23.64	33.11	37.18	50.20			
39	24.18	33.79	37.95	51.12			
40	24.66	34.38	38.61	51.90			
41	25.06	34.87	39.15	52.49			
42	25.38	35.21	39.56	52.89			
43	25.78	35.53	39.77	53.01			
44	26.08	35.71	39.81	52.89			
45	26.26	35.71	39.67	52.52			
46	26.30	35.53	39.32	51.88			
47	26.21	35.17	38.77	50.98			
48	25.84	34.49	37.93	49.69			
49	25.31	33.61	36.87	48.14			
50	24.62	32.52	35.60	46.32			
51	23.79	31.25	34.14	44.26			
52	22.80	29.80	32.47	41.94			
53	21.52	27.98	30.43	39.18			
54	20.13	26.04	28.25	36.26			
55	18.66	24.00	25.97	33.21			
56	17.11	21.89	23.65	30.13			
57	15.54	19.78	21.31	27.07			
58	13.85	17.65	19.00	24.09			
59	12.21	15.60	16.78	21.24			

** Rider Form IDI2000-PR/L45-TD attached.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.85	24.54	26.91	36.33			
26	18.37	25.30	27.74	37.48			
27	18.94	26.13	28.65	38.75			
28	19.56	27.00	29.62	40.09			
29	20.22	27.93	30.65	41.51			
30	20.91	28.91	31.72	42.97			
31	21.63	29.91	32.82	44.48			
32	22.36	30.92	33.94	45.97			
33	23.12	31.94	35.07	47.48			
34	23.87	32.96	36.18	48.97			
35	24.61	33.94	37.27	50.40			
36	25.34	34.88	38.32	51.74			
37	26.04	35.78	39.31	53.01			
38	26.70	36.62	40.23	54.16			
39	27.32	37.37	41.07	55.16			
40	27.85	38.02	41.79	56.00			
41	28.30	38.55	42.37	56.65			
42	28.66	38.94	42.81	57.07			
43	29.11	39.30	43.05	57.20			
44	29.46	39.49	43.08	57.07			
45	29.66	39.49	42.94	56.66			
46	29.70	39.30	42.56	55.98			
47	29.59	38.90	41.96	55.00			
48	29.18	38.13	41.05	53.62			
49	28.58	37.16	39.91	51.95			
50	27.81	35.97	38.54	49.98			
51	26.87	34.56	36.95	47.74			
52	25.75	32.95	35.15	45.23			
53	24.31	30.95	32.94	42.26			
54	22.74	28.79	30.58	39.10			
55	21.07	26.54	28.11	35.81			
56	19.32	24.21	25.59	32.48			
57	17.56	21.88	23.06	29.18			
58	15.65	19.52	20.57	25.97			
59	13.80	17.26	18.16	22.91			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.86	24.56	26.94	36.36			
26	18.38	25.32	27.76	37.51			
27	18.95	26.14	28.68	38.78			
28	19.57	27.02	29.65	40.13			
29	20.23	27.95	30.69	41.55			
30	20.92	28.93	31.76	43.01			
31	21.64	29.94	32.86	44.52			
32	22.37	30.95	33.98	46.02			
33	23.13	31.97	35.10	47.54			
34	23.89	32.98	36.22	49.02			
35	24.63	33.97	37.31	50.46			
36	25.36	34.92	38.37	51.81			
37	26.06	35.82	39.36	53.08			
38	26.72	36.65	40.29	54.23			
39	27.33	37.41	41.12	55.24			
40	27.87	38.06	41.85	56.08			
41	28.32	38.60	42.43	56.73			
42	28.69	38.98	42.88	57.16			
43	29.14	39.35	43.12	57.30			
44	29.49	39.55	43.16	57.17			
45	29.68	39.55	43.01	56.77			
46	29.74	39.35	42.64	56.09			
47	29.63	38.96	42.05	55.12			
48	29.22	38.20	41.15	53.74			
49	28.62	37.23	40.00	52.08			
50	27.84	36.04	38.64	50.12			
51	26.90	34.64	37.06	47.89			
52	25.79	33.03	35.26	45.39			
53	24.36	31.03	33.05	42.42			
54	22.78	28.88	30.70	39.26			
55	21.11	26.63	28.23	35.97			
56	19.37	24.30	25.71	32.65			
57	17.60	21.96	23.19	29.34			
58	15.69	19.61	20.68	26.13			
59	13.83	17.34	18.27	23.05			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	17.87	24.58	26.97	36.41			
26	18.39	25.34	27.80	37.57			
27	18.96	26.17	28.71	38.83			
28	19.59	27.05	29.69	40.19			
29	20.25	27.98	30.73	41.62			
30	20.94	28.96	31.80	43.08			
31	21.66	29.97	32.90	44.59			
32	22.39	30.98	34.03	46.09			
33	23.14	32.01	35.16	47.62			
34	23.91	33.03	36.28	49.11			
35	24.66	34.01	37.37	50.55			
36	25.38	34.96	38.44	51.90			
37	26.07	35.86	39.43	53.18			
38	26.74	36.70	40.37	54.34			
39	27.36	37.47	41.21	55.35			
40	27.90	38.12	41.94	56.21			
41	28.35	38.66	42.53	56.86			
42	28.72	39.05	42.98	57.30			
43	29.17	39.42	43.23	57.44			
44	29.52	39.62	43.28	57.32			
45	29.72	39.63	43.14	56.94			
46	29.78	39.44	42.78	56.27			
47	29.67	39.05	42.19	55.30			
48	29.26	38.30	41.29	53.94			
49	28.67	37.34	40.15	52.28			
50	27.90	36.15	38.80	50.33			
51	26.96	34.75	37.22	48.11			
52	25.85	33.15	35.43	45.62			
53	24.42	31.15	33.23	42.65			
54	22.85	29.00	30.89	39.50			
55	21.18	26.75	28.42	36.22			
56	19.43	24.43	25.90	32.89			
57	17.66	22.09	23.37	29.59			
58	15.75	19.73	20.86	26.36			
59	13.90	17.45	18.44	23.27			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	18.59	26.11	29.25	39.60			
26	19.14	26.91	30.15	40.86			
27	19.73	27.79	31.14	42.24			
28	20.38	28.72	32.20	43.71			
29	21.07	29.72	33.32	45.26			
30	21.78	30.76	34.48	46.85			
31	22.53	31.82	35.68	48.49			
32	23.29	32.89	36.89	50.12			
33	24.08	33.99	38.11	51.77			
34	24.87	35.06	39.33	53.39			
35	25.64	36.11	40.51	54.95			
36	26.40	37.11	41.65	56.42			
37	27.12	38.06	42.72	57.80			
38	27.81	38.96	43.74	59.05			
39	28.45	39.76	44.64	60.14			
40	29.01	40.45	45.43	61.06			
41	29.48	41.02	46.06	61.76			
42	29.86	41.42	46.53	62.22			
43	30.32	41.81	46.79	62.37			
44	30.69	42.01	46.83	62.22			
45	30.89	42.01	46.67	61.78			
46	30.94	41.81	46.26	61.05			
47	30.83	41.38	45.61	59.97			
48	30.40	40.57	44.62	58.47			
49	29.77	39.54	43.38	56.65			
50	28.97	38.26	41.89	54.50			
51	27.98	36.77	40.16	52.07			
52	26.82	35.05	38.20	49.34			
53	25.33	32.92	35.80	46.09			
54	23.69	30.63	33.24	42.65			
55	21.95	28.23	30.55	39.07			
56	20.13	25.76	27.82	35.45			
57	18.29	23.28	25.07	31.85			
58	16.30	20.77	22.35	28.34			
59	14.37	18.36	19.74	24.99			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.25	0.33	0.35	0.43	0.62	1.36	2.48
26	0.26	0.34	0.38	0.46	0.65	1.42	2.58
27	0.27	0.36	0.40	0.48	0.70	1.47	2.68
28	0.29	0.39	0.42	0.52	0.72	1.54	2.78
29	0.30	0.41	0.45	0.55	0.77	1.60	2.90
30	0.33	0.44	0.48	0.59	0.81	1.66	3.01
31	0.34	0.47	0.52	0.62	0.85	1.75	3.14
32	0.37	0.50	0.55	0.66	0.90	1.82	3.26
33	0.40	0.53	0.59	0.70	0.94	1.91	3.41
34	0.42	0.57	0.62	0.75	1.00	2.00	3.56
35	0.45	0.61	0.66	0.80	1.06	2.08	3.71
36	0.48	0.64	0.70	0.85	1.11	2.17	3.88
37	0.51	0.69	0.75	0.90	1.18	2.28	4.05
38	0.54	0.72	0.79	0.95	1.24	2.39	4.25
39	0.58	0.77	0.84	1.01	1.31	2.51	4.45
40	0.62	0.82	0.90	1.08	1.37	2.62	4.67
41	0.65	0.86	0.95	1.14	1.45	2.75	4.89
42	0.69	0.92	1.00	1.21	1.53	2.89	5.14
43	0.74	0.99	1.07	1.28	1.62	3.03	5.40
44	0.80	1.05	1.14	1.36	1.72	3.19	5.69
45	0.85	1.11	1.21	1.43	1.80	3.34	5.98
46	0.91	1.19	1.28	1.51	1.90	3.50	6.28
47	0.99	1.26	1.36	1.60	2.00	3.66	6.58
48	1.05	1.34	1.43	1.70	2.09	3.85	6.94
49	1.10	1.42	1.52	1.80	2.21	4.03	7.30
50	1.18	1.50	1.60	1.88	2.31	4.22	7.61
51	1.24	1.57	1.67	1.97	2.38	4.37	7.91
52	1.28	1.64	1.74	2.04	2.46	4.50	8.17
53	1.35	1.70	1.80	2.11	2.52	4.62	8.39
54	1.39	1.74	1.85	2.16	2.56	4.69	8.53
55	1.41	1.77	1.87	2.19	2.57	4.73	8.59
56	1.42	1.78	1.87	2.19	2.54	4.69	8.52
57	1.40	1.75	1.85	2.16	2.48	4.58	8.33
58	1.36	1.70	1.79	2.08	2.38	4.41	7.99
59	1.28	1.59	1.69	1.96	2.23	4.13	7.48
60	1.17	1.47	1.55	1.80	2.02	3.76	6.78
61	1.03	1.29	1.36	1.58	1.75	3.26	5.88
62	0.84	1.06	1.11	1.29	1.42	2.68	4.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.25	0.33	0.37	0.45	0.63	1.42	2.58
26	0.26	0.35	0.40	0.48	0.68	1.47	2.68
27	0.27	0.37	0.42	0.50	0.71	1.53	2.78
28	0.29	0.40	0.44	0.53	0.76	1.60	2.89
29	0.31	0.42	0.47	0.57	0.81	1.66	3.01
30	0.33	0.45	0.50	0.62	0.84	1.73	3.13
31	0.35	0.48	0.53	0.64	0.89	1.82	3.26
32	0.38	0.52	0.56	0.69	0.93	1.89	3.40
33	0.40	0.55	0.61	0.73	0.99	1.99	3.56
34	0.42	0.59	0.64	0.78	1.05	2.08	3.70
35	0.46	0.62	0.69	0.83	1.09	2.16	3.85
36	0.49	0.66	0.72	0.89	1.16	2.26	4.03
37	0.52	0.70	0.77	0.93	1.22	2.37	4.22
38	0.55	0.74	0.82	0.99	1.28	2.49	4.42
39	0.59	0.79	0.88	1.06	1.36	2.60	4.63
40	0.62	0.84	0.92	1.12	1.43	2.73	4.86
41	0.66	0.89	0.99	1.19	1.50	2.87	5.09
42	0.70	0.95	1.04	1.26	1.59	2.99	5.35
43	0.76	1.00	1.11	1.32	1.68	3.15	5.62
44	0.81	1.07	1.19	1.41	1.78	3.32	5.92
45	0.87	1.14	1.25	1.49	1.87	3.48	6.21
46	0.92	1.22	1.33	1.58	1.97	3.65	6.53
47	0.99	1.28	1.40	1.66	2.08	3.81	6.86
48	1.06	1.37	1.48	1.76	2.17	4.01	7.22
49	1.12	1.45	1.57	1.87	2.30	4.20	7.59
50	1.19	1.54	1.65	1.95	2.39	4.38	7.91
51	1.26	1.61	1.73	2.05	2.48	4.55	8.23
52	1.31	1.67	1.80	2.13	2.55	4.67	8.48
53	1.37	1.74	1.87	2.19	2.61	4.80	8.73
54	1.42	1.79	1.92	2.24	2.66	4.88	8.86
55	1.43	1.82	1.94	2.28	2.67	4.92	8.94
56	1.44	1.83	1.94	2.28	2.64	4.88	8.86
57	1.43	1.80	1.92	2.24	2.58	4.77	8.67
58	1.37	1.74	1.85	2.16	2.48	4.58	8.31
59	1.29	1.64	1.75	2.04	2.31	4.29	7.78
60	1.19	1.50	1.60	1.87	2.09	3.92	7.05
61	1.05	1.33	1.40	1.65	1.81	3.40	6.11
62	0.86	1.09	1.15	1.35	1.47	2.78	4.94

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.26	0.34	0.39	0.48	0.68	1.50	2.73
26	0.26	0.37	0.41	0.51	0.71	1.57	2.83
27	0.28	0.39	0.43	0.53	0.76	1.62	2.94
28	0.30	0.41	0.47	0.56	0.80	1.69	3.06
29	0.32	0.43	0.49	0.61	0.84	1.76	3.19
30	0.34	0.47	0.52	0.64	0.89	1.84	3.31
31	0.36	0.50	0.56	0.69	0.94	1.93	3.46
32	0.39	0.53	0.60	0.72	0.99	2.01	3.60
33	0.41	0.56	0.63	0.77	1.04	2.10	3.75
34	0.43	0.61	0.68	0.82	1.10	2.20	3.91
35	0.47	0.64	0.71	0.88	1.16	2.29	4.08
36	0.50	0.69	0.77	0.93	1.22	2.39	4.27
37	0.53	0.72	0.81	0.99	1.28	2.51	4.45
38	0.56	0.77	0.86	1.05	1.36	2.63	4.68
39	0.61	0.82	0.92	1.11	1.44	2.75	4.89
40	0.63	0.87	0.98	1.19	1.51	2.89	5.14
41	0.68	0.92	1.03	1.25	1.59	3.03	5.39
42	0.71	0.99	1.09	1.33	1.68	3.18	5.65
43	0.77	1.05	1.17	1.40	1.78	3.34	5.94
44	0.83	1.11	1.24	1.49	1.88	3.51	6.27
45	0.89	1.19	1.31	1.58	1.98	3.68	6.57
46	0.95	1.27	1.39	1.66	2.09	3.85	6.91
47	1.02	1.34	1.47	1.76	2.19	4.03	7.25
48	1.09	1.43	1.57	1.87	2.31	4.24	7.63
49	1.15	1.50	1.65	1.97	2.42	4.44	8.03
50	1.22	1.59	1.74	2.07	2.53	4.63	8.38
51	1.28	1.66	1.82	2.16	2.61	4.80	8.70
52	1.35	1.74	1.89	2.24	2.70	4.95	8.98
53	1.40	1.80	1.95	2.32	2.77	5.08	9.23
54	1.45	1.85	2.02	2.38	2.81	5.17	9.38
55	1.47	1.88	2.04	2.41	2.82	5.20	9.45
56	1.47	1.89	2.04	2.41	2.80	5.16	9.37
57	1.46	1.86	2.02	2.37	2.73	5.04	9.17
58	1.41	1.80	1.94	2.29	2.61	4.85	8.78
59	1.33	1.70	1.84	2.16	2.44	4.54	8.23
60	1.21	1.57	1.68	1.98	2.22	4.14	7.44
61	1.07	1.37	1.47	1.74	1.92	3.60	6.47
62	0.88	1.13	1.21	1.43	1.56	2.94	5.22

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.27	0.35	0.39	0.48	0.67	1.49	2.71
26	0.28	0.38	0.41	0.50	0.71	1.55	2.82
27	0.30	0.40	0.44	0.53	0.76	1.61	2.92
28	0.32	0.42	0.47	0.56	0.79	1.68	3.04
29	0.33	0.45	0.49	0.60	0.84	1.75	3.17
30	0.36	0.48	0.53	0.64	0.88	1.82	3.29
31	0.38	0.51	0.56	0.68	0.93	1.91	3.43
32	0.40	0.55	0.60	0.72	0.99	1.99	3.57
33	0.43	0.58	0.64	0.77	1.03	2.09	3.73
34	0.46	0.62	0.68	0.82	1.10	2.18	3.88
35	0.49	0.66	0.72	0.87	1.15	2.27	4.06
36	0.53	0.70	0.77	0.93	1.21	2.38	4.24
37	0.55	0.75	0.82	0.99	1.28	2.49	4.43
38	0.59	0.79	0.86	1.04	1.36	2.61	4.65
39	0.63	0.84	0.92	1.11	1.43	2.74	4.87
40	0.67	0.90	0.98	1.18	1.50	2.87	5.10
41	0.71	0.94	1.04	1.24	1.58	3.01	5.35
42	0.75	1.01	1.10	1.32	1.67	3.15	5.61
43	0.81	1.07	1.17	1.39	1.77	3.31	5.90
44	0.87	1.14	1.25	1.48	1.87	3.48	6.22
45	0.93	1.21	1.32	1.57	1.97	3.65	6.53
46	0.99	1.30	1.40	1.65	2.08	3.83	6.86
47	1.07	1.37	1.48	1.75	2.18	4.00	7.20
48	1.14	1.46	1.57	1.86	2.29	4.22	7.59
49	1.21	1.55	1.66	1.96	2.41	4.41	7.97
50	1.28	1.64	1.75	2.06	2.52	4.60	8.32
51	1.36	1.72	1.83	2.16	2.60	4.78	8.65
52	1.41	1.79	1.90	2.24	2.68	4.91	8.92
53	1.47	1.86	1.97	2.31	2.75	5.05	9.17
54	1.52	1.90	2.02	2.36	2.80	5.13	9.32
55	1.54	1.94	2.05	2.39	2.81	5.17	9.39
56	1.55	1.94	2.05	2.39	2.78	5.12	9.31
57	1.53	1.91	2.02	2.36	2.71	5.01	9.11
58	1.48	1.86	1.95	2.27	2.60	4.81	8.73
59	1.39	1.74	1.85	2.15	2.43	4.51	8.18
60	1.28	1.60	1.69	1.97	2.20	4.11	7.40
61	1.13	1.42	1.48	1.73	1.91	3.57	6.42
62	0.92	1.16	1.21	1.42	1.55	2.92	5.18

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.27	0.36	0.40	0.49	0.70	1.55	2.82
26	0.28	0.39	0.43	0.52	0.74	1.61	2.93
27	0.30	0.40	0.46	0.55	0.78	1.67	3.04
28	0.32	0.43	0.48	0.58	0.83	1.75	3.16
29	0.33	0.46	0.51	0.62	0.88	1.82	3.29
30	0.37	0.49	0.55	0.67	0.92	1.89	3.42
31	0.39	0.53	0.58	0.70	0.97	1.99	3.57
32	0.41	0.56	0.62	0.75	1.02	2.07	3.71
33	0.44	0.60	0.66	0.80	1.07	2.17	3.88
34	0.47	0.64	0.70	0.85	1.14	2.27	4.04
35	0.50	0.68	0.75	0.91	1.20	2.36	4.22
36	0.54	0.72	0.79	0.97	1.27	2.47	4.41
37	0.56	0.77	0.84	1.02	1.34	2.59	4.60
38	0.60	0.81	0.90	1.08	1.41	2.72	4.83
39	0.64	0.86	0.96	1.15	1.49	2.84	5.06
40	0.68	0.92	1.01	1.22	1.57	2.98	5.31
41	0.72	0.97	1.07	1.29	1.65	3.13	5.56
42	0.77	1.04	1.14	1.37	1.74	3.27	5.84
43	0.83	1.10	1.21	1.44	1.84	3.44	6.14
44	0.89	1.17	1.29	1.54	1.94	3.63	6.47
45	0.95	1.25	1.36	1.63	2.05	3.80	6.79
46	1.01	1.34	1.45	1.72	2.16	3.99	7.14
47	1.09	1.41	1.53	1.82	2.27	4.16	7.49
48	1.16	1.50	1.62	1.93	2.38	4.38	7.88
49	1.22	1.58	1.72	2.04	2.51	4.58	8.29
50	1.30	1.68	1.81	2.14	2.61	4.79	8.65
51	1.37	1.76	1.89	2.24	2.71	4.97	8.99
52	1.43	1.83	1.97	2.32	2.79	5.10	9.28
53	1.50	1.90	2.04	2.39	2.86	5.25	9.54
54	1.55	1.95	2.09	2.46	2.90	5.33	9.69
55	1.57	1.99	2.12	2.49	2.91	5.38	9.77
56	1.58	2.00	2.12	2.49	2.89	5.32	9.68
57	1.56	1.96	2.09	2.45	2.82	5.21	9.48
58	1.50	1.90	2.02	2.36	2.71	5.01	9.08
59	1.42	1.79	1.91	2.24	2.53	4.69	8.50
60	1.29	1.65	1.75	2.05	2.29	4.28	7.70
61	1.14	1.45	1.53	1.80	1.98	3.71	6.68
62	0.94	1.19	1.26	1.47	1.61	3.04	5.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.28	0.38	0.42	0.52	0.74	1.64	2.98
26	0.29	0.40	0.45	0.55	0.78	1.71	3.10
27	0.31	0.42	0.48	0.58	0.83	1.77	3.21
28	0.33	0.45	0.51	0.62	0.87	1.85	3.34
29	0.34	0.48	0.54	0.66	0.92	1.93	3.48
30	0.38	0.51	0.57	0.70	0.97	2.01	3.62
31	0.40	0.55	0.62	0.75	1.03	2.10	3.78
32	0.42	0.58	0.65	0.79	1.08	2.19	3.93
33	0.45	0.62	0.70	0.84	1.14	2.30	4.10
34	0.48	0.66	0.74	0.90	1.21	2.40	4.27
35	0.51	0.70	0.78	0.96	1.27	2.50	4.46
36	0.55	0.75	0.84	1.02	1.34	2.61	4.66
37	0.58	0.79	0.89	1.08	1.41	2.74	4.87
38	0.62	0.84	0.94	1.14	1.49	2.88	5.11
39	0.66	0.90	1.00	1.21	1.58	3.01	5.35
40	0.70	0.95	1.06	1.29	1.65	3.16	5.61
41	0.74	1.00	1.13	1.36	1.74	3.31	5.89
42	0.78	1.07	1.20	1.45	1.84	3.47	6.18
43	0.84	1.14	1.28	1.53	1.94	3.64	6.49
44	0.91	1.21	1.36	1.63	2.06	3.84	6.85
45	0.97	1.29	1.43	1.72	2.16	4.02	7.18
46	1.04	1.38	1.52	1.82	2.28	4.22	7.55
47	1.12	1.46	1.61	1.93	2.39	4.41	7.92
48	1.19	1.56	1.71	2.04	2.52	4.64	8.34
49	1.26	1.65	1.80	2.16	2.65	4.85	8.77
50	1.34	1.74	1.90	2.26	2.76	5.06	9.15
51	1.41	1.82	1.99	2.37	2.86	5.25	9.51
52	1.47	1.90	2.07	2.46	2.95	5.40	9.81
53	1.53	1.97	2.14	2.53	3.03	5.55	10.08
54	1.58	2.02	2.20	2.60	3.07	5.64	10.25
55	1.60	2.06	2.23	2.63	3.08	5.68	10.33
56	1.61	2.07	2.23	2.63	3.05	5.63	10.24
57	1.59	2.03	2.20	2.59	2.98	5.51	10.02
58	1.54	1.97	2.12	2.50	2.86	5.30	9.60
59	1.45	1.86	2.01	2.36	2.67	4.96	8.99
60	1.33	1.71	1.84	2.16	2.42	4.52	8.14
61	1.17	1.50	1.61	1.90	2.09	3.93	7.07
62	0.96	1.23	1.32	1.56	1.70	3.21	5.70

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.04	2.81	3.07	4.11	6.15	12.55	22.81
26	2.09	2.88	3.15	4.22	6.31	12.73	23.10
27	2.15	2.96	3.25	4.35	6.45	12.90	23.36
28	2.22	3.05	3.34	4.48	6.60	13.05	23.58
29	2.29	3.14	3.44	4.61	6.75	13.17	23.75
30	2.35	3.24	3.55	4.75	6.87	13.28	23.87
31	2.42	3.33	3.65	4.88	7.00	13.38	23.98
32	2.49	3.42	3.76	5.02	7.11	13.45	24.03
33	2.55	3.51	3.85	5.14	7.21	13.48	24.06
34	2.62	3.59	3.94	5.26	7.30	13.52	24.05
35	2.68	3.67	4.03	5.37	7.37	13.52	24.00
36	2.73	3.73	4.11	5.46	7.44	13.50	23.94
37	2.78	3.80	4.18	5.55	7.49	13.46	23.83
38	2.83	3.85	4.23	5.61	7.53	13.40	23.71
39	2.87	3.91	4.29	5.67	7.55	13.33	23.57
40	2.90	3.93	4.33	5.70	7.54	13.22	23.39
41	2.93	3.97	4.36	5.72	7.52	13.09	23.16
42	2.94	3.98	4.37	5.72	7.48	12.94	22.91
43	2.97	4.00	4.38	5.70	7.42	12.78	22.63
44	3.00	4.00	4.37	5.67	7.34	12.56	22.30
45	3.02	4.00	4.35	5.61	7.22	12.31	21.90
46	3.02	3.97	4.29	5.52	7.08	12.03	21.45
47	2.99	3.92	4.22	5.39	6.89	11.70	20.88
48	2.94	3.83	4.12	5.24	6.64	11.29	20.20
49	2.87	3.73	4.00	5.06	6.37	10.82	19.43
50	2.80	3.60	3.85	4.84	6.05	10.31	18.56
51	2.68	3.44	3.67	4.59	5.70	9.75	17.59
52	2.56	3.26	3.48	4.32	5.32	9.13	16.51
53	2.39	3.04	3.24	3.98	4.84	8.39	15.20
54	2.22	2.80	2.97	3.62	4.36	7.61	13.82
55	2.02	2.54	2.68	3.25	3.87	6.83	12.41
56	1.82	2.28	2.41	2.88	3.40	6.05	10.99
57	1.62	2.02	2.13	2.53	2.93	5.29	9.62
58	1.41	1.76	1.87	2.19	2.51	4.59	8.34
59	1.22	1.54	1.62	1.88	2.14	3.96	7.16
60	1.06	1.33	1.39	1.62	1.81	3.40	6.12
61	0.92	1.14	1.21	1.41	1.56	2.93	5.23
62	0.81	1.02	1.06	1.24	1.36	2.56	4.53
63						2.42	4.29
64						2.38	4.24

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.04	2.81	3.09	4.13	6.18	12.60	22.90
26	2.09	2.89	3.17	4.23	6.33	12.79	23.20
27	2.16	2.97	3.26	4.36	6.48	12.95	23.46
28	2.22	3.05	3.36	4.50	6.63	13.11	23.69
29	2.29	3.15	3.46	4.64	6.78	13.24	23.86
30	2.36	3.25	3.56	4.78	6.90	13.34	24.00
31	2.43	3.34	3.67	4.90	7.02	13.45	24.10
32	2.49	3.43	3.78	5.04	7.14	13.52	24.16
33	2.56	3.53	3.87	5.17	7.24	13.56	24.18
34	2.62	3.61	3.96	5.29	7.35	13.59	24.18
35	2.68	3.69	4.05	5.39	7.42	13.59	24.14
36	2.74	3.75	4.14	5.50	7.49	13.59	24.08
37	2.79	3.82	4.21	5.58	7.54	13.54	23.99
38	2.84	3.87	4.27	5.65	7.58	13.50	23.87
39	2.87	3.92	4.33	5.70	7.59	13.42	23.74
40	2.90	3.96	4.36	5.74	7.59	13.32	23.57
41	2.94	3.99	4.39	5.76	7.58	13.21	23.35
42	2.96	4.00	4.41	5.76	7.54	13.05	23.11
43	2.99	4.03	4.41	5.75	7.48	12.89	22.84
44	3.02	4.03	4.41	5.72	7.40	12.68	22.52
45	3.04	4.03	4.38	5.66	7.29	12.44	22.14
46	3.04	4.00	4.34	5.58	7.15	12.17	21.68
47	3.01	3.95	4.28	5.46	6.97	11.84	21.14
48	2.96	3.85	4.16	5.31	6.72	11.43	20.47
49	2.89	3.76	4.05	5.13	6.45	10.98	19.70
50	2.81	3.63	3.91	4.91	6.13	10.47	18.85
51	2.70	3.48	3.73	4.67	5.79	9.92	17.89
52	2.58	3.30	3.55	4.40	5.40	9.30	16.82
53	2.42	3.08	3.30	4.06	4.94	8.56	15.52
54	2.24	2.84	3.03	3.70	4.46	7.80	14.14
55	2.05	2.59	2.75	3.34	3.97	7.01	12.73
56	1.85	2.32	2.47	2.97	3.48	6.22	11.31
57	1.64	2.07	2.19	2.60	3.02	5.46	9.94
58	1.43	1.81	1.93	2.26	2.60	4.77	8.65
59	1.25	1.58	1.67	1.96	2.23	4.11	7.44
60	1.08	1.37	1.45	1.69	1.88	3.55	6.38
61	0.93	1.18	1.26	1.47	1.62	3.05	5.46
62	0.83	1.04	1.10	1.28	1.41	2.66	4.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.05	2.82	3.11	4.15	6.21	12.68	23.05
26	2.10	2.90	3.18	4.27	6.37	12.87	23.35
27	2.16	2.98	3.29	4.40	6.51	13.03	23.62
28	2.23	3.07	3.38	4.53	6.67	13.20	23.85
29	2.30	3.17	3.48	4.66	6.81	13.33	24.02
30	2.37	3.26	3.59	4.80	6.94	13.45	24.16
31	2.44	3.36	3.69	4.95	7.08	13.54	24.28
32	2.50	3.45	3.80	5.09	7.19	13.62	24.35
33	2.56	3.55	3.91	5.21	7.30	13.67	24.38
34	2.63	3.63	3.99	5.33	7.40	13.71	24.38
35	2.69	3.70	4.09	5.45	7.48	13.71	24.36
36	2.75	3.78	4.16	5.54	7.55	13.71	24.31
37	2.81	3.85	4.24	5.64	7.60	13.68	24.22
38	2.85	3.91	4.30	5.70	7.65	13.64	24.12
39	2.89	3.95	4.36	5.76	7.67	13.57	24.00
40	2.92	3.99	4.41	5.80	7.67	13.47	23.84
41	2.96	4.02	4.44	5.83	7.66	13.36	23.63
42	2.97	4.04	4.46	5.83	7.62	13.22	23.40
43	3.00	4.07	4.47	5.83	7.57	13.07	23.14
44	3.04	4.07	4.47	5.80	7.50	12.87	22.84
45	3.05	4.07	4.44	5.75	7.38	12.64	22.48
46	3.05	4.04	4.40	5.66	7.25	12.36	22.04
47	3.04	4.00	4.35	5.55	7.08	12.05	21.52
48	2.98	3.92	4.24	5.40	6.85	11.66	20.86
49	2.92	3.81	4.13	5.23	6.57	11.21	20.13
50	2.84	3.69	3.99	5.02	6.27	10.71	19.29
51	2.74	3.55	3.82	4.78	5.92	10.16	18.34
52	2.61	3.36	3.63	4.51	5.54	9.57	17.28
53	2.45	3.14	3.39	4.18	5.09	8.83	16.00
54	2.27	2.90	3.12	3.83	4.60	8.06	14.63
55	2.08	2.65	2.84	3.46	4.11	7.29	13.23
56	1.88	2.38	2.56	3.09	3.63	6.49	11.80
57	1.67	2.13	2.28	2.73	3.17	5.73	10.42
58	1.46	1.87	2.01	2.38	2.74	5.02	9.10
59	1.28	1.64	1.76	2.07	2.35	4.35	7.88
60	1.11	1.43	1.52	1.79	2.01	3.76	6.76
61	0.96	1.23	1.33	1.56	1.72	3.24	5.79
62	0.84	1.08	1.15	1.36	1.49	2.81	4.99
63				1.29	1.41		
64				1.28	1.39		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.13	2.98	3.34	4.48	6.71	13.81	25.09
26	2.18	3.06	3.42	4.60	6.87	14.01	25.41
27	2.24	3.15	3.54	4.74	7.04	14.19	25.70
28	2.31	3.24	3.63	4.89	7.20	14.36	25.93
29	2.38	3.34	3.74	5.03	7.36	14.49	26.12
30	2.45	3.44	3.85	5.18	7.49	14.62	26.27
31	2.52	3.55	3.97	5.33	7.63	14.71	26.37
32	2.59	3.63	4.08	5.47	7.75	14.79	26.44
33	2.66	3.73	4.19	5.61	7.87	14.83	26.46
34	2.73	3.82	4.29	5.74	7.97	14.87	26.45
35	2.79	3.91	4.38	5.86	8.04	14.87	26.40
36	2.84	3.98	4.47	5.96	8.12	14.85	26.33
37	2.90	4.05	4.54	6.06	8.17	14.81	26.22
38	2.95	4.10	4.60	6.13	8.22	14.75	26.08
39	2.99	4.15	4.66	6.19	8.24	14.66	25.92
40	3.02	4.19	4.71	6.22	8.23	14.55	25.73
41	3.05	4.22	4.73	6.25	8.22	14.41	25.48
42	3.06	4.23	4.75	6.25	8.17	14.24	25.20
43	3.10	4.26	4.76	6.22	8.10	14.05	24.90
44	3.12	4.26	4.75	6.20	8.02	13.82	24.53
45	3.14	4.25	4.72	6.13	7.88	13.54	24.10
46	3.14	4.22	4.66	6.03	7.73	13.23	23.59
47	3.12	4.16	4.59	5.90	7.52	12.87	22.97
48	3.06	4.07	4.48	5.73	7.26	12.42	22.22
49	2.99	3.97	4.35	5.53	6.96	11.92	21.37
50	2.91	3.83	4.19	5.30	6.62	11.34	20.42
51	2.80	3.67	4.00	5.02	6.23	10.73	19.34
52	2.67	3.48	3.79	4.73	5.82	10.05	18.15
53	2.50	3.24	3.52	4.36	5.30	9.22	16.72
54	2.31	2.97	3.23	3.97	4.78	8.38	15.21
55	2.11	2.70	2.92	3.56	4.24	7.52	13.65
56	1.90	2.43	2.62	3.16	3.72	6.65	12.09
57	1.69	2.15	2.31	2.76	3.21	5.83	10.58
58	1.47	1.88	2.02	2.40	2.75	5.06	9.17
59	1.28	1.64	1.76	2.07	2.35	4.35	7.88
60	1.11	1.42	1.51	1.78	2.00	3.73	6.72
61	0.96	1.22	1.32	1.55	1.71	3.22	5.76
62	0.84	1.08	1.15	1.36	1.49	2.81	4.99
63	0.79	1.02	1.10				
64	0.78	1.02	1.09				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.33	3.20	3.51	4.70	7.03	14.34	26.07
26	2.39	3.29	3.60	4.82	7.21	14.56	26.40
27	2.46	3.38	3.71	4.97	7.37	14.74	26.70
28	2.53	3.48	3.82	5.12	7.54	14.92	26.95
29	2.61	3.59	3.93	5.27	7.71	15.06	27.14
30	2.68	3.70	4.06	5.43	7.85	15.18	27.29
31	2.76	3.80	4.17	5.58	7.99	15.29	27.40
32	2.84	3.91	4.29	5.74	8.12	15.36	27.46
33	2.91	4.01	4.40	5.87	8.24	15.41	27.49
34	2.99	4.10	4.51	6.01	8.35	15.44	27.48
35	3.06	4.20	4.60	6.13	8.43	15.44	27.43
36	3.12	4.27	4.70	6.25	8.50	15.43	27.35
37	3.18	4.35	4.78	6.34	8.56	15.38	27.24
38	3.24	4.41	4.84	6.42	8.61	15.32	27.10
39	3.27	4.46	4.91	6.48	8.62	15.23	26.94
40	3.31	4.50	4.95	6.51	8.62	15.11	26.73
41	3.34	4.53	4.98	6.54	8.60	14.97	26.47
42	3.36	4.55	5.00	6.54	8.54	14.79	26.18
43	3.40	4.58	5.01	6.51	8.47	14.60	25.86
44	3.43	4.58	5.00	6.48	8.39	14.35	25.48
45	3.45	4.57	4.96	6.41	8.25	14.07	25.04
46	3.45	4.53	4.91	6.30	8.09	13.75	24.51
47	3.42	4.48	4.83	6.17	7.88	13.37	23.87
48	3.36	4.37	4.71	5.99	7.59	12.90	23.09
49	3.28	4.26	4.58	5.78	7.28	12.37	22.20
50	3.19	4.11	4.40	5.54	6.92	11.78	21.21
51	3.06	3.93	4.20	5.25	6.51	11.14	20.10
52	2.92	3.73	3.99	4.94	6.07	10.44	18.87
53	2.74	3.48	3.70	4.55	5.54	9.58	17.37
54	2.53	3.19	3.39	4.14	4.99	8.70	15.80
55	2.31	2.90	3.07	3.71	4.43	7.81	14.18
56	2.09	2.60	2.75	3.29	3.88	6.91	12.56
57	1.85	2.31	2.43	2.89	3.34	6.05	10.99
58	1.61	2.02	2.13	2.50	2.87	5.25	9.53
59	1.40	1.76	1.85	2.16	2.45	4.52	8.18
60	1.21	1.52	1.59	1.85	2.07	3.88	6.99
61	1.05	1.31	1.38	1.61	1.78	3.34	5.98
62	0.92	1.16	1.21	1.42	1.55	2.92	5.18
63						2.76	4.91
64						2.72	4.85

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.33	3.21	3.53	4.72	7.06	14.41	26.17
26	2.39	3.30	3.62	4.84	7.23	14.62	26.51
27	2.46	3.39	3.73	4.99	7.40	14.80	26.81
28	2.53	3.49	3.84	5.14	7.58	14.99	27.07
29	2.61	3.60	3.95	5.30	7.74	15.13	27.26
30	2.69	3.71	4.07	5.46	7.88	15.25	27.42
31	2.77	3.82	4.19	5.61	8.03	15.36	27.54
32	2.84	3.92	4.31	5.76	8.16	15.44	27.61
33	2.92	4.03	4.43	5.90	8.28	15.50	27.64
34	3.00	4.12	4.52	6.05	8.40	15.53	27.64
35	3.07	4.22	4.63	6.17	8.47	15.53	27.59
36	3.12	4.29	4.73	6.28	8.55	15.52	27.52
37	3.19	4.36	4.80	6.38	8.62	15.48	27.41
38	3.25	4.43	4.88	6.46	8.66	15.43	27.28
39	3.28	4.48	4.95	6.52	8.68	15.34	27.13
40	3.32	4.52	4.98	6.56	8.68	15.22	26.94
41	3.36	4.56	5.02	6.59	8.66	15.09	26.68
42	3.38	4.58	5.03	6.59	8.62	14.92	26.41
43	3.41	4.60	5.04	6.56	8.54	14.73	26.10
44	3.45	4.60	5.04	6.54	8.46	14.49	25.73
45	3.47	4.60	5.01	6.47	8.32	14.22	25.30
46	3.47	4.57	4.95	6.37	8.17	13.90	24.78
47	3.44	4.51	4.88	6.24	7.96	13.53	24.16
48	3.38	4.41	4.76	6.06	7.68	13.07	23.39
49	3.30	4.29	4.63	5.86	7.37	12.55	22.52
50	3.21	4.15	4.46	5.61	7.01	11.97	21.54
51	3.09	3.98	4.27	5.34	6.62	11.33	20.44
52	2.95	3.78	4.05	5.02	6.18	10.63	19.22
53	2.76	3.52	3.77	4.64	5.64	9.79	17.74
54	2.56	3.25	3.46	4.23	5.10	8.91	16.17
55	2.34	2.96	3.14	3.81	4.53	8.02	14.56
56	2.11	2.66	2.82	3.39	3.99	7.11	12.93
57	1.87	2.36	2.50	2.97	3.45	6.25	11.36
58	1.64	2.07	2.20	2.59	2.97	5.45	9.88
59	1.43	1.80	1.91	2.24	2.54	4.70	8.51
60	1.23	1.57	1.65	1.93	2.16	4.05	7.29
61	1.06	1.35	1.43	1.68	1.85	3.48	6.23
62	0.94	1.19	1.26	1.47	1.61	3.04	5.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.34	3.22	3.55	4.74	7.10	14.49	26.34
26	2.40	3.32	3.63	4.88	7.28	14.71	26.68
27	2.47	3.41	3.76	5.02	7.44	14.90	26.99
28	2.54	3.51	3.86	5.17	7.62	15.08	27.25
29	2.62	3.62	3.98	5.33	7.79	15.23	27.46
30	2.70	3.73	4.10	5.49	7.94	15.36	27.61
31	2.78	3.84	4.22	5.65	8.09	15.48	27.75
32	2.85	3.94	4.35	5.81	8.22	15.57	27.83
33	2.93	4.05	4.46	5.95	8.34	15.62	27.86
34	3.01	4.14	4.56	6.09	8.46	15.66	27.87
35	3.08	4.23	4.67	6.22	8.54	15.67	27.83
36	3.14	4.31	4.76	6.34	8.62	15.66	27.77
37	3.20	4.40	4.85	6.44	8.69	15.63	27.68
38	3.26	4.46	4.92	6.52	8.74	15.58	27.56
39	3.30	4.51	4.99	6.58	8.76	15.51	27.42
40	3.34	4.56	5.03	6.63	8.76	15.40	27.24
41	3.38	4.59	5.07	6.66	8.76	15.27	27.01
42	3.40	4.61	5.10	6.67	8.71	15.11	26.74
43	3.43	4.65	5.10	6.65	8.65	14.93	26.45
44	3.47	4.65	5.10	6.63	8.57	14.70	26.11
45	3.48	4.65	5.08	6.56	8.44	14.44	25.69
46	3.48	4.62	5.02	6.47	8.29	14.13	25.19
47	3.47	4.57	4.96	6.34	8.09	13.77	24.59
48	3.41	4.47	4.85	6.18	7.82	13.32	23.85
49	3.34	4.36	4.72	5.98	7.52	12.81	23.00
50	3.25	4.22	4.56	5.74	7.16	12.24	22.04
51	3.12	4.05	4.36	5.46	6.77	11.62	20.96
52	2.98	3.85	4.14	5.16	6.34	10.93	19.76
53	2.80	3.59	3.87	4.78	5.81	10.08	18.29
54	2.60	3.32	3.56	4.37	5.26	9.21	16.73
55	2.38	3.03	3.25	3.95	4.70	8.32	15.12
56	2.15	2.73	2.93	3.53	4.15	7.42	13.49
57	1.91	2.43	2.60	3.12	3.62	6.55	11.91
58	1.67	2.14	2.30	2.73	3.12	5.74	10.40
59	1.46	1.87	2.01	2.37	2.68	4.97	9.00
60	1.27	1.63	1.74	2.04	2.29	4.29	7.73
61	1.09	1.41	1.51	1.78	1.96	3.70	6.62
62	0.96	1.23	1.32	1.56	1.70	3.21	5.70
63				1.48	1.61		
64				1.47	1.59		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.43	3.41	3.82	5.12	7.67	15.78	28.67
26	2.49	3.50	3.92	5.26	7.86	16.01	29.04
27	2.56	3.60	4.04	5.42	8.04	16.22	29.37
28	2.64	3.70	4.15	5.59	8.23	16.41	29.64
29	2.72	3.82	4.28	5.76	8.40	16.56	29.85
30	2.80	3.93	4.41	5.92	8.56	16.70	30.02
31	2.88	4.05	4.53	6.09	8.72	16.82	30.14
32	2.96	4.15	4.66	6.26	8.86	16.90	30.21
33	3.04	4.27	4.79	6.41	8.99	16.95	30.24
34	3.12	4.36	4.89	6.56	9.11	16.99	30.23
35	3.19	4.46	5.01	6.70	9.20	16.99	30.18
36	3.25	4.54	5.10	6.81	9.28	16.97	30.09
37	3.31	4.63	5.19	6.93	9.34	16.92	29.96
38	3.37	4.69	5.26	7.00	9.39	16.85	29.81
39	3.41	4.74	5.33	7.07	9.42	16.76	29.63
40	3.45	4.79	5.38	7.11	9.41	16.62	29.41
41	3.48	4.82	5.41	7.14	9.39	16.46	29.12
42	3.50	4.84	5.43	7.14	9.33	16.27	28.80
43	3.54	4.87	5.44	7.11	9.26	16.06	28.45
44	3.57	4.87	5.43	7.08	9.16	15.79	28.04
45	3.59	4.86	5.39	7.00	9.00	15.48	27.54
46	3.59	4.82	5.33	6.89	8.83	15.12	26.96
47	3.56	4.76	5.25	6.74	8.60	14.70	26.25
48	3.50	4.66	5.12	6.55	8.30	14.19	25.40
49	3.42	4.53	4.97	6.32	7.96	13.61	24.42
50	3.33	4.37	4.79	6.05	7.56	12.96	23.33
51	3.19	4.19	4.57	5.75	7.12	12.26	22.11
52	3.04	3.97	4.33	5.40	6.64	11.48	20.75
53	2.85	3.70	4.02	4.98	6.05	10.54	19.10
54	2.64	3.40	3.69	4.53	5.46	9.57	17.38
55	2.41	3.09	3.34	4.07	4.85	8.59	15.59
56	2.17	2.77	2.99	3.61	4.25	7.60	13.82
57	1.93	2.46	2.64	3.16	3.67	6.65	12.09
58	1.68	2.15	2.31	2.75	3.15	5.78	10.48
59	1.46	1.87	2.01	2.37	2.68	4.97	9.00
60	1.27	1.62	1.73	2.03	2.28	4.27	7.68
61	1.09	1.40	1.50	1.77	1.95	3.68	6.57
62	0.96	1.23	1.32	1.56	1.70	3.21	5.70
63	0.91	1.17	1.26				
64	0.90	1.16	1.25				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.20	3.02	3.32	4.44	6.61	13.39	24.31
26	2.27	3.12	3.41	4.57	6.79	13.64	24.70
27	2.33	3.21	3.52	4.72	6.98	13.85	25.05
28	2.41	3.32	3.64	4.88	7.15	14.06	25.36
29	2.50	3.43	3.77	5.04	7.33	14.26	25.64
30	2.57	3.55	3.89	5.21	7.49	14.41	25.87
31	2.67	3.67	4.02	5.38	7.66	14.56	26.07
32	2.75	3.78	4.14	5.54	7.81	14.70	26.24
33	2.83	3.89	4.28	5.70	7.96	14.81	26.37
34	2.91	4.00	4.38	5.86	8.10	14.89	26.48
35	2.99	4.10	4.51	6.00	8.23	14.98	26.57
36	3.06	4.20	4.61	6.14	8.33	15.03	26.62
37	3.15	4.29	4.72	6.27	8.44	15.07	26.65
38	3.21	4.38	4.81	6.38	8.52	15.09	26.68
39	3.27	4.46	4.90	6.49	8.59	15.10	26.67
40	3.34	4.53	4.97	6.56	8.63	15.07	26.65
41	3.39	4.58	5.04	6.63	8.66	15.05	26.58
42	3.42	4.64	5.09	6.68	8.68	14.97	26.49
43	3.50	4.70	5.15	6.71	8.69	14.90	26.38
44	3.56	4.75	5.18	6.73	8.67	14.78	26.24
45	3.61	4.78	5.19	6.72	8.62	14.63	26.03
46	3.64	4.80	5.19	6.69	8.54	14.45	25.73
47	3.66	4.78	5.17	6.63	8.41	14.20	25.35
48	3.64	4.74	5.10	6.52	8.23	13.88	24.84
49	3.61	4.67	5.02	6.38	8.00	13.50	24.22
50	3.56	4.58	4.91	6.21	7.73	13.05	23.48
51	3.48	4.45	4.76	6.00	7.40	12.54	22.60
52	3.37	4.29	4.58	5.75	7.03	11.94	21.59
53	3.21	4.07	4.34	5.39	6.55	11.18	20.24
54	3.04	3.82	4.06	5.02	6.04	10.37	18.79
55	2.83	3.56	3.77	4.64	5.51	9.51	17.27
56	2.62	3.26	3.46	4.22	4.96	8.64	15.68
57	2.38	2.97	3.13	3.82	4.41	7.75	14.08
58	2.13	2.68	2.81	3.41	3.89	6.90	12.52
59	1.89	2.38	2.50	3.02	3.40	6.07	11.01
60	1.67	2.10	2.20	2.66	2.94	5.32	9.60
61	1.46	1.84	1.94	2.33	2.56	4.64	8.32
62	1.28	1.61	1.70	2.04	2.24	4.04	7.18
63						3.56	6.26
64						3.22	5.57
65						3.03	5.13
66						3.00	5.01

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.20	3.03	3.33	4.45	6.63	13.45	24.40
26	2.27	3.12	3.42	4.58	6.81	13.69	24.80
27	2.34	3.22	3.54	4.73	7.00	13.90	25.16
28	2.41	3.34	3.66	4.90	7.18	14.12	25.48
29	2.50	3.44	3.78	5.07	7.37	14.32	25.75
30	2.58	3.56	3.91	5.24	7.52	14.48	25.99
31	2.67	3.67	4.04	5.39	7.68	14.63	26.20
32	2.75	3.79	4.16	5.57	7.84	14.76	26.36
33	2.84	3.91	4.29	5.74	8.00	14.88	26.51
34	2.92	4.01	4.41	5.89	8.14	14.97	26.62
35	3.00	4.11	4.53	6.03	8.26	15.06	26.71
36	3.07	4.22	4.64	6.18	8.38	15.12	26.77
37	3.16	4.31	4.74	6.30	8.48	15.15	26.80
38	3.22	4.40	4.84	6.42	8.56	15.19	26.84
39	3.28	4.47	4.93	6.52	8.63	15.19	26.84
40	3.34	4.54	5.01	6.60	8.69	15.18	26.82
41	3.40	4.60	5.08	6.68	8.72	15.15	26.77
42	3.44	4.66	5.12	6.72	8.74	15.07	26.69
43	3.52	4.72	5.18	6.76	8.75	15.01	26.58
44	3.58	4.78	5.22	6.78	8.73	14.91	26.46
45	3.62	4.80	5.23	6.78	8.69	14.77	26.26
46	3.66	4.83	5.24	6.75	8.62	14.58	25.97
47	3.67	4.81	5.21	6.69	8.49	14.34	25.60
48	3.66	4.78	5.15	6.58	8.31	14.02	25.11
49	3.62	4.71	5.08	6.45	8.09	13.65	24.49
50	3.57	4.61	4.96	6.28	7.81	13.22	23.77
51	3.49	4.49	4.81	6.07	7.49	12.71	22.90
52	3.39	4.33	4.65	5.83	7.12	12.11	21.89
53	3.24	4.12	4.40	5.47	6.64	11.36	20.57
54	3.05	3.86	4.12	5.11	6.13	10.54	19.11
55	2.86	3.61	3.83	4.72	5.60	9.70	17.59
56	2.64	3.31	3.52	4.31	5.05	8.82	16.00
57	2.40	3.02	3.19	3.90	4.50	7.93	14.41
58	2.16	2.71	2.87	3.48	3.98	7.07	12.83
59	1.91	2.42	2.56	3.10	3.48	6.23	11.30
60	1.69	2.13	2.25	2.73	3.02	5.46	9.86
61	1.48	1.87	1.98	2.39	2.62	4.76	8.54
62	1.29	1.64	1.73	2.09	2.29	4.14	7.37

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.21	3.04	3.34	4.47	6.67	13.53	24.55
26	2.28	3.14	3.45	4.61	6.86	13.77	24.95
27	2.35	3.24	3.56	4.77	7.04	13.99	25.31
28	2.42	3.35	3.68	4.93	7.22	14.20	25.63
29	2.50	3.46	3.80	5.10	7.40	14.41	25.92
30	2.59	3.57	3.92	5.27	7.57	14.57	26.15
31	2.68	3.69	4.06	5.44	7.74	14.73	26.37
32	2.76	3.80	4.19	5.61	7.89	14.87	26.56
33	2.85	3.92	4.32	5.77	8.05	15.00	26.70
34	2.93	4.03	4.44	5.93	8.19	15.08	26.82
35	3.01	4.14	4.56	6.07	8.32	15.18	26.92
36	3.09	4.23	4.67	6.22	8.44	15.24	26.99
37	3.18	4.35	4.78	6.35	8.54	15.29	27.03
38	3.23	4.42	4.88	6.47	8.63	15.32	27.09
39	3.30	4.51	4.96	6.57	8.71	15.34	27.10
40	3.36	4.58	5.05	6.66	8.76	15.33	27.09
41	3.41	4.64	5.12	6.74	8.80	15.31	27.05
42	3.46	4.69	5.17	6.79	8.83	15.25	26.98
43	3.54	4.76	5.24	6.84	8.84	15.19	26.89
44	3.60	4.81	5.27	6.86	8.84	15.09	26.79
45	3.64	4.84	5.29	6.86	8.79	14.96	26.59
46	3.68	4.88	5.30	6.84	8.72	14.78	26.34
47	3.70	4.86	5.27	6.78	8.60	14.56	25.98
48	3.69	4.82	5.23	6.69	8.43	14.25	25.50
49	3.65	4.76	5.15	6.56	8.21	13.89	24.92
50	3.61	4.66	5.04	6.39	7.94	13.46	24.21
51	3.53	4.55	4.90	6.19	7.62	12.95	23.36
52	3.42	4.39	4.73	5.94	7.26	12.37	22.36
53	3.26	4.18	4.48	5.60	6.78	11.62	21.04
54	3.09	3.92	4.22	5.24	6.27	10.82	19.61
55	2.89	3.67	3.92	4.84	5.75	9.96	18.08
56	2.68	3.37	3.61	4.44	5.20	9.09	16.49
57	2.44	3.08	3.29	4.02	4.65	8.19	14.88
58	2.19	2.77	2.97	3.61	4.11	7.32	13.28
59	1.94	2.48	2.64	3.20	3.61	6.47	11.73
60	1.72	2.19	2.33	2.82	3.13	5.68	10.25
61	1.50	1.92	2.05	2.48	2.72	4.95	8.88
62	1.31	1.67	1.79	2.16	2.37	4.29	7.64
63				1.89	2.08		
64				1.69	1.89		
65				1.55	1.81		
66				1.48	1.84		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.30	3.21	3.61	4.84	7.21	14.73	26.74
26	2.37	3.32	3.71	4.98	7.41	15.00	27.17
27	2.44	3.42	3.83	5.15	7.61	15.24	27.56
28	2.51	3.54	3.96	5.32	7.80	15.47	27.90
29	2.60	3.65	4.10	5.51	7.99	15.68	28.20
30	2.68	3.78	4.22	5.68	8.18	15.86	28.46
31	2.77	3.90	4.36	5.87	8.35	16.02	28.68
32	2.87	4.01	4.51	6.05	8.52	16.17	28.86
33	2.95	4.14	4.65	6.23	8.69	16.29	29.01
34	3.04	4.25	4.77	6.39	8.84	16.38	29.13
35	3.12	4.36	4.90	6.55	8.97	16.48	29.22
36	3.19	4.47	5.02	6.70	9.09	16.54	29.29
37	3.28	4.58	5.13	6.84	9.21	16.58	29.31
38	3.34	4.66	5.23	6.96	9.29	16.61	29.36
39	3.41	4.74	5.32	7.07	9.37	16.61	29.34
40	3.48	4.81	5.40	7.16	9.42	16.59	29.30
41	3.53	4.88	5.48	7.24	9.46	16.54	29.23
42	3.57	4.93	5.54	7.30	9.47	16.46	29.14
43	3.65	5.00	5.59	7.33	9.48	16.39	29.02
44	3.71	5.05	5.63	7.36	9.46	16.26	28.86
45	3.76	5.09	5.64	7.35	9.42	16.10	28.63
46	3.79	5.10	5.64	7.30	9.34	15.89	28.31
47	3.81	5.09	5.61	7.24	9.19	15.62	27.88
48	3.79	5.04	5.55	7.12	8.99	15.26	27.32
49	3.76	4.97	5.46	6.98	8.74	14.85	26.65
50	3.70	4.87	5.33	6.79	8.44	14.36	25.83
51	3.62	4.73	5.17	6.56	8.09	13.79	24.86
52	3.51	4.57	4.98	6.27	7.68	13.14	23.74
53	3.34	4.34	4.72	5.90	7.15	12.29	22.27
54	3.16	4.07	4.41	5.51	6.60	11.40	20.67
55	2.95	3.78	4.10	5.08	6.02	10.46	18.99
56	2.73	3.48	3.76	4.63	5.43	9.50	17.25
57	2.48	3.17	3.41	4.18	4.83	8.54	15.50
58	2.23	2.84	3.05	3.73	4.26	7.59	13.77
59	1.97	2.53	2.72	3.30	3.72	6.69	12.11
60	1.74	2.24	2.39	2.91	3.23	5.85	10.57
61	1.52	1.95	2.10	2.56	2.80	5.10	9.15
62	1.33	1.71	1.84	2.24	2.44	4.45	7.90
63	1.17	1.50	1.61				
64	1.05	1.34	1.43				
65	0.97	1.22	1.31				
66	0.91	1.16	1.24				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.52	3.45	3.79	5.07	7.55	15.30	27.78
26	2.60	3.56	3.90	5.22	7.76	15.58	28.23
27	2.67	3.67	4.02	5.39	7.97	15.83	28.64
28	2.75	3.79	4.16	5.58	8.17	16.07	28.99
29	2.85	3.92	4.30	5.76	8.38	16.29	29.30
30	2.94	4.06	4.44	5.96	8.56	16.47	29.57
31	3.04	4.19	4.59	6.14	8.75	16.64	29.80
32	3.14	4.31	4.73	6.34	8.92	16.79	29.99
33	3.24	4.44	4.88	6.52	9.10	16.92	30.14
34	3.33	4.57	5.01	6.70	9.26	17.02	30.26
35	3.42	4.68	5.15	6.86	9.40	17.12	30.36
36	3.50	4.80	5.27	7.02	9.52	17.18	30.42
37	3.60	4.91	5.39	7.16	9.64	17.22	30.46
38	3.67	5.01	5.50	7.29	9.73	17.25	30.49
39	3.74	5.10	5.60	7.41	9.81	17.26	30.48
40	3.81	5.17	5.68	7.50	9.86	17.23	30.45
41	3.87	5.24	5.76	7.58	9.90	17.20	30.38
42	3.92	5.30	5.82	7.63	9.92	17.11	30.27
43	4.00	5.37	5.88	7.67	9.93	17.03	30.15
44	4.07	5.43	5.92	7.69	9.91	16.90	29.99
45	4.12	5.46	5.93	7.68	9.86	16.73	29.74
46	4.16	5.48	5.93	7.65	9.77	16.51	29.41
47	4.18	5.46	5.90	7.58	9.62	16.23	28.97
48	4.16	5.42	5.83	7.45	9.41	15.86	28.39
49	4.12	5.34	5.74	7.30	9.14	15.43	27.68
50	4.07	5.23	5.61	7.10	8.83	14.92	26.83
51	3.97	5.09	5.44	6.86	8.46	14.33	25.83
52	3.85	4.90	5.24	6.56	8.03	13.65	24.67
53	3.67	4.66	4.95	6.17	7.48	12.78	23.14
54	3.47	4.36	4.64	5.75	6.90	11.84	21.47
55	3.24	4.07	4.30	5.30	6.29	10.87	19.73
56	2.99	3.73	3.95	4.83	5.67	9.87	17.92
57	2.72	3.40	3.58	4.36	5.03	8.86	16.10
58	2.44	3.05	3.21	3.89	4.44	7.88	14.31
59	2.16	2.72	2.86	3.45	3.88	6.94	12.58
60	1.91	2.40	2.52	3.04	3.36	6.08	10.97
61	1.67	2.10	2.21	2.67	2.92	5.30	9.50
62	1.46	1.84	1.94	2.33	2.55	4.62	8.21
63						4.07	7.15
64						3.68	6.36
65						3.46	5.86
66						3.43	5.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.52	3.46	3.80	5.09	7.58	15.36	27.89
26	2.60	3.57	3.92	5.24	7.79	15.65	28.34
27	2.68	3.68	4.04	5.41	8.00	15.89	28.75
28	2.75	3.81	4.18	5.60	8.20	16.14	29.11
29	2.85	3.93	4.32	5.79	8.41	16.36	29.43
30	2.95	4.07	4.46	5.98	8.60	16.54	29.70
31	3.04	4.20	4.61	6.17	8.78	16.72	29.94
32	3.15	4.33	4.75	6.36	8.96	16.87	30.13
33	3.25	4.46	4.90	6.56	9.14	17.01	30.29
34	3.34	4.58	5.03	6.73	9.30	17.11	30.42
35	3.43	4.70	5.17	6.89	9.44	17.20	30.52
36	3.51	4.81	5.30	7.06	9.57	17.27	30.59
37	3.61	4.93	5.42	7.20	9.70	17.32	30.63
38	3.68	5.02	5.53	7.33	9.79	17.35	30.68
39	3.75	5.11	5.63	7.45	9.86	17.36	30.68
40	3.82	5.19	5.72	7.54	9.93	17.34	30.65
41	3.88	5.26	5.80	7.63	9.96	17.32	30.59
42	3.93	5.32	5.85	7.68	9.99	17.23	30.50
43	4.02	5.39	5.92	7.73	10.00	17.16	30.39
44	4.09	5.46	5.97	7.75	9.98	17.04	30.24
45	4.14	5.49	5.98	7.74	9.94	16.88	30.01
46	4.18	5.52	5.98	7.72	9.85	16.67	29.68
47	4.20	5.50	5.96	7.65	9.71	16.39	29.26
48	4.18	5.46	5.89	7.52	9.50	16.02	28.69
49	4.14	5.38	5.80	7.37	9.24	15.60	27.99
50	4.08	5.27	5.68	7.18	8.92	15.10	27.17
51	4.00	5.13	5.50	6.94	8.56	14.52	26.17
52	3.87	4.95	5.31	6.65	8.14	13.84	25.02
53	3.70	4.71	5.02	6.26	7.59	12.98	23.50
54	3.49	4.42	4.71	5.84	7.00	12.05	21.84
55	3.26	4.12	4.37	5.39	6.40	11.08	20.11
56	3.02	3.78	4.02	4.93	5.77	10.08	18.29
57	2.75	3.45	3.65	4.45	5.14	9.06	16.46
58	2.46	3.10	3.28	3.98	4.55	8.08	14.66
59	2.18	2.76	2.92	3.54	3.98	7.12	12.91
60	1.93	2.44	2.58	3.12	3.45	6.25	11.27
61	1.69	2.14	2.26	2.74	2.99	5.44	9.76
62	1.48	1.87	1.98	2.38	2.61	4.73	8.42

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.53	3.48	3.82	5.11	7.62	15.45	28.05
26	2.60	3.59	3.94	5.27	7.83	15.74	28.51
27	2.68	3.70	4.07	5.45	8.04	15.99	28.93
28	2.76	3.83	4.21	5.63	8.25	16.24	29.30
29	2.86	3.95	4.35	5.83	8.46	16.46	29.62
30	2.96	4.08	4.49	6.02	8.65	16.66	29.89
31	3.05	4.22	4.64	6.21	8.84	16.83	30.14
32	3.16	4.35	4.79	6.41	9.02	16.99	30.35
33	3.26	4.48	4.94	6.60	9.20	17.13	30.51
34	3.34	4.60	5.07	6.78	9.36	17.24	30.65
35	3.44	4.73	5.21	6.94	9.51	17.34	30.76
36	3.53	4.84	5.34	7.11	9.64	17.42	30.84
37	3.63	4.96	5.46	7.26	9.77	17.47	30.90
38	3.69	5.05	5.57	7.39	9.86	17.51	30.96
39	3.77	5.15	5.68	7.52	9.95	17.53	30.97
40	3.84	5.23	5.77	7.61	10.01	17.52	30.96
41	3.90	5.30	5.85	7.70	10.06	17.49	30.91
42	3.95	5.36	5.91	7.76	10.08	17.42	30.84
43	4.04	5.44	5.98	7.81	10.10	17.36	30.74
44	4.11	5.50	6.03	7.84	10.09	17.25	30.62
45	4.16	5.54	6.05	7.84	10.05	17.10	30.40
46	4.21	5.57	6.05	7.81	9.97	16.90	30.10
47	4.22	5.55	6.03	7.75	9.83	16.63	29.69
48	4.22	5.51	5.98	7.64	9.64	16.28	29.15
49	4.17	5.44	5.89	7.49	9.38	15.87	28.48
50	4.12	5.33	5.76	7.30	9.07	15.37	27.67
51	4.03	5.20	5.60	7.07	8.71	14.80	26.69
52	3.91	5.02	5.40	6.78	8.30	14.14	25.56
53	3.73	4.78	5.12	6.40	7.75	13.28	24.05
54	3.53	4.49	4.81	5.98	7.17	12.36	22.40
55	3.30	4.19	4.49	5.54	6.56	11.39	20.67
56	3.05	3.85	4.13	5.07	5.94	10.38	18.85
57	2.78	3.52	3.76	4.59	5.31	9.36	17.01
58	2.50	3.17	3.39	4.12	4.70	8.37	15.18
59	2.22	2.83	3.02	3.66	4.12	7.39	13.40
60	1.96	2.50	2.67	3.23	3.58	6.49	11.71
61	1.72	2.19	2.34	2.83	3.11	5.66	10.15
62	1.50	1.91	2.04	2.47	2.70	4.91	8.73
63				2.16	2.38		
64				1.93	2.16		
65				1.77	2.07		
66				1.69	2.10		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.62	3.67	4.12	5.53	8.24	16.83	30.56
26	2.70	3.79	4.24	5.69	8.47	17.14	31.06
27	2.78	3.91	4.37	5.89	8.69	17.42	31.50
28	2.87	4.04	4.52	6.08	8.91	17.68	31.88
29	2.97	4.17	4.68	6.29	9.13	17.92	32.23
30	3.06	4.31	4.83	6.49	9.35	18.12	32.52
31	3.17	4.45	4.99	6.71	9.55	18.30	32.78
32	3.27	4.58	5.15	6.91	9.73	18.47	32.99
33	3.37	4.73	5.31	7.12	9.94	18.61	33.16
34	3.47	4.86	5.45	7.30	10.09	18.72	33.29
35	3.56	4.98	5.60	7.48	10.25	18.83	33.40
36	3.65	5.10	5.73	7.66	10.39	18.89	33.47
37	3.75	5.23	5.86	7.81	10.52	18.95	33.50
38	3.82	5.32	5.98	7.96	10.62	18.97	33.55
39	3.90	5.42	6.08	8.08	10.71	18.98	33.53
40	3.97	5.50	6.18	8.18	10.77	18.96	33.49
41	4.03	5.57	6.27	8.27	10.81	18.91	33.41
42	4.08	5.63	6.33	8.33	10.82	18.81	33.30
43	4.17	5.71	6.39	8.38	10.83	18.74	33.17
44	4.24	5.77	6.43	8.40	10.82	18.59	32.99
45	4.29	5.81	6.45	8.40	10.76	18.40	32.72
46	4.34	5.83	6.45	8.35	10.67	18.16	32.35
47	4.36	5.82	6.42	8.28	10.50	17.85	31.86
48	4.34	5.76	6.34	8.14	10.28	17.44	31.23
49	4.29	5.68	6.24	7.97	9.99	16.97	30.45
50	4.23	5.56	6.10	7.76	9.64	16.41	29.52
51	4.14	5.41	5.91	7.49	9.24	15.76	28.42
52	4.01	5.22	5.69	7.17	8.78	15.01	27.13
53	3.82	4.95	5.39	6.75	8.18	14.05	25.45
54	3.61	4.65	5.04	6.29	7.54	13.03	23.62
55	3.37	4.32	4.68	5.80	6.88	11.96	21.70
56	3.12	3.97	4.29	5.29	6.20	10.86	19.71
57	2.83	3.62	3.89	4.78	5.52	9.75	17.71
58	2.54	3.25	3.49	4.27	4.87	8.68	15.74
59	2.25	2.90	3.11	3.78	4.25	7.64	13.84
60	1.99	2.55	2.74	3.33	3.69	6.69	12.07
61	1.74	2.24	2.40	2.92	3.19	5.83	10.45
62	1.52	1.95	2.10	2.55	2.79	5.09	9.03
63	1.34	1.72	1.84				
64	1.20	1.53	1.64				
65	1.11	1.40	1.50				
66	1.04	1.33	1.42				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.41	3.30	3.62	4.85	7.19		
26	2.50	3.42	3.75	5.02	7.43		
27	2.58	3.55	3.88	5.21	7.65		
28	2.68	3.67	4.03	5.39	7.86		
29	2.76	3.80	4.17	5.59	8.09		
30	2.87	3.94	4.33	5.80	8.30		
31	2.97	4.09	4.49	6.01	8.52		
32	3.08	4.23	4.66	6.22	8.72		
33	3.19	4.38	4.80	6.42	8.92		
34	3.30	4.53	4.96	6.63	9.12		
35	3.41	4.66	5.11	6.82	9.30		
36	3.51	4.80	5.27	7.02	9.47		
37	3.61	4.92	5.41	7.20	9.64		
38	3.71	5.05	5.54	7.37	9.79		
39	3.80	5.17	5.68	7.52	9.94		
40	3.90	5.28	5.80	7.66	10.06		
41	3.98	5.39	5.91	7.80	10.16		
42	4.06	5.48	6.02	7.90	10.24		
43	4.17	5.60	6.13	8.01	10.31		
44	4.29	5.70	6.22	8.10	10.35		
45	4.36	5.78	6.29	8.17	10.37		
46	4.46	5.85	6.34	8.20	10.32		
47	4.52	5.90	6.37	8.20	10.26		
48	4.55	5.92	6.37	8.18	10.11		
49	4.56	5.90	6.34	8.10	9.94		
50	4.55	5.85	6.27	7.99	9.69		
51	4.51	5.78	6.18	7.84	9.39		
52	4.44	5.66	6.05	7.63	9.03		
53	4.31	5.46	5.82	7.30	8.54		
54	4.14	5.24	5.55	6.95	8.01		
55	3.96	4.96	5.27	6.56	7.44		
56	3.76	4.68	4.95	6.14	6.86		
57	3.52	4.39	4.62	5.72	6.27		
58	3.26	4.09	4.29	5.32	5.74		
59	3.03	3.79	3.98	4.91	5.23		
60	2.78	3.48	3.67	4.53	4.73		
61	2.54	3.19	3.34	4.14	4.27		
62	2.31	2.90	3.04	3.78	3.84		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.41	3.31	3.63	4.87	7.22		
26	2.50	3.42	3.77	5.02	7.44		
27	2.58	3.55	3.90	5.22	7.67		
28	2.68	3.68	4.04	5.41	7.89		
29	2.77	3.82	4.19	5.61	8.11		
30	2.88	3.96	4.35	5.83	8.33		
31	2.98	4.10	4.51	6.03	8.54		
32	3.09	4.25	4.66	6.25	8.76		
33	3.20	4.40	4.82	6.45	8.97		
34	3.30	4.54	4.98	6.66	9.15		
35	3.42	4.67	5.14	6.86	9.34		
36	3.52	4.81	5.29	7.06	9.52		
37	3.61	4.94	5.44	7.23	9.69		
38	3.72	5.07	5.58	7.40	9.84		
39	3.81	5.18	5.71	7.56	9.98		
40	3.91	5.31	5.83	7.70	10.11		
41	4.00	5.40	5.95	7.84	10.21		
42	4.07	5.51	6.05	7.95	10.30		
43	4.19	5.62	6.16	8.05	10.38		
44	4.29	5.72	6.26	8.16	10.41		
45	4.38	5.82	6.33	8.23	10.44		
46	4.47	5.89	6.38	8.26	10.39		
47	4.53	5.93	6.42	8.26	10.33		
48	4.57	5.95	6.42	8.24	10.19		
49	4.58	5.93	6.39	8.18	10.01		
50	4.57	5.89	6.33	8.06	9.77		
51	4.53	5.83	6.23	7.92	9.48		
52	4.47	5.70	6.11	7.71	9.13		
53	4.34	5.51	5.88	7.38	8.63		
54	4.16	5.27	5.61	7.04	8.10		
55	3.98	5.02	5.33	6.64	7.54		
56	3.78	4.73	5.02	6.23	6.95		
57	3.55	4.44	4.68	5.80	6.36		
58	3.29	4.14	4.36	5.39	5.83		
59	3.04	3.84	4.04	4.99	5.32		
60	2.80	3.52	3.71	4.59	4.80		
61	2.56	3.23	3.39	4.21	4.33		
62	2.31	2.92	3.08	3.82	3.89		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.42	3.32	3.65	4.89	7.25		
26	2.50	3.43	3.78	5.06	7.49		
27	2.59	3.56	3.92	5.25	7.71		
28	2.68	3.70	4.06	5.45	7.93		
29	2.78	3.84	4.22	5.64	8.16		
30	2.89	3.98	4.36	5.85	8.38		
31	2.99	4.12	4.53	6.07	8.60		
32	3.10	4.27	4.69	6.28	8.81		
33	3.21	4.41	4.85	6.49	9.02		
34	3.31	4.56	5.02	6.70	9.21		
35	3.42	4.70	5.17	6.90	9.40		
36	3.53	4.84	5.32	7.10	9.58		
37	3.63	4.96	5.47	7.29	9.75		
38	3.73	5.10	5.61	7.45	9.91		
39	3.83	5.21	5.76	7.61	10.06		
40	3.92	5.33	5.88	7.76	10.19		
41	4.01	5.44	5.99	7.90	10.30		
42	4.09	5.54	6.11	8.02	10.38		
43	4.21	5.65	6.21	8.13	10.46		
44	4.31	5.76	6.32	8.23	10.51		
45	4.41	5.85	6.39	8.31	10.53		
46	4.50	5.93	6.44	8.35	10.51		
47	4.56	5.98	6.49	8.35	10.45		
48	4.59	6.01	6.49	8.34	10.31		
49	4.60	5.98	6.47	8.28	10.14		
50	4.59	5.95	6.41	8.17	9.90		
51	4.56	5.88	6.32	8.03	9.61		
52	4.50	5.76	6.20	7.82	9.27		
53	4.36	5.57	5.97	7.51	8.78		
54	4.20	5.33	5.70	7.16	8.25		
55	4.01	5.08	5.42	6.77	7.68		
56	3.81	4.79	5.10	6.35	7.10		
57	3.57	4.50	4.78	5.92	6.50		
58	3.32	4.20	4.45	5.52	5.96		
59	3.07	3.89	4.12	5.10	5.44		
60	2.82	3.57	3.79	4.70	4.92		
61	2.59	3.27	3.46	4.29	4.43		
62	2.33	2.96	3.13	3.90	3.97		
63				3.48	3.50		
64				3.11	3.08		
65				2.75	2.70		
66				2.46	2.38		
67				2.20	2.12		
68				2.02	1.93		
69				1.93	1.81		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.51	3.51	3.93	5.29	7.85		
26	2.60	3.63	4.07	5.46	8.10		
27	2.68	3.77	4.22	5.68	8.34		
28	2.78	3.91	4.37	5.89	8.58		
29	2.88	4.05	4.53	6.10	8.82		
30	2.99	4.20	4.71	6.32	9.06		
31	3.10	4.35	4.88	6.56	9.29		
32	3.21	4.51	5.05	6.78	9.52		
33	3.33	4.66	5.22	7.00	9.74		
34	3.43	4.81	5.39	7.23	9.94		
35	3.55	4.96	5.56	7.44	10.15		
36	3.66	5.10	5.72	7.66	10.33		
37	3.76	5.24	5.89	7.86	10.52		
38	3.86	5.38	6.03	8.03	10.69		
39	3.97	5.50	6.18	8.21	10.83		
40	4.06	5.62	6.31	8.35	10.97		
41	4.15	5.73	6.43	8.50	11.09		
42	4.22	5.83	6.55	8.62	11.18		
43	4.35	5.95	6.66	8.74	11.25		
44	4.46	6.06	6.76	8.84	11.30		
45	4.55	6.15	6.84	8.91	11.31		
46	4.65	6.23	6.89	8.96	11.26		
47	4.71	6.27	6.93	8.96	11.19		
48	4.74	6.30	6.93	8.93	11.04		
49	4.75	6.27	6.89	8.85	10.84		
50	4.74	6.23	6.82	8.72	10.57		
51	4.70	6.15	6.71	8.56	10.25		
52	4.63	6.02	6.56	8.33	9.86		
53	4.49	5.82	6.32	7.98	9.34		
54	4.31	5.57	6.04	7.60	8.75		
55	4.12	5.28	5.72	7.17	8.13		
56	3.92	4.98	5.39	6.71	7.50		
57	3.67	4.66	5.02	6.26	6.86		
58	3.41	4.35	4.67	5.82	6.27		
59	3.15	4.04	4.33	5.37	5.71		
60	2.90	3.70	3.98	4.95	5.17		
61	2.65	3.40	3.63	4.53	4.66		
62	2.39	3.08	3.30	4.13	4.19		
63	2.14	2.75	2.96				
64	1.90	2.46	2.63				
65	1.68	2.18	2.33				
66	1.49	1.94	2.07				
67	1.33	1.73	1.87				
68	1.21	1.58	1.71				
69	1.14	1.50	1.63				

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.75	3.78	4.14	5.54	8.22		
26	2.85	3.91	4.29	5.73	8.48		
27	2.95	4.05	4.44	5.95	8.74		
28	3.05	4.20	4.60	6.17	8.98		
29	3.16	4.35	4.77	6.39	9.24		
30	3.28	4.51	4.95	6.63	9.49		
31	3.40	4.67	5.13	6.86	9.73		
32	3.52	4.84	5.32	7.11	9.97		
33	3.65	5.01	5.49	7.34	10.20		
34	3.77	5.17	5.67	7.58	10.42		
35	3.90	5.32	5.84	7.80	10.63		
36	4.01	5.48	6.02	8.03	10.82		
37	4.12	5.62	6.19	8.23	11.02		
38	4.24	5.77	6.34	8.41	11.19		
39	4.35	5.90	6.49	8.60	11.35		
40	4.45	6.04	6.63	8.76	11.49		
41	4.55	6.15	6.76	8.91	11.61		
42	4.64	6.27	6.88	9.03	11.70		
43	4.77	6.40	7.00	9.15	11.78		
44	4.89	6.51	7.11	9.26	11.83		
45	4.99	6.61	7.19	9.34	11.84		
46	5.10	6.69	7.24	9.37	11.80		
47	5.17	6.74	7.28	9.37	11.72		
48	5.20	6.77	7.28	9.35	11.55		
49	5.21	6.74	7.24	9.27	11.35		
50	5.20	6.69	7.17	9.13	11.07		
51	5.16	6.61	7.06	8.96	10.73		
52	5.08	6.47	6.91	8.72	10.32		
53	4.93	6.25	6.64	8.35	9.76		
54	4.73	5.98	6.34	7.95	9.15		
55	4.52	5.68	6.02	7.50	8.51		
56	4.29	5.35	5.66	7.02	7.84		
57	4.02	5.02	5.28	6.54	7.16		
58	3.73	4.67	4.91	6.07	6.56		
59	3.46	4.34	4.55	5.61	5.98		
60	3.18	3.98	4.19	5.17	5.40		
61	2.90	3.65	3.82	4.73	4.88		
62	2.63	3.31	3.48	4.31	4.38		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.75	3.78	4.15	5.56	8.25		
26	2.85	3.92	4.30	5.75	8.51		
27	2.95	4.06	4.45	5.97	8.76		
28	3.05	4.21	4.62	6.19	9.02		
29	3.17	4.36	4.79	6.42	9.28		
30	3.29	4.52	4.96	6.65	9.52		
31	3.41	4.69	5.15	6.89	9.77		
32	3.53	4.86	5.33	7.14	10.01		
33	3.66	5.02	5.51	7.37	10.24		
34	3.78	5.19	5.69	7.61	10.46		
35	3.91	5.34	5.87	7.83	10.67		
36	4.02	5.50	6.05	8.06	10.88		
37	4.13	5.64	6.21	8.26	11.07		
38	4.25	5.79	6.37	8.46	11.25		
39	4.36	5.92	6.53	8.64	11.40		
40	4.46	6.06	6.66	8.80	11.55		
41	4.57	6.18	6.79	8.96	11.67		
42	4.66	6.29	6.92	9.08	11.77		
43	4.79	6.42	7.04	9.20	11.85		
44	4.91	6.54	7.15	9.32	11.90		
45	5.01	6.64	7.23	9.40	11.92		
46	5.11	6.72	7.30	9.44	11.88		
47	5.18	6.78	7.33	9.44	11.81		
48	5.22	6.80	7.33	9.42	11.64		
49	5.23	6.78	7.30	9.35	11.45		
50	5.22	6.73	7.23	9.21	11.17		
51	5.17	6.65	7.12	9.05	10.83		
52	5.10	6.51	6.98	8.81	10.43		
53	4.95	6.29	6.71	8.44	9.86		
54	4.76	6.03	6.42	8.04	9.26		
55	4.55	5.73	6.09	7.59	8.62		
56	4.32	5.40	5.73	7.12	7.95		
57	4.05	5.07	5.35	6.63	7.27		
58	3.76	4.73	4.98	6.16	6.66		
59	3.48	4.38	4.61	5.70	6.07		
60	3.19	4.02	4.24	5.25	5.49		
61	2.92	3.69	3.87	4.80	4.95		
62	2.65	3.34	3.52	4.36	4.44		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.76	3.79	4.17	5.59	8.29		
26	2.86	3.92	4.32	5.78	8.55		
27	2.96	4.07	4.47	6.00	8.81		
28	3.06	4.22	4.64	6.22	9.06		
29	3.18	4.38	4.81	6.45	9.32		
30	3.30	4.54	4.99	6.69	9.57		
31	3.41	4.71	5.18	6.93	9.83		
32	3.54	4.88	5.36	7.18	10.07		
33	3.67	5.04	5.54	7.42	10.30		
34	3.78	5.21	5.73	7.66	10.52		
35	3.92	5.37	5.90	7.88	10.74		
36	4.03	5.53	6.08	8.11	10.95		
37	4.14	5.68	6.26	8.32	11.14		
38	4.27	5.83	6.42	8.52	11.33		
39	4.37	5.96	6.57	8.70	11.49		
40	4.48	6.10	6.71	8.87	11.64		
41	4.58	6.21	6.85	9.03	11.77		
42	4.67	6.33	6.98	9.16	11.87		
43	4.80	6.46	7.10	9.29	11.96		
44	4.93	6.58	7.22	9.41	12.01		
45	5.03	6.69	7.30	9.50	12.04		
46	5.14	6.78	7.37	9.54	12.00		
47	5.21	6.83	7.41	9.55	11.93		
48	5.25	6.86	7.42	9.53	11.78		
49	5.26	6.84	7.39	9.46	11.59		
50	5.25	6.79	7.32	9.34	11.32		
51	5.21	6.71	7.22	9.17	10.98		
52	5.14	6.58	7.08	8.94	10.59		
53	4.99	6.36	6.82	8.58	10.03		
54	4.80	6.10	6.52	8.18	9.42		
55	4.58	5.80	6.20	7.74	8.78		
56	4.36	5.47	5.83	7.26	8.11		
57	4.08	5.14	5.46	6.77	7.44		
58	3.79	4.80	5.09	6.30	6.81		
59	3.51	4.44	4.71	5.83	6.21		
60	3.23	4.08	4.33	5.37	5.62		
61	2.96	3.74	3.95	4.90	5.06		
62	2.67	3.38	3.58	4.45	4.53		
63				3.99	4.00		
64				3.55	3.52		
65				3.15	3.09		
66				2.81	2.72		
67				2.52	2.42		
68				2.31	2.20		
69				2.20	2.07		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.87	4.01	4.50	6.05	8.97		
26	2.97	4.15	4.66	6.25	9.25		
27	3.07	4.30	4.82	6.49	9.53		
28	3.18	4.46	5.00	6.72	9.80		
29	3.29	4.63	5.18	6.97	10.08		
30	3.42	4.80	5.38	7.22	10.35		
31	3.54	4.97	5.58	7.49	10.62		
32	3.67	5.15	5.77	7.75	10.88		
33	3.80	5.32	5.97	8.01	11.13		
34	3.92	5.50	6.16	8.26	11.36		
35	4.06	5.67	6.35	8.51	11.60		
36	4.18	5.83	6.54	8.76	11.81		
37	4.29	5.98	6.72	8.98	12.02		
38	4.42	6.14	6.89	9.18	12.21		
39	4.53	6.28	7.06	9.38	12.38		
40	4.64	6.42	7.21	9.55	12.54		
41	4.74	6.55	7.35	9.72	12.67		
42	4.83	6.66	7.48	9.86	12.78		
43	4.97	6.80	7.61	9.99	12.86		
44	5.10	6.93	7.73	10.11	12.91		
45	5.20	7.03	7.81	10.19	12.93		
46	5.31	7.12	7.88	10.23	12.87		
47	5.38	7.17	7.91	10.23	12.80		
48	5.42	7.20	7.91	10.21	12.62		
49	5.43	7.17	7.88	10.12	12.39		
50	5.42	7.12	7.80	9.97	12.08		
51	5.37	7.03	7.67	9.79	11.71		
52	5.29	6.88	7.51	9.52	11.27		
53	5.13	6.64	7.22	9.13	10.67		
54	4.93	6.36	6.90	8.69	10.00		
55	4.71	6.04	6.54	8.19	9.29		
56	4.47	5.69	6.15	7.67	8.57		
57	4.19	5.33	5.74	7.15	7.84		
58	3.89	4.97	5.34	6.64	7.16		
59	3.60	4.61	4.95	6.13	6.53		
60	3.31	4.23	4.55	5.66	5.91		
61	3.03	3.88	4.15	5.17	5.32		
62	2.74	3.52	3.78	4.72	4.79		
63	2.45	3.15	3.38				
64	2.17	2.81	3.01				
65	1.92	2.49	2.67				
66	1.70	2.21	2.37				
67	1.52	1.98	2.13				
68	1.38	1.81	1.95				
69	1.31	1.72	1.86				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.82	10.69	11.72	15.76			
26	8.15	11.15	12.23	16.46			
27	8.50	11.65	12.79	17.21			
28	8.88	12.19	13.37	18.02			
29	9.28	12.75	13.99	18.86			
30	9.71	13.34	14.64	19.75			
31	10.16	13.96	15.32	20.67			
32	10.63	14.59	16.02	21.61			
33	11.11	15.26	16.76	22.58			
34	11.62	15.94	17.49	23.58			
35	12.12	16.61	18.25	24.57			
36	12.65	17.30	19.00	25.55			
37	13.16	17.96	19.74	26.51			
38	13.67	18.64	20.49	27.46			
39	14.18	19.30	21.21	28.37			
40	14.67	19.92	21.89	29.22			
41	15.12	20.49	22.52	30.01			
42	15.54	21.01	23.09	30.69			
43	16.03	21.54	23.60	31.27			
44	16.49	22.02	24.02	31.72			
45	16.88	22.39	24.33	32.04			
46	17.20	22.66	24.54	32.21			
47	17.42	22.82	24.61	32.22			
48	17.48	22.77	24.52	31.99			
49	17.44	22.61	24.28	31.57			
50	17.28	22.29	23.88	30.96			
51	17.01	21.83	23.34	30.16			
52	16.61	21.22	22.63	29.15			
53	16.00	20.33	21.64	27.78			
54	15.26	19.31	20.50	26.24			
55	14.44	18.16	19.25	24.57			
56	13.54	16.95	17.91	22.80			
57	12.58	15.66	16.52	20.97			
58	11.44	14.30	15.06	19.10			
59	10.32	12.92	13.59	17.24			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.82	10.69	11.74	15.78			
26	8.15	11.16	12.25	16.47			
27	8.50	11.66	12.80	17.22			
28	8.88	12.20	13.38	18.03			
29	9.28	12.77	14.01	18.88			
30	9.72	13.35	14.66	19.77			
31	10.16	13.97	15.34	20.69			
32	10.63	14.61	16.04	21.64			
33	11.12	15.28	16.77	22.62			
34	11.62	15.95	17.52	23.61			
35	12.13	16.63	18.27	24.60			
36	12.65	17.32	19.02	25.58			
37	13.16	17.98	19.76	26.54			
38	13.68	18.66	20.51	27.51			
39	14.19	19.32	21.23	28.42			
40	14.68	19.93	21.92	29.26			
41	15.13	20.51	22.55	30.05			
42	15.55	21.03	23.13	30.73			
43	16.05	21.57	23.63	31.31			
44	16.51	22.04	24.06	31.78			
45	16.90	22.41	24.37	32.09			
46	17.21	22.70	24.59	32.27			
47	17.44	22.84	24.67	32.28			
48	17.49	22.81	24.56	32.05			
49	17.46	22.64	24.32	31.64			
50	17.30	22.33	23.94	31.03			
51	17.03	21.87	23.39	30.23			
52	16.64	21.25	22.70	29.23			
53	16.02	20.37	21.70	27.86			
54	15.29	19.35	20.56	26.33			
55	14.46	18.21	19.31	24.66			
56	13.57	16.99	17.97	22.89			
57	12.60	15.71	16.58	21.04			
58	11.47	14.34	15.12	19.18			
59	10.34	12.96	13.65	17.32			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.83	10.71	11.75	15.80			
26	8.16	11.17	12.27	16.50			
27	8.51	11.68	12.81	17.26			
28	8.89	12.21	13.40	18.07			
29	9.29	12.79	14.03	18.91			
30	9.72	13.37	14.69	19.81			
31	10.17	13.98	15.37	20.73			
32	10.63	14.63	16.07	21.67			
33	11.12	15.29	16.80	22.65			
34	11.62	15.97	17.55	23.65			
35	12.14	16.66	18.30	24.65			
36	12.66	17.34	19.06	25.63			
37	13.16	18.00	19.80	26.59			
38	13.69	18.68	20.55	27.56			
39	14.20	19.34	21.29	28.47			
40	14.70	19.97	21.96	29.32			
41	15.14	20.55	22.60	30.11			
42	15.56	21.06	23.18	30.80			
43	16.06	21.60	23.69	31.39			
44	16.53	22.08	24.11	31.86			
45	16.91	22.46	24.43	32.18			
46	17.23	22.74	24.65	32.36			
47	17.47	22.89	24.74	32.38			
48	17.53	22.86	24.64	32.15			
49	17.48	22.70	24.40	31.74			
50	17.34	22.39	24.02	31.14			
51	17.05	21.92	23.48	30.34			
52	16.67	21.31	22.77	29.35			
53	16.05	20.43	21.78	27.98			
54	15.32	19.41	20.65	26.45			
55	14.49	18.27	19.40	24.78			
56	13.60	17.05	18.07	23.01			
57	12.64	15.77	16.67	21.16			
58	11.49	14.40	15.20	19.30			
59	10.38	13.02	13.74	17.42			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.15	11.37	12.73	17.18			
26	8.48	11.86	13.30	17.94			
27	8.85	12.40	13.90	18.76			
28	9.25	12.97	14.53	19.64			
29	9.67	13.57	15.21	20.56			
30	10.12	14.19	15.92	21.53			
31	10.58	14.85	16.66	22.54			
32	11.06	15.52	17.42	23.57			
33	11.57	16.24	18.21	24.62			
34	12.10	16.96	19.02	25.70			
35	12.63	17.68	19.84	26.79			
36	13.16	18.40	20.65	27.85			
37	13.70	19.11	21.45	28.91			
38	14.24	19.83	22.27	29.95			
39	14.77	20.53	23.06	30.93			
40	15.28	21.19	23.80	31.86			
41	15.74	21.80	24.48	32.72			
42	16.18	22.34	25.11	33.46			
43	16.70	22.92	25.65	34.09			
44	17.18	23.42	26.10	34.59			
45	17.58	23.81	26.45	34.94			
46	17.91	24.11	26.67	35.13			
47	18.15	24.27	26.76	35.14			
48	18.21	24.24	26.65	34.88			
49	18.16	24.05	26.39	34.43			
50	18.00	23.72	25.97	33.77			
51	17.71	23.22	25.37	32.88			
52	17.31	22.57	24.60	31.79			
53	16.67	21.63	23.51	30.30			
54	15.90	20.54	22.27	28.63			
55	15.04	19.32	20.92	26.80			
56	14.11	18.02	19.47	24.87			
57	13.10	16.67	17.95	22.87			
58	11.92	15.21	16.36	20.84			
59	10.75	13.75	14.78	18.81			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.94	12.21	13.39	18.01			
26	9.31	12.74	13.98	18.81			
27	9.72	13.31	14.61	19.67			
28	10.15	13.93	15.28	20.59			
29	10.61	14.57	15.99	21.55			
30	11.10	15.24	16.74	22.57			
31	11.61	15.95	17.51	23.62			
32	12.14	16.68	18.31	24.70			
33	12.70	17.44	19.15	25.81			
34	13.27	18.22	19.99	26.95			
35	13.85	18.99	20.86	28.08			
36	14.45	19.77	21.71	29.20			
37	15.03	20.53	22.55	30.30			
38	15.62	21.30	23.42	31.39			
39	16.20	22.05	24.24	32.43			
40	16.76	22.77	25.02	33.40			
41	17.27	23.42	25.74	34.29			
42	17.76	24.01	26.39	35.07			
43	18.32	24.62	26.97	35.73			
44	18.85	25.16	27.45	36.26			
45	19.29	25.58	27.81	36.62			
46	19.65	25.90	28.05	36.81			
47	19.91	26.07	28.13	36.82			
48	19.98	26.03	28.02	36.56			
49	19.93	25.84	27.75	36.08			
50	19.75	25.48	27.30	35.38			
51	19.44	24.95	26.67	34.46			
52	18.99	24.24	25.86	33.32			
53	18.29	23.23	24.73	31.75			
54	17.44	22.06	23.43	29.99			
55	16.50	20.76	21.99	28.08			
56	15.48	19.37	20.47	26.06			
57	14.38	17.90	18.88	23.96			
58	13.08	16.34	17.20	21.82			
59	11.79	14.77	15.53	19.70			

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.94	12.22	13.41	18.03			
26	9.31	12.75	14.00	18.82			
27	9.72	13.32	14.63	19.69			
28	10.15	13.94	15.29	20.61			
29	10.61	14.59	16.01	21.58			
30	11.11	15.26	16.76	22.60			
31	11.62	15.96	17.53	23.65			
32	12.14	16.69	18.33	24.73			
33	12.71	17.46	19.17	25.85			
34	13.28	18.23	20.02	26.98			
35	13.86	19.01	20.88	28.12			
36	14.46	19.79	21.74	29.23			
37	15.04	20.55	22.58	30.33			
38	15.63	21.32	23.44	31.43			
39	16.21	22.07	24.27	32.47			
40	16.77	22.78	25.05	33.44			
41	17.29	23.44	25.78	34.35			
42	17.77	24.03	26.43	35.12			
43	18.34	24.65	27.01	35.78			
44	18.87	25.19	27.49	36.32			
45	19.31	25.62	27.85	36.68			
46	19.67	25.93	28.10	36.88			
47	19.93	26.11	28.19	36.89			
48	19.99	26.07	28.07	36.63			
49	19.95	25.87	27.80	36.16			
50	19.77	25.52	27.36	35.46			
51	19.46	24.99	26.73	34.55			
52	19.02	24.29	25.93	33.40			
53	18.31	23.28	24.80	31.84			
54	17.47	22.11	23.50	30.09			
55	16.53	20.81	22.06	28.18			
56	15.51	19.42	20.54	26.15			
57	14.41	17.95	18.95	24.05			
58	13.10	16.39	17.27	21.91			
59	11.82	14.81	15.60	19.79			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.95	12.24	13.43	18.06			
26	9.32	12.76	14.02	18.86			
27	9.72	13.34	14.64	19.72			
28	10.16	13.96	15.32	20.64			
29	10.62	14.61	16.03	21.61			
30	11.11	15.28	16.78	22.63			
31	11.62	15.98	17.56	23.69			
32	12.15	16.71	18.37	24.77			
33	12.72	17.48	19.20	25.89			
34	13.29	18.25	20.06	27.02			
35	13.88	19.03	20.92	28.17			
36	14.47	19.82	21.78	29.29			
37	15.05	20.57	22.62	30.40			
38	15.65	21.35	23.49	31.50			
39	16.23	22.11	24.32	32.53			
40	16.79	22.82	25.10	33.51			
41	17.31	23.48	25.83	34.42			
42	17.78	24.07	26.49	35.20			
43	18.36	24.69	27.07	35.87			
44	18.88	25.23	27.55	36.41			
45	19.32	25.66	27.92	36.78			
46	19.69	25.99	28.17	36.98			
47	19.96	26.16	28.27	37.00			
48	20.03	26.13	28.16	36.74			
49	19.98	25.93	27.89	36.27			
50	19.81	25.58	27.46	35.59			
51	19.49	25.05	26.83	34.67			
52	19.05	24.36	26.03	33.54			
53	18.35	23.36	24.90	31.98			
54	17.51	22.18	23.60	30.23			
55	16.56	20.88	22.17	28.32			
56	15.54	19.49	20.64	26.29			
57	14.44	18.02	19.05	24.19			
58	13.14	16.46	17.37	22.05			
59	11.85	14.88	15.70	19.91			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.31	13.00	14.56	19.63			
26	9.70	13.55	15.20	20.50			
27	10.12	14.17	15.88	21.45			
28	10.57	14.82	16.61	22.45			
29	11.05	15.51	17.38	23.50			
30	11.56	16.22	18.19	24.60			
31	12.09	16.97	19.03	25.76			
32	12.65	17.74	19.91	26.93			
33	13.23	18.55	20.81	28.14			
34	13.82	19.38	21.74	29.37			
35	14.43	20.20	22.67	30.62			
36	15.05	21.03	23.60	31.83			
37	15.66	21.84	24.52	33.04			
38	16.27	22.66	25.45	34.22			
39	16.88	23.46	26.35	35.35			
40	17.46	24.22	27.19	36.41			
41	18.00	24.91	27.98	37.39			
42	18.50	25.54	28.69	38.24			
43	19.09	26.20	29.31	38.96			
44	19.63	26.76	29.83	39.54			
45	20.09	27.22	30.23	39.93			
46	20.47	27.55	30.48	40.15			
47	20.74	27.74	30.58	40.15			
48	20.81	27.69	30.46	39.86			
49	20.76	27.48	30.16	39.34			
50	20.57	27.10	29.67	38.59			
51	20.25	26.54	29.00	37.58			
52	19.78	25.79	28.12	36.34			
53	19.05	24.72	26.88	34.63			
54	18.17	23.47	25.46	32.72			
55	17.19	22.09	23.90	30.63			
56	16.12	20.60	22.25	28.42			
57	14.98	19.04	20.51	26.14			
58	13.62	17.38	18.70	23.81			
59	12.28	15.71	16.89	21.50			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.28	0.39	0.42	0.52	0.74	1.62	2.94
26	0.30	0.41	0.45	0.54	0.77	1.69	3.05
27	0.33	0.44	0.48	0.58	0.83	1.75	3.18
28	0.34	0.46	0.50	0.61	0.86	1.83	3.30
29	0.36	0.49	0.54	0.66	0.92	1.91	3.44
30	0.39	0.52	0.58	0.69	0.96	1.99	3.58
31	0.42	0.56	0.60	0.74	1.01	2.08	3.73
32	0.44	0.59	0.65	0.78	1.07	2.17	3.88
33	0.48	0.63	0.69	0.84	1.13	2.26	4.05
34	0.50	0.68	0.74	0.89	1.19	2.36	4.22
35	0.53	0.71	0.77	0.94	1.25	2.47	4.41
36	0.57	0.76	0.84	0.99	1.32	2.59	4.61
37	0.61	0.81	0.89	1.07	1.39	2.71	4.81
38	0.65	0.85	0.94	1.14	1.47	2.83	5.04
39	0.68	0.92	0.99	1.21	1.56	2.97	5.28
40	0.72	0.97	1.06	1.28	1.64	3.12	5.54
41	0.77	1.03	1.14	1.36	1.72	3.27	5.82
42	0.84	1.08	1.21	1.43	1.81	3.42	6.11
43	0.89	1.16	1.28	1.51	1.93	3.60	6.42
44	0.95	1.24	1.36	1.62	2.03	3.78	6.76
45	1.01	1.31	1.43	1.71	2.14	3.96	7.09
46	1.08	1.40	1.52	1.80	2.25	4.15	7.44
47	1.15	1.49	1.61	1.89	2.36	4.35	7.81
48	1.23	1.58	1.71	2.02	2.50	4.57	8.23
49	1.31	1.68	1.80	2.12	2.60	4.79	8.64
50	1.39	1.78	1.90	2.23	2.73	4.99	9.02
51	1.46	1.87	1.98	2.33	2.82	5.18	9.38
52	1.53	1.93	2.06	2.42	2.90	5.33	9.66
53	1.60	2.01	2.14	2.50	2.97	5.46	9.93
54	1.64	2.06	2.18	2.55	3.02	5.54	10.08
55	1.66	2.09	2.22	2.58	3.03	5.57	10.13
56	1.66	2.09	2.21	2.58	3.00	5.52	10.04
57	1.64	2.06	2.17	2.53	2.92	5.39	9.79
58	1.59	2.00	2.10	2.44	2.79	5.17	9.39
59	1.50	1.87	1.97	2.31	2.60	4.84	8.76
60	1.37	1.71	1.80	2.10	2.36	4.39	7.93
61	1.20	1.50	1.58	1.84	2.03	3.81	6.86
62	0.98	1.23	1.29	1.50	1.64	3.09	5.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.29	0.40	0.44	0.53	0.77	1.68	3.05
26	0.31	0.42	0.47	0.56	0.81	1.75	3.19
27	0.33	0.45	0.50	0.60	0.85	1.82	3.30
28	0.35	0.48	0.52	0.63	0.90	1.90	3.44
29	0.37	0.51	0.55	0.68	0.94	1.99	3.57
30	0.40	0.54	0.60	0.72	0.99	2.07	3.72
31	0.43	0.58	0.62	0.77	1.06	2.16	3.88
32	0.45	0.60	0.68	0.82	1.11	2.26	4.04
33	0.48	0.65	0.71	0.87	1.17	2.36	4.21
34	0.51	0.69	0.76	0.92	1.23	2.46	4.39
35	0.54	0.73	0.81	0.99	1.30	2.57	4.58
36	0.58	0.77	0.86	1.04	1.38	2.69	4.80
37	0.62	0.83	0.92	1.11	1.45	2.82	5.01
38	0.66	0.88	0.98	1.18	1.53	2.95	5.25
39	0.70	0.93	1.03	1.25	1.63	3.09	5.50
40	0.74	0.99	1.10	1.32	1.71	3.24	5.76
41	0.79	1.06	1.17	1.41	1.80	3.40	6.05
42	0.84	1.12	1.24	1.49	1.88	3.56	6.35
43	0.91	1.20	1.32	1.58	2.01	3.74	6.68
44	0.97	1.28	1.40	1.68	2.11	3.92	7.02
45	1.03	1.35	1.48	1.78	2.23	4.12	7.38
46	1.10	1.43	1.58	1.87	2.34	4.32	7.74
47	1.17	1.53	1.66	1.97	2.46	4.52	8.13
48	1.25	1.63	1.78	2.09	2.59	4.75	8.56
49	1.34	1.72	1.87	2.21	2.71	4.97	8.99
50	1.42	1.82	1.96	2.31	2.83	5.19	9.39
51	1.48	1.91	2.05	2.42	2.94	5.39	9.75
52	1.55	1.97	2.13	2.51	3.02	5.54	10.05
53	1.63	2.05	2.21	2.59	3.10	5.68	10.32
54	1.67	2.11	2.26	2.66	3.13	5.76	10.48
55	1.70	2.14	2.30	2.68	3.14	5.79	10.53
56	1.70	2.15	2.29	2.68	3.12	5.75	10.45
57	1.67	2.11	2.25	2.64	3.04	5.61	10.19
58	1.62	2.04	2.17	2.53	2.90	5.38	9.77
59	1.52	1.93	2.04	2.40	2.71	5.03	9.11
60	1.39	1.76	1.87	2.18	2.46	4.56	8.25
61	1.21	1.55	1.64	1.91	2.11	3.96	7.13
62	0.99	1.26	1.34	1.57	1.71	3.21	5.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.30	0.41	0.46	0.56	0.81	1.78	3.23
26	0.32	0.44	0.49	0.60	0.85	1.86	3.37
27	0.34	0.47	0.52	0.63	0.91	1.93	3.49
28	0.36	0.49	0.55	0.68	0.95	2.02	3.63
29	0.38	0.52	0.59	0.72	0.99	2.10	3.78
30	0.40	0.55	0.62	0.76	1.06	2.18	3.93
31	0.44	0.60	0.66	0.81	1.12	2.28	4.10
32	0.46	0.62	0.70	0.86	1.17	2.38	4.27
33	0.49	0.68	0.76	0.92	1.23	2.50	4.45
34	0.52	0.71	0.80	0.98	1.31	2.60	4.64
35	0.55	0.76	0.84	1.04	1.38	2.72	4.86
36	0.60	0.81	0.91	1.10	1.46	2.85	5.07
37	0.63	0.85	0.97	1.17	1.53	2.97	5.30
38	0.68	0.92	1.02	1.24	1.62	3.12	5.55
39	0.71	0.97	1.08	1.32	1.71	3.27	5.82
40	0.76	1.03	1.15	1.40	1.80	3.42	6.09
41	0.81	1.09	1.23	1.49	1.90	3.60	6.39
42	0.86	1.15	1.31	1.58	2.00	3.77	6.71
43	0.92	1.23	1.39	1.66	2.11	3.95	7.07
44	0.99	1.32	1.47	1.78	2.24	4.16	7.43
45	1.06	1.40	1.56	1.87	2.35	4.36	7.81
46	1.14	1.49	1.65	1.98	2.47	4.56	8.19
47	1.21	1.58	1.75	2.09	2.60	4.79	8.60
48	1.28	1.69	1.87	2.21	2.74	5.03	9.06
49	1.37	1.79	1.95	2.34	2.87	5.26	9.50
50	1.45	1.88	2.07	2.45	2.99	5.49	9.93
51	1.52	1.98	2.16	2.56	3.11	5.69	10.31
52	1.59	2.05	2.24	2.66	3.19	5.86	10.63
53	1.66	2.13	2.32	2.74	3.27	6.01	10.91
54	1.71	2.19	2.38	2.81	3.32	6.10	11.08
55	1.73	2.22	2.41	2.83	3.33	6.12	11.14
56	1.73	2.23	2.40	2.83	3.29	6.07	11.05
57	1.71	2.19	2.36	2.79	3.21	5.93	10.78
58	1.65	2.12	2.28	2.68	3.06	5.68	10.33
59	1.56	2.00	2.15	2.53	2.87	5.32	9.64
60	1.43	1.82	1.96	2.31	2.59	4.82	8.72
61	1.24	1.60	1.72	2.02	2.24	4.19	7.54
62	1.01	1.31	1.40	1.65	1.80	3.40	6.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.32	0.43	0.47	0.57	0.82	1.80	3.26
26	0.33	0.46	0.50	0.60	0.86	1.87	3.40
27	0.36	0.48	0.54	0.64	0.92	1.94	3.53
28	0.38	0.51	0.55	0.68	0.96	2.03	3.67
29	0.40	0.55	0.60	0.73	1.01	2.12	3.82
30	0.43	0.58	0.64	0.77	1.06	2.21	3.98
31	0.47	0.62	0.67	0.82	1.13	2.31	4.14
32	0.49	0.65	0.72	0.87	1.19	2.41	4.31
33	0.53	0.70	0.77	0.93	1.25	2.52	4.50
34	0.55	0.75	0.82	0.99	1.32	2.62	4.69
35	0.59	0.79	0.86	1.05	1.39	2.75	4.90
36	0.63	0.84	0.92	1.11	1.47	2.88	5.12
37	0.68	0.90	0.99	1.19	1.55	3.01	5.35
38	0.72	0.95	1.05	1.26	1.64	3.15	5.61
39	0.76	1.01	1.11	1.34	1.73	3.30	5.87
40	0.80	1.07	1.18	1.42	1.82	3.46	6.15
41	0.86	1.14	1.26	1.50	1.92	3.63	6.46
42	0.92	1.21	1.34	1.59	2.02	3.80	6.78
43	0.99	1.29	1.42	1.68	2.14	4.00	7.14
44	1.06	1.38	1.50	1.80	2.26	4.20	7.51
45	1.13	1.46	1.59	1.90	2.38	4.40	7.88
46	1.21	1.56	1.69	2.01	2.50	4.61	8.27
47	1.28	1.65	1.79	2.10	2.62	4.83	8.69
48	1.37	1.76	1.90	2.24	2.77	5.08	9.14
49	1.46	1.87	2.00	2.36	2.90	5.32	9.60
50	1.55	1.97	2.11	2.47	3.03	5.54	10.02
51	1.62	2.07	2.20	2.59	3.14	5.76	10.42
52	1.70	2.14	2.29	2.68	3.23	5.92	10.74
53	1.78	2.23	2.38	2.77	3.31	6.07	11.03
54	1.82	2.29	2.43	2.83	3.35	6.16	11.19
55	1.85	2.31	2.46	2.87	3.36	6.19	11.26
56	1.85	2.32	2.46	2.87	3.34	6.13	11.16
57	1.82	2.29	2.41	2.82	3.25	5.99	10.89
58	1.77	2.22	2.33	2.71	3.10	5.75	10.43
59	1.66	2.09	2.19	2.56	2.90	5.38	9.73
60	1.52	1.90	2.01	2.34	2.62	4.88	8.81
61	1.33	1.67	1.76	2.04	2.26	4.23	7.61
62	1.08	1.36	1.43	1.67	1.82	3.43	6.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.44	0.48	0.59	0.85	1.87	3.40
26	0.34	0.47	0.52	0.62	0.90	1.94	3.54
27	0.37	0.50	0.55	0.67	0.95	2.02	3.67
28	0.39	0.53	0.57	0.70	0.99	2.11	3.82
29	0.41	0.56	0.62	0.76	1.05	2.21	3.97
30	0.44	0.60	0.66	0.80	1.11	2.30	4.14
31	0.48	0.64	0.70	0.85	1.17	2.39	4.31
32	0.50	0.67	0.75	0.91	1.23	2.51	4.49
33	0.54	0.72	0.79	0.97	1.30	2.62	4.67
34	0.56	0.77	0.84	1.02	1.37	2.73	4.88
35	0.60	0.81	0.90	1.09	1.44	2.85	5.10
36	0.64	0.86	0.96	1.15	1.53	2.99	5.32
37	0.69	0.92	1.02	1.23	1.61	3.13	5.56
38	0.73	0.98	1.08	1.31	1.70	3.27	5.83
39	0.77	1.04	1.14	1.39	1.80	3.43	6.11
40	0.82	1.10	1.22	1.47	1.89	3.60	6.40
41	0.88	1.17	1.30	1.57	2.00	3.78	6.71
42	0.94	1.24	1.38	1.65	2.09	3.95	7.06
43	1.00	1.33	1.47	1.75	2.23	4.15	7.42
44	1.07	1.42	1.56	1.87	2.35	4.36	7.81
45	1.14	1.50	1.65	1.97	2.47	4.58	8.20
46	1.22	1.59	1.75	2.09	2.60	4.80	8.61
47	1.30	1.70	1.85	2.19	2.73	5.02	9.04
48	1.39	1.80	1.97	2.32	2.88	5.28	9.51
49	1.49	1.92	2.07	2.46	3.01	5.53	9.99
50	1.58	2.02	2.18	2.57	3.15	5.76	10.43
51	1.65	2.12	2.28	2.69	3.26	5.98	10.83
52	1.72	2.19	2.37	2.79	3.35	6.16	11.17
53	1.80	2.28	2.46	2.88	3.44	6.32	11.47
54	1.86	2.35	2.52	2.95	3.48	6.41	11.64
55	1.88	2.38	2.55	2.98	3.49	6.43	11.70
56	1.88	2.38	2.54	2.98	3.47	6.38	11.61
57	1.86	2.35	2.50	2.93	3.37	6.23	11.33
58	1.80	2.27	2.41	2.82	3.22	5.98	10.85
59	1.69	2.14	2.27	2.67	3.01	5.59	10.12
60	1.55	1.95	2.08	2.43	2.73	5.07	9.16
61	1.35	1.72	1.82	2.12	2.35	4.40	7.92
62	1.10	1.40	1.49	1.74	1.89	3.57	6.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.46	0.51	0.62	0.90	1.97	3.59
26	0.35	0.48	0.55	0.66	0.95	2.06	3.74
27	0.38	0.52	0.58	0.70	1.00	2.14	3.88
28	0.40	0.55	0.61	0.75	1.06	2.24	4.04
29	0.42	0.58	0.65	0.80	1.11	2.33	4.20
30	0.45	0.62	0.70	0.84	1.17	2.43	4.37
31	0.48	0.66	0.73	0.90	1.24	2.53	4.56
32	0.51	0.70	0.78	0.96	1.30	2.65	4.74
33	0.55	0.75	0.84	1.02	1.37	2.77	4.95
34	0.58	0.79	0.89	1.08	1.45	2.89	5.16
35	0.62	0.84	0.94	1.15	1.53	3.02	5.39
36	0.66	0.90	1.00	1.22	1.62	3.17	5.63
37	0.70	0.95	1.07	1.30	1.70	3.31	5.89
38	0.75	1.01	1.14	1.38	1.80	3.47	6.17
39	0.79	1.07	1.21	1.47	1.90	3.63	6.46
40	0.84	1.14	1.28	1.56	2.00	3.80	6.77
41	0.90	1.21	1.36	1.65	2.11	4.00	7.10
42	0.96	1.28	1.45	1.75	2.22	4.18	7.46
43	1.03	1.37	1.54	1.85	2.35	4.39	7.85
44	1.10	1.47	1.64	1.97	2.48	4.62	8.25
45	1.17	1.56	1.73	2.09	2.61	4.84	8.68
46	1.26	1.65	1.84	2.20	2.75	5.07	9.10
47	1.34	1.76	1.94	2.31	2.89	5.32	9.56
48	1.43	1.87	2.07	2.46	3.04	5.59	10.06
49	1.52	1.99	2.17	2.60	3.19	5.84	10.56
50	1.61	2.09	2.30	2.72	3.33	6.10	11.03
51	1.69	2.20	2.39	2.84	3.45	6.33	11.46
52	1.77	2.28	2.49	2.95	3.55	6.51	11.81
53	1.85	2.37	2.58	3.04	3.63	6.68	12.13
54	1.90	2.44	2.64	3.12	3.69	6.78	12.31
55	1.93	2.46	2.68	3.15	3.70	6.80	12.38
56	1.93	2.47	2.67	3.15	3.66	6.75	12.28
57	1.90	2.44	2.62	3.10	3.56	6.59	11.98
58	1.84	2.36	2.53	2.98	3.41	6.32	11.48
59	1.73	2.22	2.38	2.82	3.19	5.91	10.71
60	1.58	2.02	2.18	2.57	2.88	5.36	9.69
61	1.38	1.78	1.91	2.24	2.48	4.66	8.38
62	1.13	1.45	1.56	1.84	2.01	3.78	6.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.04	4.18	4.59	6.16	9.26	18.95	34.45
26	3.11	4.27	4.67	6.27	9.42	19.08	34.65
27	3.16	4.36	4.77	6.42	9.57	19.18	34.76
28	3.22	4.45	4.88	6.56	9.71	19.25	34.80
29	3.30	4.55	4.99	6.71	9.84	19.28	34.78
30	3.37	4.65	5.10	6.86	9.95	19.28	34.69
31	3.44	4.75	5.21	7.00	10.05	19.26	34.54
32	3.51	4.85	5.32	7.14	10.15	19.20	34.34
33	3.57	4.93	5.41	7.26	10.21	19.11	34.10
34	3.64	5.02	5.50	7.37	10.25	18.99	33.81
35	3.70	5.08	5.58	7.45	10.29	18.84	33.48
36	3.75	5.14	5.65	7.54	10.30	18.67	33.11
37	3.79	5.20	5.71	7.60	10.30	18.47	32.69
38	3.83	5.22	5.75	7.64	10.26	18.25	32.29
39	3.85	5.25	5.77	7.66	10.21	18.00	31.84
40	3.86	5.26	5.78	7.64	10.13	17.73	31.34
41	3.86	5.26	5.78	7.60	10.01	17.42	30.80
42	3.86	5.24	5.76	7.56	9.89	17.08	30.22
43	3.87	5.22	5.72	7.47	9.73	16.72	29.63
44	3.88	5.19	5.67	7.37	9.55	16.33	28.95
45	3.86	5.14	5.59	7.24	9.33	15.88	28.23
46	3.85	5.07	5.48	7.08	9.07	15.39	27.42
47	3.79	4.96	5.36	6.86	8.76	14.85	26.51
48	3.70	4.82	5.19	6.62	8.40	14.22	25.45
49	3.59	4.66	5.00	6.33	7.97	13.53	24.28
50	3.46	4.46	4.77	6.01	7.52	12.80	23.01
51	3.31	4.23	4.52	5.66	7.03	11.99	21.64
52	3.12	3.99	4.25	5.28	6.50	11.15	20.16
53	2.90	3.68	3.92	4.82	5.89	10.16	18.42
54	2.66	3.35	3.56	4.36	5.26	9.15	16.61
55	2.41	3.02	3.21	3.88	4.63	8.14	14.79
56	2.16	2.69	2.85	3.41	4.02	7.15	13.00
57	1.89	2.37	2.49	2.97	3.44	6.20	11.28
58	1.65	2.06	2.17	2.55	2.92	5.36	9.72
59	1.43	1.78	1.87	2.18	2.47	4.59	8.30
60	1.22	1.53	1.61	1.87	2.09	3.92	7.06
61	1.05	1.32	1.39	1.61	1.78	3.35	6.01
62	0.92	1.16	1.22	1.43	1.55	2.92	5.19
63						2.75	4.90
64						2.71	4.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.05	4.19	4.61	6.17	9.29	19.01	34.57
26	3.11	4.27	4.69	6.30	9.45	19.14	34.77
27	3.17	4.36	4.79	6.44	9.60	19.25	34.88
28	3.23	4.46	4.89	6.57	9.74	19.32	34.94
29	3.31	4.57	5.01	6.72	9.86	19.36	34.90
30	3.37	4.66	5.11	6.88	10.00	19.36	34.83
31	3.45	4.76	5.23	7.02	10.09	19.33	34.68
32	3.52	4.87	5.33	7.16	10.18	19.28	34.49
33	3.58	4.95	5.43	7.29	10.25	19.20	34.25
34	3.65	5.02	5.52	7.40	10.30	19.08	33.97
35	3.70	5.10	5.61	7.50	10.33	18.93	33.63
36	3.76	5.16	5.68	7.58	10.35	18.78	33.28
37	3.80	5.21	5.74	7.64	10.35	18.58	32.88
38	3.84	5.24	5.77	7.68	10.31	18.36	32.48
39	3.86	5.27	5.81	7.70	10.27	18.12	32.04
40	3.88	5.28	5.81	7.68	10.19	17.85	31.54
41	3.88	5.28	5.82	7.66	10.08	17.54	31.02
42	3.87	5.26	5.79	7.60	9.95	17.21	30.45
43	3.89	5.25	5.76	7.53	9.80	16.85	29.87
44	3.90	5.22	5.71	7.44	9.63	16.47	29.21
45	3.88	5.17	5.63	7.30	9.41	16.03	28.50
46	3.86	5.10	5.54	7.15	9.15	15.55	27.70
47	3.81	5.01	5.41	6.94	8.85	15.01	26.80
48	3.72	4.87	5.24	6.70	8.49	14.39	25.76
49	3.62	4.70	5.06	6.41	8.07	13.71	24.61
50	3.48	4.51	4.83	6.10	7.62	12.98	23.36
51	3.33	4.28	4.59	5.76	7.14	12.19	21.99
52	3.15	4.03	4.31	5.37	6.61	11.34	20.52
53	2.92	3.72	3.99	4.91	6.00	10.37	18.79
54	2.68	3.41	3.64	4.45	5.37	9.36	16.98
55	2.43	3.07	3.28	3.98	4.74	8.35	15.18
56	2.19	2.75	2.92	3.51	4.14	7.37	13.38
57	1.92	2.42	2.57	3.06	3.55	6.41	11.65
58	1.67	2.11	2.24	2.64	3.03	5.55	10.08
59	1.44	1.82	1.94	2.27	2.57	4.77	8.62
60	1.24	1.58	1.67	1.94	2.17	4.07	7.36
61	1.06	1.36	1.44	1.67	1.86	3.49	6.27
62	0.93	1.19	1.27	1.48	1.61	3.04	5.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.06	4.21	4.62	6.20	9.33	19.10	34.73
26	3.12	4.29	4.72	6.33	9.50	19.24	34.94
27	3.17	4.37	4.81	6.47	9.64	19.35	35.06
28	3.24	4.48	4.92	6.61	9.79	19.42	35.12
29	3.32	4.58	5.03	6.76	9.92	19.47	35.09
30	3.38	4.68	5.15	6.92	10.05	19.47	35.03
31	3.46	4.78	5.26	7.06	10.15	19.46	34.89
32	3.53	4.88	5.36	7.21	10.24	19.40	34.71
33	3.60	4.96	5.46	7.33	10.31	19.32	34.49
34	3.66	5.06	5.56	7.45	10.37	19.22	34.21
35	3.71	5.11	5.65	7.55	10.40	19.08	33.89
36	3.77	5.18	5.71	7.64	10.42	18.93	33.54
37	3.82	5.24	5.77	7.70	10.42	18.73	33.15
38	3.85	5.27	5.83	7.74	10.40	18.52	32.76
39	3.87	5.32	5.86	7.76	10.35	18.29	32.34
40	3.90	5.32	5.86	7.75	10.28	18.02	31.86
41	3.91	5.32	5.87	7.74	10.18	17.73	31.35
42	3.90	5.31	5.85	7.69	10.06	17.41	30.79
43	3.92	5.30	5.83	7.61	9.91	17.05	30.24
44	3.92	5.26	5.78	7.52	9.74	16.68	29.59
45	3.92	5.22	5.71	7.40	9.53	16.25	28.90
46	3.88	5.16	5.61	7.24	9.28	15.79	28.12
47	3.84	5.06	5.49	7.05	8.99	15.26	27.25
48	3.76	4.92	5.32	6.81	8.63	14.65	26.22
49	3.64	4.76	5.15	6.53	8.22	13.98	25.10
50	3.51	4.57	4.93	6.22	7.77	13.26	23.87
51	3.36	4.35	4.69	5.88	7.30	12.48	22.52
52	3.19	4.11	4.42	5.51	6.77	11.64	21.07
53	2.97	3.80	4.09	5.06	6.16	10.67	19.35
54	2.72	3.48	3.75	4.59	5.54	9.68	17.56
55	2.47	3.15	3.39	4.12	4.91	8.66	15.75
56	2.23	2.82	3.03	3.65	4.30	7.68	13.95
57	1.96	2.49	2.67	3.20	3.71	6.71	12.21
58	1.71	2.18	2.34	2.78	3.19	5.84	10.61
59	1.48	1.89	2.03	2.40	2.72	5.05	9.13
60	1.28	1.64	1.76	2.07	2.31	4.32	7.81
61	1.09	1.42	1.52	1.78	1.97	3.71	6.66
62	0.96	1.23	1.32	1.57	1.71	3.21	5.71
63				1.48	1.61		
64				1.47	1.58		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.17	4.45	4.99	6.71	10.10	20.84	37.90
26	3.23	4.53	5.08	6.85	10.27	20.99	38.11
27	3.29	4.63	5.18	7.00	10.44	21.11	38.24
28	3.36	4.73	5.31	7.15	10.60	21.17	38.28
29	3.43	4.84	5.42	7.30	10.73	21.22	38.25
30	3.51	4.95	5.54	7.48	10.86	21.22	38.17
31	3.58	5.05	5.66	7.63	10.96	21.19	38.00
32	3.66	5.16	5.77	7.79	11.06	21.12	37.78
33	3.72	5.24	5.88	7.91	11.14	21.02	37.51
34	3.79	5.33	5.98	8.04	11.19	20.89	37.19
35	3.85	5.40	6.06	8.14	11.23	20.72	36.83
36	3.91	5.46	6.14	8.23	11.24	20.55	36.42
37	3.95	5.53	6.20	8.29	11.23	20.32	35.97
38	3.99	5.56	6.25	8.33	11.19	20.07	35.52
39	4.01	5.59	6.27	8.35	11.14	19.81	35.02
40	4.03	5.60	6.28	8.33	11.04	19.50	34.47
41	4.03	5.60	6.28	8.31	10.94	19.17	33.89
42	4.02	5.57	6.26	8.25	10.80	18.79	33.24
43	4.04	5.56	6.21	8.16	10.62	18.39	32.59
44	4.05	5.52	6.16	8.05	10.43	17.96	31.85
45	4.03	5.46	6.07	7.90	10.19	17.47	31.05
46	4.00	5.39	5.96	7.73	9.91	16.93	30.17
47	3.95	5.28	5.83	7.51	9.58	16.33	29.15
48	3.86	5.13	5.64	7.23	9.18	15.64	27.99
49	3.74	4.95	5.43	6.92	8.71	14.89	26.71
50	3.60	4.74	5.19	6.57	8.21	14.07	25.31
51	3.44	4.51	4.92	6.20	7.68	13.19	23.80
52	3.26	4.24	4.61	5.77	7.11	12.26	22.18
53	3.02	3.92	4.26	5.28	6.44	11.18	20.26
54	2.77	3.56	3.87	4.76	5.76	10.07	18.27
55	2.51	3.22	3.48	4.25	5.07	8.95	16.28
56	2.25	2.87	3.10	3.74	4.41	7.88	14.30
57	1.97	2.52	2.71	3.26	3.77	6.82	12.41
58	1.72	2.19	2.36	2.81	3.22	5.90	10.70
59	1.48	1.89	2.03	2.40	2.72	5.05	9.13
60	1.28	1.63	1.75	2.06	2.29	4.30	7.75
61	1.09	1.41	1.51	1.77	1.95	3.69	6.61
62	0.96	1.23	1.32	1.57	1.71	3.21	5.71
63	0.91	1.17	1.25				
64	0.89	1.16	1.24				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.58	4.92	5.40	7.24	10.89	22.29	40.53
26	3.65	5.02	5.50	7.38	11.08	22.45	40.76
27	3.71	5.12	5.61	7.55	11.26	22.57	40.89
28	3.79	5.24	5.74	7.71	11.42	22.64	40.95
29	3.88	5.35	5.87	7.88	11.57	22.69	40.91
30	3.96	5.46	6.00	8.06	11.71	22.69	40.81
31	4.05	5.59	6.12	8.23	11.83	22.66	40.64
32	4.13	5.70	6.25	8.40	11.93	22.59	40.40
33	4.21	5.80	6.36	8.54	12.01	22.48	40.12
34	4.29	5.90	6.47	8.67	12.06	22.34	39.78
35	4.35	5.98	6.56	8.77	12.10	22.17	39.38
36	4.41	6.05	6.64	8.87	12.11	21.97	38.95
37	4.46	6.12	6.71	8.94	12.11	21.73	38.46
38	4.51	6.14	6.76	8.98	12.07	21.47	37.98
39	4.53	6.18	6.79	9.00	12.01	21.18	37.45
40	4.55	6.19	6.80	8.98	11.92	20.86	36.86
41	4.55	6.19	6.80	8.95	11.78	20.50	36.24
42	4.54	6.16	6.77	8.89	11.63	20.10	35.55
43	4.56	6.14	6.73	8.79	11.45	19.67	34.86
44	4.57	6.11	6.67	8.68	11.24	19.21	34.06
45	4.55	6.05	6.57	8.52	10.97	18.68	33.21
46	4.52	5.97	6.45	8.32	10.67	18.11	32.26
47	4.46	5.84	6.31	8.08	10.31	17.47	31.19
48	4.36	5.68	6.11	7.79	9.88	16.73	29.94
49	4.22	5.47	5.88	7.44	9.38	15.92	28.56
50	4.07	5.24	5.61	7.08	8.84	15.05	27.07
51	3.89	4.98	5.32	6.66	8.27	14.11	25.46
52	3.68	4.69	5.00	6.21	7.65	13.11	23.72
53	3.41	4.33	4.60	5.68	6.93	11.95	21.67
54	3.12	3.94	4.20	5.12	6.19	10.77	19.54
55	2.83	3.56	3.78	4.57	5.45	9.57	17.41
56	2.54	3.17	3.35	4.01	4.73	8.42	15.29
57	2.23	2.79	2.93	3.48	4.05	7.30	13.27
58	1.94	2.42	2.55	3.00	3.44	6.30	11.44
59	1.67	2.09	2.20	2.57	2.91	5.40	9.76
60	1.43	1.80	1.89	2.20	2.46	4.60	8.30
61	1.23	1.56	1.64	1.89	2.09	3.94	7.07
62	1.08	1.36	1.43	1.67	1.82	3.43	6.11
63						3.24	5.76
64						3.19	5.68

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.59	4.93	5.42	7.26	10.93	22.36	40.66
26	3.65	5.02	5.52	7.41	11.11	22.52	40.90
27	3.72	5.13	5.63	7.58	11.29	22.65	41.03
28	3.80	5.25	5.76	7.74	11.46	22.72	41.10
29	3.89	5.37	5.89	7.91	11.61	22.77	41.06
30	3.97	5.48	6.02	8.10	11.76	22.77	40.97
31	4.06	5.61	6.15	8.26	11.87	22.75	40.81
32	4.14	5.72	6.27	8.43	11.98	22.69	40.58
33	4.22	5.82	6.39	8.57	12.06	22.59	40.30
34	4.29	5.91	6.49	8.70	12.12	22.45	39.96
35	4.36	5.99	6.60	8.82	12.15	22.27	39.57
36	4.42	6.06	6.68	8.91	12.17	22.09	39.15
37	4.47	6.13	6.75	8.98	12.17	21.85	38.68
38	4.51	6.17	6.79	9.04	12.14	21.60	38.21
39	4.54	6.20	6.83	9.06	12.08	21.31	37.69
40	4.57	6.21	6.84	9.04	11.99	21.00	37.11
41	4.57	6.21	6.85	9.01	11.86	20.64	36.49
42	4.56	6.20	6.81	8.95	11.71	20.25	35.82
43	4.58	6.18	6.78	8.86	11.54	19.83	35.14
44	4.58	6.14	6.72	8.75	11.33	19.38	34.36
45	4.57	6.08	6.63	8.59	11.07	18.86	33.53
46	4.54	6.00	6.51	8.40	10.77	18.30	32.60
47	4.48	5.89	6.37	8.17	10.42	17.66	31.54
48	4.38	5.72	6.17	7.88	9.99	16.93	30.31
49	4.25	5.53	5.95	7.54	9.50	16.13	28.95
50	4.09	5.30	5.68	7.17	8.97	15.27	27.47
51	3.92	5.03	5.40	6.77	8.40	14.34	25.87
52	3.70	4.74	5.08	6.32	7.77	13.35	24.15
53	3.44	4.38	4.69	5.78	7.06	12.20	22.11
54	3.16	4.00	4.29	5.24	6.32	11.02	19.98
55	2.86	3.62	3.86	4.68	5.58	9.82	17.86
56	2.58	3.23	3.44	4.13	4.87	8.67	15.74
57	2.26	2.84	3.02	3.60	4.17	7.53	13.71
58	1.96	2.48	2.63	3.11	3.56	6.53	11.86
59	1.70	2.15	2.28	2.68	3.03	5.61	10.15
60	1.46	1.86	1.96	2.29	2.56	4.80	8.65
61	1.25	1.60	1.70	1.97	2.18	4.11	7.37
62	1.10	1.40	1.49	1.74	1.89	3.57	6.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.60	4.95	5.44	7.30	10.97	22.47	40.86
26	3.66	5.04	5.54	7.44	11.17	22.63	41.10
27	3.73	5.15	5.66	7.61	11.34	22.77	41.25
28	3.81	5.27	5.79	7.78	11.52	22.84	41.32
29	3.90	5.39	5.92	7.96	11.67	22.90	41.29
30	3.98	5.51	6.05	8.14	11.82	22.91	41.21
31	4.07	5.62	6.19	8.31	11.94	22.89	41.05
32	4.15	5.74	6.31	8.48	12.05	22.83	40.83
33	4.23	5.84	6.43	8.62	12.14	22.74	40.57
34	4.30	5.95	6.54	8.76	12.20	22.61	40.24
35	4.37	6.02	6.64	8.88	12.24	22.44	39.87
36	4.44	6.10	6.72	8.98	12.26	22.26	39.46
37	4.49	6.17	6.79	9.06	12.26	22.03	39.00
38	4.53	6.20	6.86	9.11	12.23	21.79	38.54
39	4.56	6.25	6.89	9.13	12.18	21.52	38.04
40	4.58	6.26	6.90	9.13	12.09	21.20	37.48
41	4.59	6.26	6.91	9.10	11.98	20.86	36.88
42	4.58	6.24	6.88	9.05	11.84	20.48	36.23
43	4.60	6.23	6.86	8.96	11.66	20.06	35.57
44	4.61	6.20	6.80	8.85	11.46	19.63	34.81
45	4.60	6.14	6.71	8.70	11.21	19.12	34.00
46	4.57	6.06	6.60	8.52	10.92	18.57	33.09
47	4.51	5.95	6.46	8.29	10.58	17.95	32.06
48	4.42	5.79	6.27	8.01	10.16	17.24	30.85
49	4.29	5.60	6.05	7.68	9.67	16.45	29.52
50	4.13	5.37	5.80	7.32	9.14	15.60	28.07
51	3.95	5.11	5.52	6.92	8.58	14.68	26.50
52	3.75	4.83	5.19	6.48	7.96	13.70	24.79
53	3.48	4.47	4.81	5.95	7.25	12.56	22.77
54	3.20	4.09	4.41	5.40	6.52	11.39	20.65
55	2.90	3.70	3.99	4.85	5.78	10.19	18.53
56	2.62	3.32	3.56	4.29	5.06	9.04	16.41
57	2.31	2.93	3.14	3.77	4.36	7.89	14.36
58	2.01	2.57	2.75	3.27	3.75	6.87	12.49
59	1.74	2.23	2.39	2.82	3.20	5.94	10.74
60	1.50	1.93	2.07	2.43	2.71	5.09	9.18
61	1.28	1.66	1.79	2.09	2.31	4.36	7.83
62	1.13	1.45	1.56	1.84	2.01	3.78	6.71
63				1.74	1.89		
64				1.72	1.87		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.73	5.24	5.87	7.89	11.88	24.52	44.59
26	3.80	5.33	5.98	8.05	12.08	24.69	44.84
27	3.87	5.45	6.10	8.24	12.28	24.83	44.99
28	3.95	5.57	6.24	8.41	12.46	24.90	45.04
29	4.04	5.69	6.38	8.60	12.62	24.96	45.00
30	4.13	5.82	6.52	8.80	12.78	24.96	44.90
31	4.22	5.94	6.66	8.98	12.90	24.93	44.70
32	4.30	6.06	6.79	9.16	13.02	24.85	44.44
33	4.38	6.17	6.92	9.31	13.10	24.74	44.13
34	4.46	6.27	7.03	9.46	13.16	24.58	43.75
35	4.53	6.35	7.14	9.57	13.21	24.38	43.32
36	4.59	6.43	7.22	9.68	13.22	24.17	42.85
37	4.65	6.50	7.30	9.75	13.21	23.90	42.31
38	4.69	6.54	7.35	9.80	13.17	23.62	41.78
39	4.72	6.57	7.38	9.82	13.10	23.30	41.20
40	4.74	6.58	7.39	9.80	13.00	22.94	40.55
41	4.74	6.58	7.39	9.77	12.87	22.55	39.86
42	4.73	6.56	7.36	9.71	12.70	22.11	39.11
43	4.75	6.54	7.31	9.60	12.50	21.64	38.34
44	4.76	6.49	7.25	9.47	12.27	21.13	37.47
45	4.74	6.43	7.15	9.30	11.99	20.55	36.53
46	4.71	6.34	7.01	9.09	11.66	19.92	35.49
47	4.65	6.21	6.86	8.83	11.27	19.22	34.30
48	4.54	6.04	6.64	8.51	10.80	18.40	32.93
49	4.40	5.83	6.39	8.14	10.25	17.51	31.42
50	4.23	5.58	6.11	7.74	9.66	16.55	29.78
51	4.05	5.30	5.79	7.29	9.04	15.51	28.00
52	3.83	4.99	5.43	6.79	8.36	14.42	26.09
53	3.56	4.60	5.01	6.21	7.58	13.15	23.83
54	3.26	4.20	4.56	5.61	6.78	11.84	21.49
55	2.95	3.78	4.10	5.00	5.97	10.53	19.15
56	2.65	3.37	3.64	4.40	5.18	9.27	16.83
57	2.32	2.97	3.19	3.83	4.44	8.03	14.60
58	2.02	2.58	2.77	3.30	3.78	6.93	12.58
59	1.74	2.23	2.39	2.82	3.20	5.94	10.74
60	1.50	1.92	2.06	2.42	2.69	5.06	9.13
61	1.28	1.65	1.78	2.08	2.30	4.34	7.77
62	1.13	1.45	1.56	1.84	2.01	3.78	6.71
63	1.06	1.37	1.47				
64	1.05	1.36	1.46				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.32	4.56	5.00	6.71	10.06	20.45	37.14
26	3.39	4.66	5.11	6.86	10.25	20.66	37.44
27	3.47	4.76	5.23	7.03	10.45	20.82	37.67
28	3.55	4.88	5.36	7.21	10.64	20.97	37.84
29	3.63	5.02	5.51	7.40	10.82	21.07	37.93
30	3.73	5.14	5.64	7.58	10.97	21.14	37.97
31	3.82	5.27	5.79	7.77	11.12	21.18	37.95
32	3.92	5.40	5.92	7.96	11.26	21.21	37.88
33	4.00	5.51	6.06	8.12	11.39	21.19	37.76
34	4.08	5.62	6.18	8.28	11.48	21.16	37.60
35	4.18	5.73	6.30	8.42	11.56	21.08	37.41
36	4.25	5.83	6.41	8.55	11.64	20.99	37.17
37	4.32	5.91	6.49	8.67	11.70	20.87	36.91
38	4.39	5.99	6.58	8.76	11.71	20.74	36.64
39	4.44	6.05	6.65	8.82	11.72	20.57	36.34
40	4.49	6.10	6.71	8.86	11.70	20.39	36.01
41	4.51	6.13	6.74	8.89	11.64	20.17	35.63
42	4.55	6.15	6.76	8.89	11.57	19.92	35.23
43	4.60	6.18	6.77	8.87	11.49	19.67	34.82
44	4.65	6.20	6.77	8.83	11.39	19.38	34.35
45	4.67	6.20	6.74	8.76	11.23	19.03	33.80
46	4.68	6.16	6.67	8.64	11.04	18.63	33.17
47	4.66	6.11	6.59	8.49	10.80	18.16	32.41
48	4.61	6.01	6.47	8.29	10.47	17.62	31.51
49	4.53	5.88	6.31	8.04	10.09	16.99	30.47
50	4.43	5.71	6.12	7.75	9.67	16.30	29.30
51	4.30	5.51	5.90	7.44	9.19	15.52	27.98
52	4.14	5.27	5.62	7.06	8.65	14.67	26.51
53	3.91	4.96	5.28	6.58	8.00	13.63	24.67
54	3.67	4.62	4.91	6.08	7.30	12.53	22.71
55	3.39	4.26	4.51	5.56	6.60	11.40	20.68
56	3.12	3.88	4.10	5.02	5.90	10.25	18.63
57	2.81	3.50	3.69	4.49	5.21	9.14	16.60
58	2.49	3.12	3.28	3.97	4.54	8.05	14.63
59	2.19	2.75	2.90	3.49	3.92	7.04	12.75
60	1.92	2.41	2.53	3.06	3.39	6.11	11.04
61	1.67	2.11	2.22	2.67	2.92	5.31	9.52
62	1.47	1.85	1.94	2.34	2.55	4.63	8.25
63						4.12	7.26
64						3.81	6.60
65						3.70	6.31
66						3.84	6.44

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.32	4.57	5.02	6.72	10.09	20.51	37.26
26	3.40	4.66	5.12	6.88	10.29	20.72	37.57
27	3.47	4.78	5.24	7.06	10.49	20.88	37.80
28	3.56	4.90	5.38	7.23	10.67	21.03	37.97
29	3.64	5.02	5.52	7.42	10.85	21.14	38.06
30	3.74	5.16	5.66	7.60	11.01	21.22	38.10
31	3.83	5.29	5.81	7.81	11.16	21.26	38.09
32	3.92	5.41	5.95	7.98	11.30	21.29	38.02
33	4.01	5.53	6.08	8.16	11.43	21.28	37.91
34	4.09	5.64	6.20	8.31	11.53	21.24	37.76
35	4.19	5.75	6.32	8.46	11.61	21.17	37.58
36	4.26	5.84	6.43	8.59	11.70	21.08	37.34
37	4.33	5.93	6.52	8.70	11.75	20.97	37.08
38	4.40	6.01	6.61	8.80	11.77	20.85	36.84
39	4.45	6.06	6.68	8.86	11.78	20.69	36.55
40	4.51	6.12	6.74	8.91	11.76	20.51	36.22
41	4.53	6.16	6.78	8.94	11.71	20.29	35.85
42	4.57	6.17	6.80	8.94	11.64	20.06	35.46
43	4.61	6.21	6.81	8.93	11.57	19.80	35.06
44	4.66	6.23	6.81	8.89	11.46	19.52	34.60
45	4.69	6.22	6.78	8.81	11.31	19.18	34.07
46	4.70	6.20	6.72	8.70	11.12	18.78	33.45
47	4.68	6.15	6.64	8.56	10.89	18.33	32.71
48	4.63	6.05	6.53	8.36	10.56	17.78	31.83
49	4.56	5.91	6.37	8.12	10.19	17.18	30.80
50	4.45	5.76	6.18	7.84	9.78	16.48	29.65
51	4.32	5.56	5.96	7.52	9.29	15.72	28.34
52	4.16	5.32	5.69	7.15	8.76	14.87	26.87
53	3.93	5.01	5.35	6.67	8.10	13.84	25.04
54	3.69	4.66	4.98	6.18	7.42	12.74	23.09
55	3.41	4.31	4.58	5.66	6.71	11.60	21.07
56	3.13	3.93	4.17	5.12	6.01	10.46	19.01
57	2.83	3.56	3.77	4.58	5.32	9.35	16.98
58	2.52	3.17	3.35	4.07	4.65	8.25	14.99
59	2.22	2.80	2.97	3.58	4.02	7.22	13.09
60	1.94	2.46	2.60	3.13	3.48	6.27	11.33
61	1.69	2.15	2.27	2.73	3.00	5.45	9.79
62	1.48	1.87	1.98	2.40	2.61	4.75	8.46

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.33	4.58	5.03	6.76	10.13	20.60	37.43
26	3.41	4.68	5.15	6.91	10.33	20.82	37.73
27	3.47	4.80	5.26	7.08	10.53	20.98	37.97
28	3.56	4.91	5.40	7.27	10.72	21.14	38.16
29	3.65	5.04	5.55	7.45	10.89	21.24	38.25
30	3.75	5.17	5.69	7.65	11.06	21.32	38.31
31	3.84	5.32	5.83	7.84	11.22	21.38	38.30
32	3.93	5.44	5.98	8.03	11.36	21.41	38.24
33	4.01	5.55	6.11	8.20	11.49	21.41	38.14
34	4.11	5.66	6.24	8.36	11.60	21.38	38.00
35	4.21	5.77	6.36	8.51	11.69	21.31	37.82
36	4.27	5.87	6.47	8.65	11.77	21.23	37.60
37	4.35	5.96	6.56	8.76	11.82	21.12	37.36
38	4.42	6.05	6.66	8.85	11.84	21.01	37.13
39	4.46	6.11	6.73	8.93	11.86	20.86	36.85
40	4.51	6.16	6.79	8.98	11.84	20.68	36.53
41	4.55	6.20	6.83	9.01	11.81	20.48	36.18
42	4.58	6.21	6.86	9.02	11.75	20.25	35.80
43	4.64	6.26	6.87	9.01	11.68	20.00	35.43
44	4.68	6.27	6.88	8.98	11.57	19.73	34.98
45	4.72	6.27	6.86	8.91	11.43	19.40	34.48
46	4.73	6.26	6.80	8.80	11.25	19.02	33.87
47	4.72	6.20	6.72	8.67	11.02	18.58	33.15
48	4.66	6.11	6.61	8.47	10.70	18.05	32.29
49	4.58	5.98	6.46	8.25	10.34	17.44	31.29
50	4.49	5.82	6.27	7.96	9.93	16.77	30.15
51	4.36	5.62	6.05	7.66	9.45	16.01	28.86
52	4.20	5.39	5.79	7.28	8.92	15.17	27.41
53	3.97	5.08	5.46	6.81	8.27	14.14	25.61
54	3.72	4.74	5.09	6.32	7.59	13.05	23.66
55	3.46	4.38	4.69	5.80	6.88	11.92	21.64
56	3.17	4.01	4.29	5.26	6.18	10.78	19.57
57	2.87	3.63	3.86	4.73	5.47	9.65	17.53
58	2.55	3.24	3.46	4.21	4.80	8.54	15.51
59	2.25	2.87	3.06	3.71	4.17	7.50	13.59
60	1.97	2.52	2.68	3.26	3.61	6.52	11.78
61	1.72	2.20	2.35	2.83	3.12	5.66	10.17
62	1.50	1.92	2.04	2.48	2.71	4.92	8.76
63				2.20	2.42		
64				2.00	2.25		
65				1.89	2.22		
66				1.88	2.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.46	4.85	5.43	7.31	10.97	22.49	40.87
26	3.53	4.95	5.55	7.48	11.19	22.72	41.19
27	3.61	5.07	5.68	7.66	11.40	22.90	41.45
28	3.70	5.20	5.83	7.87	11.60	23.06	41.62
29	3.78	5.33	5.98	8.07	11.79	23.17	41.72
30	3.89	5.46	6.13	8.26	11.97	23.26	41.76
31	3.98	5.61	6.29	8.47	12.14	23.30	41.74
32	4.07	5.75	6.44	8.68	12.28	23.33	41.66
33	4.16	5.86	6.58	8.85	12.42	23.31	41.54
34	4.26	5.98	6.71	9.04	12.53	23.27	41.37
35	4.36	6.10	6.85	9.20	12.62	23.19	41.15
36	4.43	6.20	6.96	9.34	12.70	23.09	40.88
37	4.51	6.29	7.06	9.45	12.75	22.96	40.59
38	4.57	6.37	7.15	9.55	12.78	22.82	40.31
39	4.62	6.43	7.22	9.62	12.79	22.63	39.98
40	4.67	6.49	7.29	9.67	12.76	22.43	39.61
41	4.71	6.52	7.32	9.70	12.72	22.19	39.20
42	4.73	6.54	7.35	9.70	12.64	21.92	38.75
43	4.80	6.57	7.36	9.69	12.54	21.63	38.31
44	4.84	6.60	7.36	9.64	12.43	21.31	37.78
45	4.87	6.59	7.32	9.55	12.26	20.92	37.18
46	4.88	6.56	7.26	9.42	12.05	20.49	36.48
47	4.87	6.50	7.16	9.28	11.79	19.98	35.65
48	4.80	6.40	7.03	9.06	11.44	19.38	34.66
49	4.72	6.26	6.86	8.79	11.03	18.69	33.52
50	4.61	6.07	6.65	8.47	10.56	17.93	32.23
51	4.48	5.86	6.41	8.12	10.03	17.08	30.78
52	4.31	5.61	6.11	7.71	9.45	16.13	29.15
53	4.07	5.27	5.74	7.20	8.74	14.99	27.14
54	3.82	4.91	5.33	6.65	8.00	13.79	24.98
55	3.53	4.52	4.90	6.08	7.22	12.53	22.76
56	3.24	4.13	4.46	5.50	6.46	11.28	20.49
57	2.92	3.72	4.01	4.91	5.69	10.05	18.26
58	2.60	3.32	3.56	4.36	4.97	8.86	16.09
59	2.28	2.93	3.15	3.83	4.31	7.74	14.04
60	2.00	2.57	2.76	3.35	3.71	6.72	12.14
61	1.74	2.24	2.41	2.92	3.20	5.83	10.47
62	1.52	1.97	2.10	2.57	2.80	5.10	9.06
63	1.36	1.74	1.87				
64	1.24	1.58	1.69				
65	1.18	1.50	1.60				
66	1.16	1.48	1.58				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.91	5.36	5.88	7.89	11.84	24.06	43.70
26	3.99	5.47	6.01	8.07	12.06	24.31	44.05
27	4.07	5.61	6.15	8.27	12.30	24.49	44.33
28	4.17	5.75	6.31	8.48	12.51	24.67	44.52
29	4.28	5.90	6.48	8.70	12.72	24.78	44.62
30	4.39	6.05	6.64	8.91	12.91	24.87	44.67
31	4.50	6.20	6.81	9.14	13.09	24.92	44.64
32	4.60	6.35	6.97	9.35	13.25	24.95	44.55
33	4.71	6.49	7.13	9.56	13.39	24.93	44.42
34	4.80	6.62	7.27	9.74	13.51	24.89	44.24
35	4.92	6.74	7.41	9.91	13.60	24.80	44.01
36	5.00	6.86	7.53	10.06	13.69	24.69	43.73
37	5.09	6.96	7.64	10.20	13.75	24.55	43.42
38	5.17	7.05	7.74	10.30	13.78	24.40	43.11
39	5.22	7.11	7.82	10.38	13.79	24.21	42.76
40	5.28	7.17	7.88	10.43	13.76	23.99	42.36
41	5.32	7.22	7.93	10.45	13.70	23.73	41.92
42	5.35	7.23	7.95	10.45	13.61	23.44	41.44
43	5.41	7.27	7.96	10.44	13.53	23.14	40.96
44	5.46	7.30	7.96	10.38	13.39	22.79	40.41
45	5.50	7.29	7.93	10.30	13.21	22.38	39.77
46	5.51	7.25	7.85	10.16	12.99	21.91	39.02
47	5.49	7.19	7.75	9.99	12.70	21.37	38.13
48	5.42	7.08	7.61	9.75	12.32	20.72	37.07
49	5.33	6.92	7.43	9.46	11.87	19.99	35.85
50	5.21	6.71	7.20	9.13	11.38	19.18	34.47
51	5.06	6.49	6.93	8.75	10.81	18.26	32.92
52	4.87	6.20	6.62	8.30	10.18	17.26	31.18
53	4.59	5.83	6.21	7.74	9.41	16.03	29.02
54	4.31	5.44	5.77	7.15	8.60	14.74	26.72
55	3.99	5.01	5.31	6.54	7.76	13.40	24.33
56	3.66	4.57	4.82	5.91	6.94	12.06	21.91
57	3.30	4.12	4.34	5.28	6.12	10.75	19.53
58	2.93	3.66	3.86	4.67	5.34	9.48	17.20
59	2.58	3.24	3.41	4.11	4.62	8.28	15.00
60	2.25	2.83	2.98	3.60	3.99	7.19	12.98
61	1.97	2.48	2.60	3.13	3.44	6.24	11.20
62	1.72	2.17	2.28	2.75	3.00	5.45	9.70
63						4.85	8.54
64						4.48	7.76
65						4.36	7.42
66						4.51	7.58

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.91	5.37	5.90	7.91	11.87	24.13	43.83
26	4.00	5.49	6.03	8.10	12.10	24.38	44.19
27	4.07	5.62	6.17	8.30	12.34	24.57	44.47
28	4.18	5.76	6.33	8.51	12.55	24.75	44.67
29	4.29	5.91	6.49	8.73	12.76	24.87	44.77
30	4.40	6.06	6.66	8.95	12.95	24.96	44.83
31	4.51	6.22	6.83	9.18	13.13	25.01	44.81
32	4.61	6.37	7.00	9.39	13.30	25.04	44.73
33	4.72	6.50	7.15	9.59	13.45	25.04	44.60
34	4.81	6.64	7.30	9.78	13.56	24.99	44.42
35	4.93	6.76	7.44	9.95	13.66	24.90	44.20
36	5.01	6.87	7.57	10.10	13.75	24.81	43.93
37	5.10	6.98	7.67	10.24	13.82	24.68	43.63
38	5.17	7.08	7.78	10.35	13.84	24.53	43.34
39	5.24	7.14	7.86	10.43	13.86	24.34	43.00
40	5.30	7.20	7.93	10.48	13.83	24.13	42.61
41	5.33	7.24	7.97	10.52	13.78	23.87	42.18
42	5.37	7.26	8.00	10.52	13.69	23.59	41.71
43	5.43	7.30	8.02	10.51	13.61	23.29	41.25
44	5.48	7.33	8.02	10.45	13.48	22.96	40.71
45	5.52	7.32	7.98	10.37	13.31	22.55	40.08
46	5.53	7.30	7.91	10.24	13.09	22.10	39.35
47	5.51	7.23	7.81	10.08	12.80	21.56	38.48
48	5.45	7.12	7.68	9.84	12.43	20.93	37.44
49	5.36	6.96	7.50	9.56	11.99	20.20	36.24
50	5.24	6.77	7.27	9.22	11.50	19.40	34.87
51	5.09	6.54	7.00	8.85	10.93	18.49	33.33
52	4.89	6.26	6.70	8.40	10.30	17.49	31.61
53	4.63	5.89	6.29	7.85	9.54	16.28	29.46
54	4.34	5.49	5.86	7.27	8.73	14.99	27.17
55	4.02	5.07	5.39	6.65	7.89	13.65	24.78
56	3.69	4.63	4.91	6.03	7.08	12.31	22.36
57	3.34	4.18	4.43	5.39	6.25	10.99	19.97
58	2.96	3.72	3.94	4.78	5.46	9.71	17.63
59	2.60	3.29	3.48	4.22	4.73	8.49	15.39
60	2.28	2.89	3.05	3.69	4.09	7.38	13.33
61	1.99	2.53	2.67	3.21	3.53	6.41	11.51
62	1.74	2.21	2.33	2.82	3.07	5.59	9.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.92	5.39	5.92	7.95	11.92	24.24	44.03
26	4.00	5.51	6.05	8.13	12.15	24.49	44.40
27	4.08	5.64	6.20	8.33	12.39	24.68	44.68
28	4.19	5.78	6.35	8.55	12.61	24.87	44.89
29	4.29	5.93	6.53	8.77	12.82	24.99	45.00
30	4.41	6.08	6.70	8.99	13.02	25.09	45.06
31	4.51	6.25	6.86	9.22	13.20	25.15	45.06
32	4.63	6.40	7.03	9.44	13.37	25.19	44.99
33	4.73	6.53	7.19	9.64	13.52	25.19	44.87
34	4.83	6.66	7.34	9.84	13.64	25.15	44.70
35	4.95	6.79	7.48	10.01	13.75	25.07	44.50
36	5.02	6.91	7.61	10.17	13.84	24.98	44.24
37	5.11	7.01	7.73	10.31	13.90	24.85	43.96
38	5.19	7.11	7.83	10.42	13.94	24.72	43.67
39	5.25	7.18	7.92	10.51	13.96	24.54	43.35
40	5.32	7.24	7.99	10.57	13.94	24.33	42.98
41	5.35	7.29	8.03	10.60	13.90	24.09	42.57
42	5.39	7.30	8.07	10.61	13.82	23.82	42.12
43	5.46	7.36	8.09	10.60	13.74	23.53	41.68
44	5.51	7.38	8.10	10.56	13.61	23.21	41.16
45	5.54	7.38	8.06	10.48	13.45	22.82	40.56
46	5.56	7.36	8.00	10.36	13.24	22.37	39.85
47	5.54	7.30	7.91	10.20	12.96	21.85	39.00
48	5.48	7.18	7.78	9.97	12.59	21.23	37.99
49	5.39	7.03	7.59	9.70	12.16	20.52	36.81
50	5.28	6.85	7.38	9.37	11.68	19.73	35.47
51	5.13	6.62	7.12	9.00	11.11	18.83	33.96
52	4.94	6.34	6.81	8.56	10.50	17.85	32.25
53	4.67	5.98	6.42	8.02	9.73	16.64	30.12
54	4.38	5.58	5.98	7.44	8.93	15.36	27.83
55	4.07	5.16	5.52	6.82	8.10	14.02	25.46
56	3.73	4.72	5.04	6.20	7.27	12.68	23.03
57	3.38	4.27	4.55	5.56	6.44	11.35	20.62
58	3.00	3.81	4.07	4.95	5.65	10.05	18.25
59	2.65	3.38	3.60	4.36	4.91	8.82	15.98
60	2.32	2.96	3.16	3.83	4.24	7.67	13.86
61	2.02	2.59	2.76	3.34	3.66	6.66	11.97
62	1.77	2.26	2.40	2.92	3.19	5.79	10.30
63				2.59	2.84		
64				2.35	2.65		
65				2.23	2.61		
66				2.22	2.77		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.07	5.70	6.39	8.61	12.91	26.46	48.07
26	4.15	5.83	6.53	8.80	13.16	26.73	48.46
27	4.24	5.97	6.69	9.02	13.41	26.94	48.76
28	4.35	6.12	6.86	9.26	13.65	27.13	48.97
29	4.45	6.27	7.04	9.50	13.88	27.26	49.09
30	4.58	6.43	7.22	9.72	14.08	27.36	49.14
31	4.68	6.60	7.40	9.97	14.27	27.41	49.10
32	4.80	6.76	7.58	10.21	14.45	27.45	49.01
33	4.90	6.90	7.74	10.42	14.61	27.42	48.87
34	5.01	7.04	7.90	10.63	14.74	27.38	48.66
35	5.12	7.17	8.05	10.82	14.85	27.28	48.41
36	5.21	7.30	8.18	10.98	14.94	27.17	48.10
37	5.30	7.40	8.31	11.12	15.00	27.01	47.76
38	5.38	7.50	8.41	11.23	15.03	26.84	47.42
39	5.44	7.57	8.50	11.32	15.04	26.63	47.04
40	5.50	7.63	8.57	11.38	15.01	26.39	46.60
41	5.54	7.67	8.62	11.41	14.96	26.11	46.11
42	5.57	7.69	8.64	11.41	14.86	25.78	45.58
43	5.64	7.74	8.66	11.40	14.76	25.45	45.06
44	5.69	7.76	8.66	11.33	14.62	25.07	44.45
45	5.73	7.75	8.62	11.24	14.42	24.61	43.74
46	5.74	7.72	8.54	11.09	14.18	24.10	42.92
47	5.72	7.65	8.43	10.91	13.87	23.50	41.94
48	5.65	7.52	8.27	10.65	13.46	22.80	40.78
49	5.55	7.36	8.07	10.34	12.97	21.99	39.43
50	5.43	7.15	7.82	9.97	12.43	21.09	37.92
51	5.27	6.90	7.53	9.56	11.80	20.09	36.21
52	5.07	6.60	7.19	9.06	11.12	18.98	34.29
53	4.79	6.20	6.75	8.47	10.28	17.64	31.93
54	4.49	5.78	6.27	7.82	9.41	16.22	29.39
55	4.15	5.32	5.76	7.15	8.49	14.74	26.77
56	3.81	4.86	5.24	6.47	7.59	13.27	24.10
57	3.44	4.38	4.72	5.78	6.70	11.83	21.48
58	3.05	3.90	4.20	5.12	5.85	10.43	18.93
59	2.68	3.45	3.70	4.51	5.07	9.11	16.51
60	2.35	3.02	3.25	3.94	4.36	7.91	14.28
61	2.05	2.64	2.83	3.43	3.77	6.86	12.32
62	1.80	2.31	2.47	3.02	3.29	5.99	10.67
63	1.59	2.05	2.19				
64	1.46	1.86	1.99				
65	1.39	1.76	1.88				
66	1.36	1.74	1.87				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.67	5.04	5.53	7.42	11.08		
26	3.77	5.17	5.66	7.61	11.33		
27	3.86	5.32	5.82	7.83	11.59		
28	3.97	5.46	5.98	8.05	11.82		
29	4.07	5.61	6.16	8.30	12.06		
30	4.20	5.78	6.34	8.54	12.28		
31	4.31	5.95	6.53	8.77	12.50		
32	4.44	6.11	6.71	9.01	12.70		
33	4.56	6.27	6.88	9.25	12.89		
34	4.67	6.42	7.06	9.45	13.06		
35	4.78	6.57	7.21	9.66	13.22		
36	4.90	6.71	7.37	9.85	13.35		
37	5.01	6.85	7.52	10.03	13.48		
38	5.11	6.96	7.66	10.19	13.59		
39	5.19	7.08	7.77	10.32	13.67		
40	5.28	7.16	7.88	10.44	13.74		
41	5.35	7.25	7.96	10.52	13.75		
42	5.41	7.32	8.05	10.60	13.75		
43	5.52	7.41	8.12	10.65	13.74		
44	5.61	7.49	8.17	10.69	13.69		
45	5.69	7.55	8.20	10.68	13.58		
46	5.76	7.57	8.20	10.65	13.43		
47	5.79	7.57	8.18	10.56	13.22		
48	5.79	7.54	8.10	10.44	12.94		
49	5.76	7.45	8.01	10.25	12.59		
50	5.69	7.33	7.86	10.02	12.18		
51	5.61	7.18	7.67	9.75	11.70		
52	5.47	6.97	7.44	9.40	11.16		
53	5.26	6.66	7.10	8.94	10.46		
54	5.02	6.33	6.71	8.42	9.72		
55	4.75	5.96	6.31	7.88	8.95		
56	4.46	5.57	5.90	7.31	8.18		
57	4.14	5.17	5.45	6.75	7.41		
58	3.83	4.79	5.03	6.23	6.73		
59	3.52	4.41	4.64	5.72	6.09		
60	3.22	4.04	4.25	5.24	5.49		
61	2.93	3.68	3.86	4.77	4.92		
62	2.65	3.34	3.49	4.33	4.40		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.67	5.05	5.54	7.44	11.11		
26	3.77	5.17	5.68	7.64	11.36		
27	3.86	5.32	5.83	7.86	11.62		
28	3.97	5.46	6.00	8.07	11.84		
29	4.08	5.63	6.17	8.32	12.09		
30	4.21	5.80	6.36	8.56	12.32		
31	4.32	5.96	6.56	8.80	12.53		
32	4.44	6.12	6.73	9.05	12.74		
33	4.57	6.28	6.91	9.28	12.94		
34	4.68	6.44	7.08	9.49	13.10		
35	4.79	6.59	7.24	9.70	13.26		
36	4.91	6.73	7.40	9.89	13.40		
37	5.02	6.86	7.55	10.07	13.53		
38	5.11	6.99	7.68	10.23	13.64		
39	5.21	7.10	7.81	10.37	13.73		
40	5.29	7.19	7.91	10.48	13.79		
41	5.36	7.27	8.01	10.58	13.82		
42	5.43	7.35	8.10	10.65	13.82		
43	5.54	7.44	8.17	10.71	13.82		
44	5.63	7.52	8.21	10.74	13.76		
45	5.71	7.58	8.25	10.74	13.66		
46	5.76	7.60	8.25	10.71	13.51		
47	5.81	7.60	8.23	10.64	13.31		
48	5.81	7.58	8.17	10.51	13.03		
49	5.77	7.50	8.06	10.34	12.69		
50	5.71	7.37	7.92	10.10	12.28		
51	5.62	7.22	7.74	9.84	11.81		
52	5.50	7.01	7.51	9.50	11.26		
53	5.28	6.71	7.16	9.03	10.58		
54	5.04	6.38	6.79	8.52	9.83		
55	4.77	6.01	6.39	7.97	9.06		
56	4.49	5.62	5.97	7.41	8.29		
57	4.17	5.22	5.52	6.85	7.51		
58	3.85	4.83	5.10	6.32	6.84		
59	3.54	4.45	4.71	5.81	6.19		
60	3.24	4.07	4.31	5.32	5.58		
61	2.95	3.71	3.92	4.84	5.00		
62	2.67	3.37	3.54	4.39	4.46		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.68	5.06	5.56	7.46	11.15		
26	3.78	5.19	5.70	7.66	11.40		
27	3.86	5.33	5.86	7.88	11.66		
28	3.98	5.48	6.03	8.10	11.90		
29	4.09	5.65	6.20	8.35	12.14		
30	4.22	5.81	6.40	8.61	12.37		
31	4.33	5.98	6.58	8.84	12.59		
32	4.46	6.15	6.76	9.09	12.80		
33	4.57	6.31	6.94	9.32	13.00		
34	4.70	6.47	7.11	9.54	13.17		
35	4.80	6.62	7.28	9.75	13.34		
36	4.92	6.76	7.44	9.95	13.48		
37	5.02	6.89	7.59	10.13	13.60		
38	5.13	7.01	7.73	10.30	13.72		
39	5.22	7.13	7.86	10.44	13.81		
40	5.31	7.22	7.96	10.55	13.89		
41	5.38	7.30	8.06	10.65	13.92		
42	5.45	7.38	8.16	10.73	13.93		
43	5.56	7.48	8.23	10.80	13.92		
44	5.66	7.56	8.28	10.84	13.88		
45	5.74	7.62	8.32	10.84	13.78		
46	5.80	7.66	8.32	10.81	13.64		
47	5.83	7.66	8.31	10.74	13.44		
48	5.83	7.63	8.25	10.62	13.17		
49	5.81	7.56	8.16	10.45	12.84		
50	5.76	7.44	8.02	10.23	12.43		
51	5.66	7.30	7.84	9.96	11.97		
52	5.54	7.08	7.60	9.63	11.43		
53	5.32	6.78	7.27	9.17	10.74		
54	5.08	6.46	6.90	8.66	10.00		
55	4.81	6.08	6.49	8.11	9.24		
56	4.52	5.70	6.07	7.56	8.46		
57	4.22	5.30	5.62	6.99	7.67		
58	3.89	4.91	5.21	6.46	7.00		
59	3.57	4.52	4.80	5.94	6.34		
60	3.26	4.14	4.39	5.44	5.71		
61	2.97	3.77	4.00	4.95	5.11		
62	2.68	3.41	3.61	4.47	4.56		
63				4.00	4.01		
64				3.56	3.52		
65				3.15	3.09		
66				2.81	2.72		
67				2.52	2.42		
68				2.32	2.21		
69				2.21	2.07		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.82	5.36	6.01	8.09	12.08		
26	3.92	5.50	6.16	8.31	12.36		
27	4.01	5.65	6.33	8.54	12.64		
28	4.13	5.81	6.51	8.78	12.89		
29	4.25	5.98	6.70	9.05	13.16		
30	4.36	6.15	6.90	9.31	13.39		
31	4.50	6.33	7.10	9.57	13.63		
32	4.62	6.50	7.30	9.84	13.85		
33	4.74	6.67	7.48	10.08	14.06		
34	4.87	6.84	7.66	10.31	14.25		
35	4.98	7.00	7.84	10.55	14.42		
36	5.10	7.15	8.01	10.74	14.57		
37	5.21	7.28	8.17	10.95	14.70		
38	5.32	7.41	8.32	11.11	14.82		
39	5.41	7.52	8.45	11.26	14.91		
40	5.50	7.62	8.56	11.39	14.99		
41	5.57	7.71	8.66	11.48	15.01		
42	5.64	7.79	8.76	11.55	15.01		
43	5.76	7.88	8.83	11.62	14.99		
44	5.85	7.96	8.88	11.66	14.93		
45	5.93	8.03	8.91	11.65	14.82		
46	5.99	8.05	8.91	11.62	14.65		
47	6.03	8.05	8.89	11.54	14.43		
48	6.03	8.02	8.81	11.40	14.12		
49	5.99	7.93	8.70	11.19	13.75		
50	5.93	7.81	8.54	10.95	13.30		
51	5.83	7.64	8.34	10.65	12.79		
52	5.70	7.41	8.08	10.27	12.19		
53	5.47	7.09	7.71	9.76	11.43		
54	5.22	6.73	7.30	9.20	10.62		
55	4.95	6.34	6.86	8.61	9.79		
56	4.65	5.93	6.41	8.00	8.93		
57	4.31	5.50	5.91	7.37	8.10		
58	3.99	5.10	5.47	6.81	7.36		
59	3.67	4.69	5.04	6.26	6.66		
60	3.35	4.29	4.61	5.73	6.00		
61	3.05	3.92	4.21	5.22	5.38		
62	2.76	3.55	3.80	4.73	4.81		
63	2.46	3.17	3.40				
64	2.17	2.81	3.02				
65	1.92	2.48	2.67				
66	1.70	2.21	2.37				
67	1.52	1.98	2.13				
68	1.38	1.82	1.96				
69	1.31	1.72	1.86				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.32	5.93	6.50	8.73	13.03		
26	4.43	6.08	6.66	8.96	13.33		
27	4.54	6.25	6.85	9.21	13.63		
28	4.66	6.42	7.04	9.47	13.90		
29	4.80	6.61	7.24	9.76	14.19		
30	4.94	6.80	7.46	10.04	14.45		
31	5.08	7.00	7.68	10.32	14.70		
32	5.22	7.19	7.89	10.60	14.94		
33	5.36	7.37	8.10	10.88	15.17		
34	5.50	7.56	8.30	11.12	15.36		
35	5.62	7.74	8.48	11.37	15.55		
36	5.76	7.90	8.67	11.59	15.71		
37	5.89	8.05	8.84	11.80	15.86		
38	6.01	8.19	9.00	11.99	15.98		
39	6.11	8.32	9.14	12.14	16.08		
40	6.21	8.43	9.27	12.28	16.16		
41	6.29	8.53	9.37	12.38	16.18		
42	6.37	8.62	9.47	12.46	16.18		
43	6.49	8.72	9.56	12.53	16.17		
44	6.61	8.81	9.61	12.58	16.10		
45	6.70	8.88	9.65	12.57	15.97		
46	6.77	8.91	9.65	12.52	15.80		
47	6.81	8.91	9.62	12.43	15.55		
48	6.81	8.87	9.54	12.28	15.22		
49	6.77	8.76	9.42	12.06	14.81		
50	6.70	8.62	9.25	11.79	14.33		
51	6.59	8.45	9.03	11.47	13.77		
52	6.44	8.20	8.75	11.06	13.13		
53	6.19	7.84	8.35	10.52	12.31		
54	5.90	7.44	7.90	9.91	11.43		
55	5.59	7.00	7.43	9.27	10.53		
56	5.24	6.56	6.93	8.61	9.62		
57	4.88	6.08	6.41	7.94	8.71		
58	4.51	5.63	5.92	7.33	7.92		
59	4.14	5.18	5.46	6.73	7.16		
60	3.78	4.75	5.00	6.17	6.46		
61	3.45	4.33	4.55	5.61	5.79		
62	3.12	3.92	4.11	5.10	5.17		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.32	5.94	6.52	8.75	13.07		
26	4.44	6.09	6.68	8.98	13.37		
27	4.54	6.26	6.86	9.24	13.67		
28	4.67	6.43	7.06	9.50	13.94		
29	4.80	6.63	7.26	9.79	14.23		
30	4.95	6.82	7.49	10.08	14.49		
31	5.09	7.01	7.71	10.36	14.74		
32	5.23	7.21	7.92	10.64	14.99		
33	5.37	7.39	8.12	10.91	15.22		
34	5.51	7.58	8.32	11.16	15.42		
35	5.63	7.75	8.52	11.41	15.60		
36	5.77	7.92	8.70	11.63	15.77		
37	5.90	8.07	8.88	11.84	15.92		
38	6.02	8.22	9.04	12.04	16.04		
39	6.12	8.35	9.18	12.20	16.15		
40	6.22	8.46	9.31	12.33	16.23		
41	6.31	8.55	9.42	12.44	16.26		
42	6.39	8.64	9.52	12.52	16.26		
43	6.51	8.76	9.61	12.60	16.25		
44	6.63	8.84	9.66	12.65	16.19		
45	6.71	8.91	9.71	12.64	16.07		
46	6.78	8.95	9.71	12.60	15.89		
47	6.83	8.95	9.68	12.51	15.66		
48	6.83	8.91	9.61	12.36	15.33		
49	6.79	8.82	9.49	12.16	14.92		
50	6.72	8.68	9.32	11.89	14.45		
51	6.62	8.50	9.11	11.57	13.90		
52	6.47	8.25	8.83	11.17	13.25		
53	6.21	7.89	8.43	10.62	12.44		
54	5.93	7.51	7.99	10.02	11.56		
55	5.61	7.07	7.52	9.38	10.67		
56	5.28	6.62	7.02	8.72	9.75		
57	4.91	6.14	6.49	8.05	8.84		
58	4.53	5.68	6.00	7.44	8.04		
59	4.16	5.24	5.54	6.84	7.28		
60	3.81	4.80	5.07	6.26	6.56		
61	3.47	4.37	4.61	5.69	5.88		
62	3.13	3.96	4.16	5.17	5.24		

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
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Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.33	5.96	6.54	8.78	13.11		
26	4.44	6.11	6.71	9.02	13.42		
27	4.55	6.27	6.90	9.28	13.72		
28	4.68	6.45	7.09	9.54	14.00		
29	4.81	6.64	7.30	9.83	14.29		
30	4.95	6.84	7.52	10.12	14.56		
31	5.10	7.04	7.74	10.40	14.81		
32	5.24	7.23	7.96	10.69	15.06		
33	5.38	7.43	8.17	10.96	15.29		
34	5.53	7.61	8.37	11.22	15.50		
35	5.65	7.79	8.56	11.48	15.69		
36	5.79	7.96	8.75	11.70	15.86		
37	5.91	8.10	8.92	11.92	16.01		
38	6.04	8.25	9.09	12.11	16.14		
39	6.14	8.39	9.24	12.28	16.24		
40	6.24	8.50	9.37	12.42	16.33		
41	6.33	8.60	9.49	12.53	16.38		
42	6.41	8.69	9.59	12.62	16.39		
43	6.54	8.80	9.68	12.70	16.38		
44	6.65	8.90	9.74	12.75	16.32		
45	6.75	8.97	9.79	12.75	16.21		
46	6.82	9.01	9.79	12.72	16.04		
47	6.86	9.01	9.78	12.64	15.81		
48	6.86	8.98	9.71	12.50	15.50		
49	6.83	8.89	9.59	12.30	15.10		
50	6.77	8.76	9.43	12.04	14.63		
51	6.65	8.58	9.22	11.72	14.08		
52	6.51	8.33	8.94	11.33	13.45		
53	6.26	7.98	8.55	10.79	12.64		
54	5.98	7.59	8.11	10.19	11.77		
55	5.66	7.15	7.64	9.55	10.87		
56	5.32	6.71	7.15	8.89	9.94		
57	4.95	6.23	6.62	8.22	9.03		
58	4.58	5.77	6.12	7.60	8.23		
59	4.21	5.32	5.65	6.99	7.45		
60	3.85	4.87	5.17	6.40	6.71		
61	3.50	4.44	4.70	5.82	6.01		
62	3.16	4.00	4.24	5.26	5.36		
63				4.71	4.73		
64				4.18	4.14		
65				3.70	3.63		
66				3.30	3.20		
67				2.97	2.85		
68				2.73	2.60		
69				2.60	2.44		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.50	6.31	7.07	9.51	14.21		
26	4.61	6.47	7.24	9.78	14.55		
27	4.73	6.64	7.44	10.05	14.86		
28	4.86	6.83	7.66	10.33	15.16		
29	5.00	7.03	7.88	10.64	15.48		
30	5.14	7.23	8.11	10.96	15.76		
31	5.29	7.44	8.35	11.26	16.03		
32	5.44	7.65	8.58	11.57	16.30		
33	5.58	7.85	8.80	11.86	16.54		
34	5.73	8.04	9.02	12.14	16.76		
35	5.86	8.23	9.22	12.41	16.97		
36	6.00	8.40	9.42	12.65	17.14		
37	6.13	8.56	9.61	12.87	17.29		
38	6.26	8.71	9.79	13.08	17.43		
39	6.36	8.85	9.94	13.25	17.54		
40	6.47	8.97	10.08	13.39	17.63		
41	6.56	9.07	10.19	13.51	17.66		
42	6.64	9.16	10.30	13.60	17.66		
43	6.77	9.28	10.38	13.68	17.64		
44	6.88	9.37	10.45	13.72	17.57		
45	6.98	9.44	10.49	13.71	17.43		
46	7.05	9.48	10.49	13.67	17.24		
47	7.09	9.48	10.45	13.57	16.98		
48	7.09	9.43	10.37	13.40	16.61		
49	7.05	9.33	10.23	13.17	16.17		
50	6.98	9.18	10.05	12.87	15.65		
51	6.86	8.98	9.81	12.52	15.04		
52	6.71	8.72	9.50	12.08	14.34		
53	6.44	8.34	9.07	11.48	13.45		
54	6.14	7.92	8.59	10.82	12.50		
55	5.82	7.45	8.07	10.12	11.51		
56	5.46	6.98	7.53	9.41	10.51		
57	5.08	6.47	6.96	8.68	9.52		
58	4.69	5.99	6.44	8.02	8.66		
59	4.31	5.52	5.93	7.37	7.84		
60	3.94	5.05	5.43	6.74	7.06		
61	3.59	4.60	4.95	6.14	6.33		
62	3.25	4.17	4.47	5.57	5.66		
63	2.90	3.72	4.00				
64	2.56	3.30	3.55				
65	2.25	2.92	3.14				
66	2.00	2.60	2.79				
67	1.79	2.33	2.51				
68	1.63	2.14	2.31				
69	1.54	2.02	2.18				

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.32	14.16	15.53	20.93			
26	10.68	14.68	16.09	21.71			
27	11.07	15.23	16.71	22.56			
28	11.50	15.83	17.37	23.46			
29	11.94	16.46	18.07	24.41			
30	12.42	17.12	18.79	25.41			
31	12.91	17.80	19.54	26.43			
32	13.41	18.50	20.30	27.46			
33	13.94	19.22	21.09	28.51			
34	14.48	19.93	21.89	29.56			
35	15.00	20.64	22.67	30.60			
36	15.54	21.34	23.44	31.59			
37	16.07	22.02	24.18	32.56			
38	16.58	22.67	24.91	33.48			
39	17.06	23.28	25.59	34.32			
40	17.51	23.86	26.22	35.08			
41	17.93	24.35	26.77	35.73			
42	18.27	24.76	27.23	36.25			
43	18.71	25.19	27.60	36.62			
44	19.08	25.51	27.83	36.83			
45	19.35	25.72	27.96	36.88			
46	19.55	25.81	27.95	36.74			
47	19.64	25.77	27.80	36.41			
48	19.54	25.49	27.45	35.83			
49	19.32	25.07	26.94	35.03			
50	18.97	24.51	26.26	34.05			
51	18.52	23.78	25.42	32.87			
52	17.93	22.92	24.44	31.48			
53	17.12	21.75	23.16	29.74			
54	16.19	20.48	21.74	27.83			
55	15.18	19.10	20.24	25.83			
56	14.10	17.66	18.66	23.74			
57	12.99	16.17	17.05	21.62			
58	11.72	14.63	15.41	19.52			
59	10.48	13.11	13.81	17.47			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.32	14.17	15.54	20.94			
26	10.69	14.69	16.10	21.73			
27	11.08	15.25	16.73	22.58			
28	11.51	15.85	17.38	23.49			
29	11.95	16.48	18.08	24.44			
30	12.43	17.13	18.81	25.43			
31	12.92	17.82	19.56	26.45			
32	13.42	18.52	20.32	27.48			
33	13.95	19.23	21.12	28.55			
34	14.48	19.95	21.91	29.59			
35	15.01	20.66	22.70	30.63			
36	15.55	21.36	23.47	31.64			
37	16.08	22.04	24.21	32.60			
38	16.58	22.69	24.94	33.53			
39	17.08	23.31	25.62	34.36			
40	17.53	23.87	26.26	35.12			
41	17.93	24.38	26.80	35.78			
42	18.28	24.79	27.27	36.30			
43	18.73	25.21	27.64	36.68			
44	19.09	25.54	27.88	36.89			
45	19.37	25.76	28.00	36.93			
46	19.57	25.85	28.00	36.81			
47	19.66	25.81	27.85	36.48			
48	19.56	25.53	27.50	35.90			
49	19.33	25.12	27.00	35.12			
50	18.99	24.55	26.32	34.14			
51	18.53	23.82	25.49	32.96			
52	17.95	22.96	24.51	31.57			
53	17.13	21.81	23.22	29.82			
54	16.22	20.53	21.82	27.93			
55	15.21	19.16	20.32	25.92			
56	14.13	17.71	18.74	23.84			
57	13.01	16.23	17.13	21.72			
58	11.75	14.68	15.48	19.61			
59	10.50	13.16	13.87	17.56			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.33	14.19	15.57	20.97			
26	10.70	14.70	16.13	21.76			
27	11.09	15.27	16.75	22.62			
28	11.52	15.87	17.42	23.52			
29	11.96	16.49	18.11	24.47			
30	12.43	17.15	18.83	25.47			
31	12.93	17.84	19.59	26.50			
32	13.44	18.53	20.35	27.53			
33	13.97	19.25	21.15	28.59			
34	14.49	19.98	21.95	29.65			
35	15.03	20.69	22.73	30.69			
36	15.57	21.38	23.51	31.69			
37	16.09	22.07	24.26	32.66			
38	16.60	22.71	24.99	33.59			
39	17.09	23.35	25.67	34.43			
40	17.54	23.91	26.30	35.19			
41	17.95	24.41	26.86	35.85			
42	18.30	24.82	27.33	36.38			
43	18.74	25.26	27.70	36.76			
44	19.11	25.58	27.95	36.98			
45	19.40	25.80	28.08	37.03			
46	19.60	25.90	28.08	36.91			
47	19.69	25.85	27.93	36.59			
48	19.59	25.59	27.59	36.02			
49	19.37	25.18	27.09	35.24			
50	19.03	24.61	26.42	34.26			
51	18.58	23.89	25.59	33.09			
52	17.99	23.02	24.61	31.70			
53	17.18	21.88	23.33	29.96			
54	16.25	20.61	21.92	28.07			
55	15.24	19.23	20.42	26.07			
56	14.17	17.78	18.84	23.98			
57	13.04	16.30	17.23	21.87			
58	11.78	14.75	15.58	19.75			
59	10.54	13.23	13.97	17.68			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.74	15.07	16.88	22.82			
26	11.13	15.61	17.49	23.66			
27	11.54	16.21	18.16	24.60			
28	11.99	16.84	18.88	25.58			
29	12.44	17.52	19.63	26.61			
30	12.94	18.22	20.42	27.70			
31	13.45	18.94	21.23	28.81			
32	13.97	19.68	22.07	29.93			
33	14.53	20.44	22.92	31.09			
34	15.08	21.21	23.79	32.23			
35	15.64	21.96	24.64	33.35			
36	16.19	22.70	25.48	34.45			
37	16.73	23.42	26.29	35.50			
38	17.27	24.11	27.08	36.50			
39	17.78	24.77	27.82	37.42			
40	18.24	25.38	28.50	38.24			
41	18.67	25.91	29.10	38.95			
42	19.03	26.35	29.59	39.52			
43	19.48	26.80	30.00	39.92			
44	19.87	27.14	30.25	40.16			
45	20.16	27.36	30.40	40.21			
46	20.37	27.46	30.39	40.07			
47	20.46	27.41	30.22	39.71			
48	20.35	27.12	29.83	39.07			
49	20.13	26.67	29.28	38.21			
50	19.76	26.07	28.55	37.13			
51	19.28	25.30	27.64	35.84			
52	18.67	24.37	26.56	34.33			
53	17.83	23.14	25.17	32.43			
54	16.87	21.79	23.64	30.36			
55	15.81	20.32	22.00	28.17			
56	14.69	18.79	20.28	25.90			
57	13.53	17.20	18.53	23.59			
58	12.21	15.57	16.75	21.30			
59	10.91	13.95	15.00	19.06			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.14	16.66	18.27	24.62			
26	12.57	17.27	18.93	25.54			
27	13.02	17.93	19.66	26.54			
28	13.53	18.63	20.43	27.61			
29	14.05	19.37	21.25	28.72			
30	14.61	20.14	22.11	29.88			
31	15.19	20.94	22.99	31.09			
32	15.78	21.76	23.88	32.30			
33	16.40	22.61	24.82	33.55			
34	17.03	23.45	25.75	34.78			
35	17.65	24.29	26.66	35.99			
36	18.29	25.11	27.58	37.17			
37	18.90	25.90	28.45	38.31			
38	19.50	26.67	29.30	39.39			
39	20.07	27.39	30.10	40.37			
40	20.60	28.06	30.84	41.26			
41	21.08	28.64	31.50	42.03			
42	21.49	29.14	32.03	42.64			
43	22.01	29.63	32.46	43.08			
44	22.44	30.01	32.74	43.33			
45	22.77	30.26	32.89	43.38			
46	23.00	30.37	32.89	43.23			
47	23.11	30.32	32.71	42.84			
48	22.99	29.99	32.29	42.15			
49	22.72	29.50	31.69	41.22			
50	22.32	28.83	30.90	40.06			
51	21.78	27.98	29.91	38.67			
52	21.09	26.95	28.75	37.03			
53	20.13	25.59	27.24	34.98			
54	19.05	24.09	25.58	32.74			
55	17.86	22.48	23.81	30.39			
56	16.59	20.78	21.96	27.93			
57	15.28	19.03	20.06	25.44			
58	13.79	17.21	18.13	22.96			
59	12.33	15.43	16.24	20.55			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.14	16.67	18.29	24.64			
26	12.58	17.27	18.95	25.56			
27	13.03	17.94	19.68	26.57			
28	13.54	18.65	20.45	27.63			
29	14.06	19.39	21.27	28.75			
30	14.62	20.16	22.12	29.92			
31	15.20	20.96	23.01	31.13			
32	15.79	21.78	23.91	32.33			
33	16.41	22.62	24.84	33.58			
34	17.04	23.47	25.78	34.81			
35	17.66	24.31	26.70	36.04			
36	18.30	25.12	27.61	37.22			
37	18.91	25.92	28.49	38.35			
38	19.51	26.69	29.34	39.44			
39	20.09	27.42	30.14	40.43			
40	20.62	28.09	30.89	41.32			
41	21.10	28.68	31.54	42.09			
42	21.51	29.16	32.08	42.71			
43	22.03	29.66	32.52	43.15			
44	22.46	30.04	32.80	43.40			
45	22.78	30.30	32.95	43.45			
46	23.02	30.40	32.95	43.30			
47	23.13	30.36	32.77	42.93			
48	23.01	30.03	32.36	42.24			
49	22.75	29.55	31.76	41.32			
50	22.34	28.88	30.97	40.15			
51	21.81	28.03	29.99	38.77			
52	21.12	27.01	28.83	37.14			
53	20.16	25.65	27.32	35.09			
54	19.08	24.16	25.67	32.86			
55	17.89	22.54	23.90	30.50			
56	16.62	20.84	22.04	28.05			
57	15.30	19.09	20.15	25.56			
58	13.82	17.27	18.21	23.06			
59	12.36	15.48	16.32	20.65			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.15	16.68	18.31	24.68			
26	12.58	17.29	18.97	25.60			
27	13.04	17.96	19.70	26.60			
28	13.55	18.66	20.49	27.68			
29	14.07	19.40	21.30	28.79			
30	14.63	20.18	22.16	29.96			
31	15.21	20.99	23.05	31.17			
32	15.80	21.81	23.94	32.38			
33	16.43	22.65	24.88	33.63			
34	17.05	23.50	25.82	34.87			
35	17.68	24.34	26.74	36.10			
36	18.31	25.16	27.66	37.29			
37	18.93	25.96	28.54	38.42			
38	19.53	26.73	29.40	39.51			
39	20.11	27.46	30.20	40.51			
40	20.64	28.13	30.95	41.40			
41	21.12	28.72	31.60	42.18			
42	21.53	29.21	32.16	42.80			
43	22.04	29.71	32.59	43.24			
44	22.48	30.10	32.88	43.51			
45	22.82	30.35	33.04	43.57			
46	23.06	30.47	33.04	43.42			
47	23.16	30.42	32.86	43.05			
48	23.05	30.10	32.45	42.37			
49	22.78	29.62	31.86	41.46			
50	22.39	28.95	31.08	40.30			
51	21.85	28.11	30.10	38.92			
52	21.16	27.09	28.95	37.29			
53	20.20	25.74	27.45	35.25			
54	19.12	24.24	25.79	33.03			
55	17.93	22.62	24.02	30.67			
56	16.67	20.93	22.17	28.21			
57	15.35	19.18	20.28	25.72			
58	13.86	17.35	18.33	23.23			
59	12.40	15.56	16.43	20.80			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	12.65	17.72	19.86	26.84			
26	13.09	18.37	20.57	27.84			
27	13.57	19.07	21.37	28.93			
28	14.10	19.82	22.21	30.10			
29	14.64	20.61	23.10	31.31			
30	15.22	21.43	24.02	32.59			
31	15.82	22.28	24.98	33.90			
32	16.44	23.15	25.96	35.21			
33	17.09	24.05	26.97	36.57			
34	17.74	24.95	27.98	37.92			
35	18.39	25.84	28.99	39.24			
36	19.05	26.71	29.97	40.53			
37	19.69	27.55	30.92	41.76			
38	20.31	28.37	31.86	42.94			
39	20.91	29.15	32.73	44.02			
40	21.46	29.86	33.53	44.99			
41	21.96	30.47	34.23	45.82			
42	22.39	30.99	34.82	46.50			
43	22.92	31.52	35.29	46.97			
44	23.37	31.93	35.60	47.25			
45	23.72	32.19	35.75	47.30			
46	23.96	32.30	35.75	47.13			
47	24.07	32.25	35.55	46.72			
48	23.94	31.91	35.09	45.96			
49	23.67	31.38	34.44	44.95			
50	23.25	30.67	33.58	43.68			
51	22.69	29.76	32.52	42.17			
52	21.97	28.67	31.25	40.38			
53	20.97	27.23	29.61	38.15			
54	19.84	25.63	27.81	35.72			
55	18.60	23.91	25.88	33.14			
56	17.28	22.11	23.87	30.47			
57	15.91	20.24	21.81	27.76			
58	14.36	18.31	19.70	25.05			
59	12.84	16.41	17.65	22.42			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.64	8.46	9.31	11.07	13.92	24.02	42.28
26	6.86	8.75	9.61	11.47	14.37	24.47	43.00
27	7.08	9.08	9.97	11.92	14.83	24.98	43.80
28	7.33	9.42	10.38	12.39	15.32	25.53	44.67
29	7.63	9.81	10.82	12.94	15.86	26.11	45.66
30	7.92	10.24	11.28	13.51	16.42	26.78	46.72
31	8.25	10.69	11.78	14.15	17.02	27.49	47.87
32	8.61	11.18	12.34	14.79	17.65	28.27	49.16
33	9.00	11.69	12.92	15.51	18.32	29.10	50.53
34	9.40	12.22	13.51	16.23	19.02	30.01	52.06
35	9.82	12.80	14.17	16.99	19.76	30.99	53.72
36	10.29	13.40	14.85	17.81	20.55	32.03	55.53
37	10.78	14.04	15.58	18.68	21.39	33.18	57.53
38	11.29	14.70	16.32	19.54	22.26	34.43	59.72
39	11.83	15.42	17.12	20.49	23.21	35.76	62.08
40	12.41	16.16	17.97	21.46	24.19	37.21	64.64
41	13.00	16.96	18.87	22.52	25.24	38.74	67.44
42	13.64	17.80	19.80	23.62	26.36	40.41	70.47
43	14.46	18.76	20.84	24.80	27.59	42.21	73.79
44	15.30	19.83	21.89	26.04	28.87	44.14	77.35
45	16.21	20.89	23.01	27.34	30.25	46.21	81.18
46	17.20	22.06	24.22	28.71	31.67	48.43	85.29
47	18.22	23.29	25.47	30.17	33.18	50.78	89.68
48	19.29	24.60	26.88	31.75	34.81	53.41	94.67
49	20.42	25.97	28.32	33.40	36.50	56.21	99.91
50	21.60	27.39	29.81	35.09	38.21	59.05	105.28
51	22.77	28.83	31.29	36.84	39.93	62.00	110.77
52	23.96	30.27	32.80	38.55	41.63	64.97	116.28
53	25.23	31.79	34.38	40.37	43.38	68.11	122.08
54	26.46	33.28	35.90	42.13	45.06	71.21	127.69
55	27.48	34.69	37.34	43.81	46.61	74.15	132.99
56	28.43	35.98	38.66	45.35	48.05	76.90	137.81
57	29.29	37.17	39.84	46.72	49.31	79.35	141.99
58	29.39	37.33	40.00	46.89	49.22	79.75	141.90
59	29.48	37.52	40.13	47.03	49.17	80.15	141.79
60	29.72	37.88	40.44	47.40	49.39	80.92	142.38
61	30.18	38.52	41.10	48.17	50.13	82.45	144.37
62	31.00	39.66	42.30	49.57	51.65	85.03	148.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.92	8.81	9.70	11.53	14.50	25.02	44.04
26	7.14	9.11	10.01	11.94	14.97	25.49	44.79
27	7.37	9.46	10.38	12.41	15.44	26.02	45.62
28	7.64	9.81	10.82	12.91	15.96	26.59	46.53
29	7.95	10.22	11.26	13.47	16.52	27.20	47.56
30	8.25	10.67	11.75	14.07	17.11	27.90	48.66
31	8.59	11.14	12.28	14.74	17.73	28.64	49.87
32	8.97	11.64	12.85	15.41	18.39	29.44	51.21
33	9.38	12.17	13.46	16.15	19.09	30.32	52.63
34	9.79	12.73	14.07	16.90	19.81	31.26	54.23
35	10.23	13.33	14.76	17.70	20.58	32.29	55.96
36	10.72	13.96	15.47	18.55	21.40	33.37	57.84
37	11.23	14.63	16.23	19.46	22.28	34.57	59.93
38	11.76	15.31	17.00	20.36	23.19	35.86	62.21
39	12.32	16.06	17.83	21.34	24.17	37.25	64.66
40	12.93	16.83	18.72	22.36	25.20	38.76	67.34
41	13.54	17.66	19.65	23.46	26.29	40.35	70.25
42	14.21	18.54	20.63	24.60	27.46	42.09	73.41
43	15.06	19.54	21.71	25.83	28.74	43.97	76.86
44	15.94	20.65	22.81	27.12	30.08	45.98	80.57
45	16.89	21.76	23.97	28.48	31.50	48.14	84.56
46	17.91	22.98	25.23	29.90	32.99	50.44	88.84
47	18.97	24.26	26.53	31.42	34.57	52.89	93.42
48	20.09	25.63	27.99	33.07	36.26	55.63	98.61
49	21.27	27.05	29.50	34.80	38.02	58.55	104.07
50	22.49	28.54	31.05	36.56	39.80	61.51	109.67
51	23.72	30.03	32.60	38.37	41.59	64.58	115.39
52	24.96	31.53	34.16	40.16	43.37	67.68	121.13
53	26.28	33.11	35.82	42.05	45.18	70.95	127.17
54	27.56	34.67	37.39	43.88	46.93	74.18	133.01
55	28.63	36.13	38.90	45.63	48.56	77.24	138.53
56	29.62	37.48	40.27	47.24	50.05	80.11	143.55
57	30.51	38.72	41.50	48.66	51.36	82.66	147.90
58	30.62	38.89	41.67	48.84	51.27	83.07	147.81
59	30.71	39.09	41.80	48.99	51.22	83.49	147.70
60	30.96	39.45	42.13	49.37	51.44	84.30	148.32
61	31.43	40.12	42.82	50.18	52.22	85.88	150.39
62	32.30	41.32	44.06	51.64	53.80	88.58	154.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.71	7.17	7.87	9.29	11.78	20.55	35.92
26	5.89	7.41	8.11	9.62	12.16	20.96	36.59
27	6.07	7.69	8.41	10.00	12.56	21.42	37.31
28	6.28	7.97	8.76	10.40	12.99	21.91	38.11
29	6.53	8.30	9.12	10.85	13.44	22.44	39.00
30	6.78	8.66	9.50	11.33	13.92	23.04	39.96
31	7.06	9.04	9.94	11.86	14.44	23.67	41.00
32	7.36	9.44	10.39	12.40	14.99	24.37	42.14
33	7.69	9.86	10.88	12.99	15.56	25.11	43.38
34	8.03	10.32	11.38	13.60	16.16	25.92	44.75
35	8.38	10.81	11.93	14.25	16.80	26.80	46.24
36	8.76	11.31	12.50	14.93	17.49	27.73	47.85
37	9.19	11.86	13.12	15.67	18.22	28.75	49.63
38	9.61	12.41	13.75	16.40	18.98	29.86	51.58
39	10.07	13.02	14.42	17.20	19.81	31.04	53.68
40	10.57	13.65	15.14	18.04	20.68	32.32	55.97
41	11.07	14.33	15.91	18.93	21.60	33.69	58.46
42	11.62	15.05	16.71	19.88	22.59	35.18	61.16
43	12.31	15.88	17.60	20.87	23.66	36.79	64.10
44	13.03	16.78	18.50	21.94	24.80	38.51	67.28
45	13.82	17.70	19.47	23.06	26.00	40.36	70.70
46	14.66	18.70	20.50	24.24	27.26	42.35	74.39
47	15.54	19.76	21.60	25.51	28.62	44.46	78.33
48	16.47	20.92	22.81	26.89	30.07	46.82	82.81
49	17.46	22.11	24.08	28.34	31.57	49.35	87.53
50	18.49	23.36	25.39	29.84	33.12	51.95	92.41
51	19.54	24.63	26.71	31.38	34.69	54.65	97.45
52	20.59	25.92	28.05	32.94	36.26	57.40	102.54
53	21.74	27.31	29.50	34.59	37.91	60.35	107.98
54	22.87	28.68	30.91	36.22	39.51	63.28	113.31
55	23.85	29.99	32.26	37.80	41.03	66.11	118.42
56	24.78	31.23	33.52	39.29	42.46	68.81	123.17
57	25.64	32.39	34.69	40.65	43.74	71.26	127.42
58	25.86	32.68	34.99	40.98	43.89	71.93	127.94
59	26.08	33.03	35.29	41.32	44.08	72.64	128.51
60	26.44	33.49	35.75	41.86	44.51	73.69	129.75
61	27.00	34.25	36.53	42.77	45.40	75.42	132.28
62	27.88	35.43	37.77	44.24	46.95	78.14	136.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.95	7.47	8.19	9.68	12.28	21.40	37.42
26	6.13	7.72	8.45	10.02	12.67	21.83	38.11
27	6.33	8.01	8.76	10.41	13.08	22.31	38.87
28	6.55	8.31	9.13	10.83	13.53	22.83	39.70
29	6.80	8.64	9.50	11.30	14.00	23.37	40.63
30	7.07	9.02	9.90	11.80	14.50	24.00	41.62
31	7.35	9.42	10.35	12.36	15.04	24.66	42.71
32	7.66	9.84	10.82	12.92	15.61	25.38	43.90
33	8.01	10.28	11.33	13.53	16.21	26.15	45.19
34	8.36	10.75	11.85	14.17	16.83	27.00	46.61
35	8.73	11.26	12.43	14.84	17.50	27.91	48.16
36	9.13	11.78	13.02	15.56	18.22	28.88	49.84
37	9.57	12.36	13.67	16.32	18.98	29.95	51.70
38	10.01	12.93	14.32	17.09	19.77	31.10	53.72
39	10.49	13.56	15.02	17.92	20.64	32.33	55.92
40	11.01	14.22	15.78	18.79	21.54	33.67	58.30
41	11.53	14.92	16.57	19.72	22.50	35.09	60.90
42	12.10	15.67	17.41	20.71	23.53	36.65	63.71
43	12.82	16.54	18.33	21.74	24.65	38.32	66.77
44	13.58	17.48	19.27	22.85	25.83	40.11	70.08
45	14.39	18.44	20.28	24.02	27.09	42.04	73.65
46	15.27	19.48	21.36	25.26	28.40	44.11	77.48
47	16.19	20.59	22.49	26.58	29.81	46.31	81.59
48	17.16	21.79	23.76	28.01	31.32	48.78	86.26
49	18.19	23.03	25.08	29.52	32.89	51.41	91.18
50	19.26	24.33	26.44	31.08	34.50	54.11	96.26
51	20.35	25.66	27.82	32.69	36.13	56.93	101.51
52	21.45	27.00	29.22	34.31	37.78	59.80	106.81
53	22.64	28.44	30.73	36.04	39.49	62.87	112.48
54	23.82	29.88	32.19	37.73	41.16	65.92	118.03
55	24.84	31.24	33.61	39.38	42.74	68.87	123.36
56	25.81	32.53	34.92	40.93	44.23	71.68	128.30
57	26.71	33.74	36.13	42.34	45.57	74.23	132.72
58	26.94	34.05	36.45	42.69	45.72	74.93	133.28
59	27.17	34.40	36.76	43.04	45.92	75.66	133.86
60	27.54	34.89	37.24	43.60	46.37	76.76	135.15
61	28.12	35.68	38.05	44.55	47.29	78.57	137.79
62	29.04	36.91	39.34	46.08	48.90	81.39	142.47

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.91	4.67	5.05	5.83	8.18	16.05	27.70
26	4.01	4.81	5.20	6.03	8.46	16.40	28.31
27	4.12	4.97	5.39	6.26	8.73	16.81	28.97
28	4.25	5.16	5.60	6.50	9.04	17.25	29.68
29	4.40	5.35	5.81	6.77	9.37	17.71	30.47
30	4.56	5.57	6.05	7.06	9.72	18.23	31.30
31	4.73	5.81	6.30	7.38	10.09	18.79	32.22
32	4.91	6.05	6.60	7.72	10.51	19.38	33.22
33	5.12	6.32	6.90	8.09	10.93	20.02	34.29
34	5.33	6.61	7.22	8.47	11.39	20.72	35.47
35	5.56	6.91	7.57	8.88	11.89	21.47	36.76
36	5.82	7.24	7.93	9.33	12.41	22.27	38.15
37	6.07	7.60	8.33	9.81	12.99	23.15	39.68
38	6.36	7.96	8.75	10.29	13.59	24.10	41.34
39	6.65	8.36	9.19	10.82	14.25	25.10	43.15
40	7.00	8.78	9.68	11.36	14.95	26.21	45.10
41	7.33	9.24	10.19	11.99	15.70	27.39	47.24
42	7.71	9.73	10.74	12.64	16.50	28.66	49.55
43	8.18	10.30	11.34	13.32	17.36	30.04	52.06
44	8.68	10.92	11.98	14.06	18.28	31.51	54.79
45	9.22	11.56	12.66	14.86	19.26	33.09	57.72
46	9.82	12.29	13.41	15.72	20.29	34.80	60.89
47	10.45	13.06	14.20	16.64	21.41	36.63	64.30
48	11.13	13.90	15.10	17.66	22.62	38.70	68.16
49	11.88	14.79	16.04	18.76	23.91	40.89	72.26
50	12.65	15.74	17.04	19.91	25.23	43.18	76.53
51	13.45	16.74	18.07	21.14	26.59	45.58	80.98
52	14.28	17.76	19.16	22.39	27.99	48.04	85.54
53	15.20	18.89	20.35	23.77	29.50	50.71	90.47
54	16.15	20.05	21.54	25.18	31.00	53.39	95.39
55	17.08	21.20	22.74	26.58	32.45	56.02	100.18
56	18.00	22.32	23.90	27.94	33.85	58.54	104.73
57	18.89	23.40	25.01	29.23	35.15	60.88	108.90
58	19.32	23.88	25.51	29.81	35.60	61.71	110.00
59	19.75	24.41	26.05	30.41	36.09	62.58	111.18
60	20.28	25.06	26.72	31.20	36.72	63.77	113.00
61	21.00	25.94	27.62	32.27	37.67	65.57	116.03
62	21.95	27.14	28.88	33.77	39.07	68.23	120.78

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.07	4.87	5.26	6.07	8.52	16.72	28.86
26	4.18	5.02	5.42	6.28	8.81	17.09	29.49
27	4.29	5.18	5.61	6.52	9.09	17.51	30.18
28	4.43	5.37	5.83	6.78	9.42	17.97	30.92
29	4.58	5.57	6.05	7.05	9.76	18.45	31.74
30	4.75	5.80	6.30	7.35	10.12	18.99	32.60
31	4.92	6.05	6.56	7.69	10.52	19.57	33.56
32	5.11	6.30	6.87	8.04	10.95	20.19	34.60
33	5.33	6.58	7.19	8.42	11.39	20.86	35.72
34	5.55	6.88	7.52	8.83	11.86	21.58	36.95
35	5.79	7.20	7.88	9.25	12.38	22.37	38.29
36	6.06	7.54	8.26	9.72	12.93	23.20	39.74
37	6.33	7.92	8.68	10.22	13.53	24.12	41.33
38	6.63	8.29	9.11	10.72	14.15	25.11	43.07
39	6.93	8.71	9.57	11.26	14.84	26.14	44.94
40	7.29	9.15	10.08	11.84	15.58	27.30	46.98
41	7.64	9.63	10.61	12.49	16.35	28.53	49.21
42	8.03	10.14	11.19	13.16	17.19	29.86	51.62
43	8.53	10.73	11.82	13.88	18.08	31.29	54.23
44	9.04	11.38	12.48	14.65	19.04	32.82	57.07
45	9.61	12.05	13.19	15.48	20.06	34.47	60.12
46	10.23	12.80	13.97	16.37	21.14	36.26	63.42
47	10.89	13.60	14.79	17.34	22.30	38.16	66.98
48	11.60	14.48	15.73	18.40	23.57	40.31	71.00
49	12.37	15.41	16.71	19.54	24.90	42.60	75.27
50	13.17	16.40	17.75	20.74	26.28	44.98	79.72
51	14.01	17.43	18.82	22.02	27.70	47.48	84.35
52	14.88	18.50	19.96	23.32	29.16	50.04	89.10
53	15.83	19.68	21.20	24.76	30.73	52.83	94.24
54	16.82	20.88	22.44	26.22	32.30	55.62	99.37
55	17.79	22.08	23.69	27.68	33.81	58.35	104.35
56	18.75	23.25	24.90	29.10	35.26	60.98	109.09
57	19.68	24.38	26.05	30.45	36.61	63.41	113.44
58	20.12	24.88	26.58	31.06	37.08	64.28	114.58
59	20.57	25.43	27.13	31.68	37.59	65.18	115.81
60	21.13	26.11	27.83	32.50	38.25	66.43	117.71
61	21.87	27.02	28.78	33.62	39.24	68.30	120.86
62	22.86	28.27	30.09	35.17	40.70	71.07	125.81

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.59	9.73	10.67	12.71	16.53	30.62	54.28
26	7.88	10.11	11.06	13.23	17.12	31.41	55.59
27	8.17	10.53	11.53	13.78	17.75	32.26	56.99
28	8.50	10.98	12.05	14.39	18.42	33.16	58.50
29	8.88	11.48	12.60	15.09	19.15	34.13	60.12
30	9.27	12.02	13.19	15.81	19.93	35.18	61.86
31	9.69	12.60	13.83	16.61	20.75	36.31	63.72
32	10.15	13.23	14.53	17.42	21.60	37.52	65.76
33	10.65	13.87	15.26	18.30	22.51	38.82	67.91
34	11.17	14.56	16.02	19.24	23.46	40.18	70.25
35	11.71	15.29	16.83	20.20	24.46	41.68	72.78
36	12.32	16.07	17.71	21.23	25.54	43.24	75.51
37	12.94	16.89	18.63	22.33	26.67	44.95	78.50
38	13.60	17.74	19.58	23.44	27.85	46.77	81.73
39	14.30	18.65	20.59	24.61	29.12	48.73	85.18
40	15.04	19.61	21.67	25.88	30.45	50.83	88.92
41	15.82	20.63	22.81	27.20	31.86	53.05	92.95
42	16.65	21.71	24.01	28.58	33.36	55.43	97.26
43	17.68	22.95	25.31	30.09	35.01	58.03	102.01
44	18.76	24.28	26.66	31.64	36.71	60.76	107.06
45	19.93	25.66	28.07	33.28	38.53	63.66	112.43
46	21.16	27.12	29.58	35.01	40.39	66.71	118.10
47	22.45	28.66	31.14	36.81	42.35	69.92	124.10
48	23.82	30.33	32.91	38.80	44.48	73.55	130.93
49	25.24	32.04	34.69	40.84	46.64	77.28	137.95
50	26.70	33.79	36.51	42.90	48.79	81.00	144.97
51	28.15	35.53	38.29	44.95	50.87	84.69	151.89
52	29.57	37.22	40.04	46.94	52.86	88.25	158.52
53	31.06	38.99	41.86	49.01	54.85	91.95	165.35
54	32.44	40.63	43.53	50.93	56.65	95.31	171.48
55	33.51	42.06	44.98	52.62	58.15	98.15	176.61
56	34.40	43.25	46.17	54.01	59.29	100.37	180.47
57	35.03	44.16	47.04	55.01	60.00	101.77	182.73
58	35.00	44.15	47.00	54.96	59.52	101.47	181.62
59	34.69	43.85	46.62	54.52	58.63	100.26	178.74
60	34.19	43.28	46.00	53.80	57.43	98.16	174.15
61	33.48	42.48	45.16	52.84	56.01	95.24	167.97
62	32.61	41.55	44.19	51.74	54.49	91.52	160.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.63	9.80	10.78	12.86	16.74	31.09	55.13
26	7.90	10.19	11.18	13.38	17.35	31.90	56.49
27	8.21	10.61	11.65	13.95	17.99	32.78	57.92
28	8.54	11.06	12.18	14.56	18.67	33.70	59.46
29	8.93	11.56	12.74	15.28	19.41	34.68	61.12
30	9.31	12.12	13.34	16.02	20.20	35.77	62.91
31	9.74	12.71	13.98	16.83	21.05	36.92	64.82
32	10.21	13.34	14.69	17.65	21.92	38.17	66.92
33	10.70	13.98	15.44	18.55	22.84	39.49	69.11
34	11.23	14.69	16.20	19.50	23.80	40.88	71.49
35	11.77	15.43	17.04	20.48	24.83	42.41	74.08
36	12.38	16.21	17.93	21.52	25.92	44.02	76.87
37	13.02	17.04	18.86	22.63	27.08	45.75	79.91
38	13.68	17.91	19.83	23.77	28.28	47.62	83.22
39	14.38	18.82	20.86	24.97	29.58	49.62	86.74
40	15.14	19.79	21.94	26.25	30.92	51.75	90.56
41	15.92	20.82	23.10	27.60	32.36	54.01	94.67
42	16.75	21.92	24.31	29.00	33.89	56.44	99.07
43	17.78	23.17	25.64	30.53	35.57	59.09	103.91
44	18.88	24.52	27.01	32.12	37.31	61.88	109.07
45	20.06	25.90	28.44	33.78	39.15	64.84	114.54
46	21.30	27.39	29.97	35.53	41.06	67.95	120.31
47	22.60	28.93	31.56	37.36	43.04	71.22	126.42
48	23.98	30.63	33.35	39.39	45.21	74.91	133.37
49	25.41	32.36	35.16	41.46	47.41	78.71	140.52
50	26.87	34.13	37.00	43.55	49.59	82.48	147.66
51	28.34	35.88	38.80	45.64	51.70	86.22	154.67
52	29.75	37.58	40.57	47.64	53.72	89.83	161.39
53	31.27	39.36	42.41	49.74	55.72	93.57	168.29
54	32.64	41.02	44.09	51.67	57.53	96.95	174.46
55	33.72	42.46	45.54	53.37	59.03	99.78	179.60
56	34.60	43.65	46.73	54.75	60.16	101.98	183.40
57	35.24	44.54	47.58	55.73	60.83	103.33	185.56
58	35.19	44.52	47.53	55.67	60.33	102.99	184.39
59	34.87	44.20	47.12	55.19	59.39	101.68	181.34
60	34.35	43.59	46.44	54.39	58.09	99.40	176.45
61	33.60	42.72	45.50	53.29	56.53	96.22	169.74
62	32.68	41.69	44.40	52.03	54.79	92.10	161.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.68	9.91	10.94	13.09	17.05	31.79	56.42
26	7.96	10.30	11.35	13.62	17.69	32.64	57.82
27	8.26	10.74	11.84	14.20	18.35	33.55	59.31
28	8.61	11.19	12.37	14.84	19.05	34.50	60.92
29	8.99	11.70	12.94	15.57	19.82	35.53	62.64
30	9.39	12.27	13.56	16.32	20.63	36.65	64.49
31	9.82	12.87	14.22	17.15	21.49	37.84	66.47
32	10.29	13.51	14.94	18.00	22.39	39.12	68.63
33	10.80	14.17	15.70	18.92	23.33	40.49	70.90
34	11.32	14.88	16.49	19.89	24.33	41.92	73.37
35	11.87	15.63	17.34	20.88	25.38	43.51	76.04
36	12.49	16.43	18.25	21.96	26.50	45.16	78.92
37	13.14	17.27	19.20	23.10	27.69	46.95	82.06
38	13.79	18.15	20.19	24.26	28.93	48.88	85.47
39	14.51	19.09	21.23	25.50	30.25	50.93	89.09
40	15.26	20.06	22.35	26.81	31.64	53.13	93.02
41	16.06	21.10	23.54	28.20	33.12	55.48	97.26
42	16.90	22.23	24.77	29.64	34.69	57.97	101.78
43	17.94	23.50	26.13	31.20	36.41	60.69	106.77
44	19.06	24.87	27.54	32.82	38.20	63.56	112.07
45	20.24	26.28	29.00	34.54	40.09	66.60	117.70
46	21.50	27.78	30.56	36.32	42.05	69.80	123.64
47	22.81	29.37	32.18	38.20	44.08	73.15	129.90
48	24.21	31.08	34.00	40.28	46.31	76.95	137.04
49	25.65	32.83	35.85	42.40	48.56	80.84	144.36
50	27.12	34.63	37.73	44.54	50.78	84.71	151.68
51	28.60	36.41	39.57	46.66	52.94	88.53	158.83
52	30.04	38.13	41.36	48.70	54.99	92.19	165.68
53	31.56	39.93	43.23	50.83	57.03	95.99	172.69
54	32.94	41.60	44.93	52.79	58.85	99.41	178.94
55	34.02	43.05	46.39	54.50	60.36	102.25	184.08
56	34.90	44.23	47.57	55.86	61.45	104.40	187.81
57	35.53	45.10	48.40	56.81	62.08	105.66	189.80
58	35.48	45.07	48.34	56.73	61.56	105.27	188.54
59	35.14	44.72	47.88	56.19	60.53	103.80	185.25
60	34.58	44.04	47.10	55.26	59.09	101.27	179.87
61	33.78	43.08	46.02	53.99	57.30	97.68	172.40
62	32.80	41.91	44.72	52.44	55.25	92.97	162.86

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.17	10.46	11.48	13.67	17.77	32.92	58.36
26	8.47	10.87	11.90	14.22	18.41	33.77	59.78
27	8.78	11.33	12.40	14.82	19.09	34.69	61.27
28	9.14	11.81	12.95	15.47	19.81	35.66	62.90
29	9.55	12.34	13.55	16.23	20.59	36.70	64.64
30	9.96	12.93	14.19	17.00	21.43	37.83	66.52
31	10.42	13.55	14.87	17.86	22.32	39.05	68.52
32	10.91	14.22	15.62	18.74	23.23	40.35	70.72
33	11.45	14.92	16.40	19.69	24.20	41.74	73.02
34	12.00	15.66	17.22	20.69	25.23	43.21	75.54
35	12.59	16.45	18.10	21.72	26.30	44.82	78.26
36	13.24	17.27	19.05	22.83	27.46	46.50	81.20
37	13.92	18.15	20.03	24.01	28.68	48.33	84.40
38	14.62	19.08	21.06	25.20	29.95	50.29	87.88
39	15.37	20.06	22.14	26.47	31.31	52.40	91.58
40	16.17	21.08	23.29	27.83	32.74	54.66	95.61
41	17.01	22.18	24.53	29.25	34.25	57.04	99.94
42	17.90	23.35	25.81	30.74	35.87	59.60	104.58
43	19.01	24.68	27.22	32.35	37.64	62.39	109.68
44	20.18	26.11	28.66	34.03	39.48	65.33	115.12
45	21.43	27.59	30.18	35.79	41.42	68.46	120.89
46	22.76	29.16	31.80	37.64	43.44	71.74	126.99
47	24.14	30.82	33.48	39.58	45.53	75.19	133.43
48	25.62	32.61	35.38	41.72	47.83	79.09	140.78
49	27.14	34.45	37.30	43.91	50.15	83.10	148.33
50	28.71	36.34	39.26	46.13	52.46	87.09	155.88
51	30.27	38.20	41.18	48.34	54.70	91.06	163.32
52	31.79	40.02	43.05	50.47	56.84	94.89	170.46
53	33.40	41.92	45.01	52.69	58.98	98.87	177.80
54	34.87	43.69	46.81	54.76	60.90	102.48	184.39
55	36.04	45.23	48.36	56.58	62.52	105.54	189.90
56	36.99	46.51	49.65	58.07	63.75	107.92	194.06
57	37.67	47.48	50.58	59.15	64.51	109.44	196.49
58	37.63	47.48	50.54	59.10	64.00	109.11	195.29
59	37.30	47.15	50.13	58.63	63.04	107.80	192.19
60	36.76	46.53	49.46	57.85	61.75	105.55	187.26
61	35.99	45.67	48.56	56.81	60.23	102.41	180.61
62	35.07	44.68	47.52	55.64	58.59	98.41	172.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.20	10.54	11.59	13.82	18.00	33.43	59.29
26	8.50	10.96	12.02	14.39	18.66	34.30	60.74
27	8.83	11.41	12.53	15.00	19.34	35.24	62.28
28	9.19	11.90	13.09	15.66	20.08	36.24	63.94
29	9.60	12.43	13.70	16.43	20.87	37.29	65.73
30	10.01	13.03	14.34	17.22	21.73	38.46	67.65
31	10.47	13.67	15.04	18.09	22.63	39.71	69.70
32	10.97	14.34	15.80	18.98	23.57	41.03	71.95
33	11.51	15.04	16.60	19.95	24.55	42.46	74.31
34	12.07	15.80	17.42	20.97	25.60	43.96	76.88
35	12.66	16.59	18.32	22.02	26.70	45.60	79.66
36	13.31	17.43	19.28	23.14	27.87	47.33	82.66
37	14.00	18.32	20.28	24.34	29.12	49.19	85.93
38	14.70	19.25	21.32	25.56	30.41	51.20	89.49
39	15.46	20.24	22.42	26.85	31.80	53.35	93.27
40	16.27	21.28	23.59	28.23	33.26	55.65	97.38
41	17.12	22.39	24.84	29.67	34.80	58.08	101.80
42	18.00	23.57	26.14	31.19	36.44	60.69	106.52
43	19.12	24.91	27.57	32.82	38.24	63.54	111.73
44	20.30	26.36	29.04	34.54	40.12	66.54	117.28
45	21.56	27.85	30.58	36.33	42.10	69.72	123.16
46	22.90	29.44	32.23	38.20	44.15	73.07	129.37
47	24.30	31.12	33.93	40.18	46.28	76.58	135.93
48	25.78	32.94	35.86	42.35	48.62	80.55	143.41
49	27.32	34.80	37.80	44.58	50.98	84.63	151.10
50	28.89	36.70	39.78	46.83	53.32	88.69	158.77
51	30.47	38.58	41.72	49.07	55.59	92.72	166.31
52	32.00	40.41	43.62	51.22	57.75	96.59	173.54
53	33.62	42.33	45.60	53.48	59.92	100.61	180.95
54	35.09	44.11	47.41	55.56	61.86	104.24	187.59
55	36.26	45.65	48.97	57.39	63.47	107.30	193.12
56	37.21	46.93	50.25	58.87	64.68	109.66	197.21
57	37.88	47.89	51.16	59.93	65.41	111.11	199.52
58	37.84	47.87	51.11	59.86	64.87	110.74	198.26
59	37.50	47.53	50.67	59.35	63.86	109.33	194.99
60	36.93	46.87	49.93	58.48	62.46	106.88	189.73
61	36.12	45.94	48.93	57.31	60.78	103.46	182.52
62	35.15	44.84	47.75	55.94	58.92	99.04	173.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.26	10.66	11.77	14.07	18.34	34.19	60.67
26	8.56	11.08	12.21	14.64	19.02	35.09	62.17
27	8.89	11.55	12.72	15.27	19.73	36.07	63.77
28	9.26	12.04	13.31	15.95	20.49	37.10	65.51
29	9.67	12.58	13.92	16.74	21.30	38.20	67.36
30	10.09	13.19	14.58	17.55	22.18	39.41	69.34
31	10.56	13.83	15.29	18.44	23.11	40.69	71.46
32	11.06	14.52	16.07	19.35	24.07	42.06	73.80
33	11.61	15.23	16.88	20.35	25.09	43.53	76.23
34	12.17	16.00	17.73	21.38	26.16	45.08	78.89
35	12.77	16.81	18.65	22.46	27.29	46.78	81.76
36	13.43	17.66	19.62	23.62	28.49	48.56	84.86
37	14.12	18.57	20.64	24.84	29.78	50.49	88.24
38	14.83	19.51	21.71	26.09	31.11	52.55	91.90
39	15.60	20.52	22.84	27.42	32.53	54.77	95.80
40	16.41	21.58	24.03	28.83	34.03	57.14	100.03
41	17.27	22.70	25.31	30.32	35.61	59.65	104.58
42	18.17	23.90	26.64	31.86	37.30	62.33	109.45
43	19.30	25.26	28.10	33.55	39.15	65.26	114.80
44	20.50	26.74	29.60	35.30	41.08	68.35	120.51
45	21.76	28.26	31.18	37.14	43.11	71.61	126.56
46	23.12	29.88	32.86	39.05	45.21	75.06	132.94
47	24.53	31.57	34.60	41.08	47.40	78.65	139.67
48	26.03	33.42	36.56	43.30	49.80	82.74	147.36
49	27.58	35.31	38.55	45.59	52.21	86.92	155.23
50	29.16	37.23	40.57	47.89	54.60	91.08	163.09
51	30.76	39.14	42.55	50.17	56.93	95.19	170.79
52	32.30	41.00	44.48	52.37	59.13	99.13	178.15
53	33.93	42.94	46.49	54.66	61.33	103.22	185.69
54	35.42	44.73	48.31	56.77	63.28	106.89	192.40
55	36.58	46.29	49.89	58.60	64.90	109.95	197.93
56	37.53	47.56	51.15	60.07	66.08	112.26	201.94
57	38.20	48.50	52.04	61.09	66.76	113.62	204.08
58	38.15	48.47	51.97	61.00	66.18	113.19	202.73
59	37.79	48.09	51.48	60.42	65.08	111.62	199.20
60	37.19	47.36	50.64	59.43	63.54	108.89	193.42
61	36.33	46.32	49.49	58.05	61.61	105.03	185.38
62	35.27	45.07	48.08	56.38	59.40	99.97	175.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.70	8.48	9.28	10.99	14.45	27.25	48.12
26	6.94	8.82	9.62	11.44	14.99	28.00	49.39
27	7.19	9.18	10.02	11.92	15.55	28.81	50.71
28	7.49	9.58	10.47	12.45	16.16	29.66	52.14
29	7.81	10.01	10.96	13.07	16.81	30.57	53.67
30	8.16	10.49	11.48	13.70	17.50	31.56	55.32
31	8.54	11.00	12.04	14.40	18.25	32.61	57.06
32	8.94	11.55	12.65	15.11	19.02	33.74	58.98
33	9.37	12.11	13.28	15.88	19.83	34.94	60.98
34	9.83	12.72	13.96	16.69	20.70	36.22	63.18
35	10.31	13.37	14.67	17.54	21.60	37.61	65.53
36	10.84	14.04	15.44	18.44	22.57	39.07	68.08
37	11.40	14.77	16.24	19.41	23.60	40.65	70.84
38	11.98	15.52	17.09	20.40	24.68	42.35	73.83
39	12.59	16.32	17.98	21.44	25.83	44.16	77.04
40	13.26	17.18	18.93	22.55	27.04	46.10	80.51
41	13.95	18.08	19.94	23.72	28.33	48.16	84.24
42	14.68	19.04	21.01	24.97	29.70	50.37	88.24
43	15.60	20.15	22.17	26.29	31.20	52.77	92.63
44	16.57	21.33	23.36	27.68	32.76	55.30	97.31
45	17.60	22.56	24.63	29.15	34.42	57.99	102.28
46	18.71	23.87	25.98	30.69	36.12	60.83	107.54
47	19.86	25.25	27.39	32.30	37.92	63.80	113.10
48	21.10	26.75	28.97	34.09	39.88	67.17	119.43
49	22.38	28.30	30.58	35.94	41.87	70.65	125.96
50	23.69	29.88	32.23	37.81	43.86	74.11	132.51
51	25.02	31.46	33.84	39.68	45.80	77.57	138.97
52	26.31	33.01	35.45	41.49	47.66	80.92	145.21
53	27.68	34.65	37.13	43.42	49.55	84.43	151.69
54	28.95	36.18	38.69	45.21	51.27	87.63	157.55
55	29.99	37.51	40.06	46.82	52.74	90.37	162.50
56	30.85	38.65	41.20	48.14	53.86	92.53	166.30
57	31.50	39.53	42.05	49.13	54.61	93.94	168.62
58	31.57	39.65	42.15	49.24	54.37	93.90	168.10
59	31.40	39.49	41.93	48.99	53.71	92.97	165.86
60	31.01	39.04	41.45	48.44	52.70	91.15	161.91
61	30.40	38.34	40.73	47.61	51.43	88.45	156.25
62	29.59	37.45	39.81	46.58	49.93	84.83	148.90

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.72	8.56	9.38	11.14	14.67	27.73	48.98
26	6.97	8.90	9.73	11.60	15.22	28.49	50.27
27	7.23	9.27	10.15	12.09	15.79	29.32	51.64
28	7.53	9.66	10.60	12.64	16.41	30.20	53.11
29	7.87	10.10	11.10	13.26	17.07	31.13	54.67
30	8.21	10.59	11.62	13.90	17.78	32.15	56.36
31	8.59	11.11	12.20	14.61	18.54	33.23	58.16
32	8.99	11.66	12.80	15.34	19.33	34.38	60.12
33	9.42	12.22	13.46	16.12	20.16	35.61	62.18
34	9.89	12.85	14.14	16.96	21.04	36.92	64.42
35	10.38	13.50	14.87	17.82	21.96	38.34	66.83
36	10.91	14.19	15.66	18.74	22.96	39.84	69.43
37	11.48	14.92	16.47	19.72	24.02	41.45	72.27
38	12.06	15.69	17.34	20.72	25.11	43.19	75.34
39	12.68	16.50	18.24	21.79	26.29	45.05	78.61
40	13.35	17.36	19.21	22.93	27.53	47.03	82.16
41	14.04	18.28	20.24	24.12	28.83	49.13	85.98
42	14.78	19.25	21.32	25.38	30.23	51.38	90.05
43	15.71	20.37	22.50	26.73	31.76	53.84	94.53
44	16.68	21.57	23.72	28.15	33.36	56.42	99.32
45	17.72	22.81	25.00	29.64	35.04	59.17	104.39
46	18.84	24.14	26.36	31.20	36.78	62.06	109.74
47	20.01	25.53	27.80	32.86	38.61	65.09	115.42
48	21.25	27.06	29.41	34.68	40.62	68.53	121.88
49	22.54	28.62	31.05	36.56	42.64	72.07	128.53
50	23.87	30.22	32.72	38.46	44.66	75.59	135.19
51	25.19	31.81	34.36	40.36	46.62	79.10	141.76
52	26.50	33.37	35.97	42.20	48.51	82.49	148.07
53	27.89	35.02	37.68	44.14	50.43	86.05	154.62
54	29.16	36.56	39.25	45.96	52.16	89.27	160.53
55	30.20	37.91	40.63	47.56	53.62	92.00	165.49
56	31.06	39.05	41.76	48.88	54.74	94.14	169.23
57	31.70	39.91	42.59	49.85	55.45	95.49	171.44
58	31.77	40.02	42.68	49.95	55.18	95.42	170.87
59	31.58	39.84	42.43	49.66	54.46	94.40	168.47
60	31.17	39.34	41.90	49.03	53.37	92.40	164.21
61	30.52	38.59	41.07	48.07	51.95	89.42	158.02
62	29.66	37.59	40.02	46.85	50.23	85.41	149.93

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.78	8.67	9.54	11.37	14.99	28.43	50.27
26	7.03	9.01	9.90	11.84	15.55	29.23	51.61
27	7.30	9.39	10.33	12.34	16.15	30.10	53.03
28	7.59	9.79	10.81	12.91	16.78	31.00	54.56
29	7.93	10.23	11.30	13.54	17.48	31.97	56.19
30	8.28	10.74	11.84	14.20	18.20	33.03	57.94
31	8.67	11.26	12.43	14.93	18.99	34.14	59.80
32	9.07	11.83	13.06	15.68	19.80	35.34	61.84
33	9.52	12.41	13.73	16.49	20.65	36.62	63.98
34	9.99	13.03	14.43	17.34	21.57	37.96	66.29
35	10.47	13.70	15.17	18.22	22.51	39.44	68.79
36	11.02	14.41	15.97	19.18	23.54	40.98	71.48
37	11.59	15.14	16.82	20.19	24.62	42.65	74.41
38	12.17	15.93	17.70	21.22	25.76	44.45	77.57
39	12.80	16.76	18.63	22.32	26.96	46.36	80.96
40	13.48	17.64	19.62	23.49	28.24	48.41	84.62
41	14.19	18.56	20.67	24.72	29.59	50.58	88.56
42	14.93	19.56	21.78	26.01	31.04	52.91	92.77
43	15.87	20.70	22.99	27.40	32.60	55.44	97.39
44	16.87	21.92	24.24	28.86	34.25	58.11	102.32
45	17.92	23.19	25.56	30.40	35.98	60.93	107.55
46	19.04	24.53	26.95	32.00	37.78	63.91	113.07
47	20.22	25.95	28.42	33.70	39.65	67.03	118.90
48	21.48	27.51	30.07	35.57	41.71	70.57	125.55
49	22.78	29.09	31.74	37.50	43.79	74.19	132.38
50	24.12	30.71	33.45	39.45	45.86	77.82	139.21
51	25.47	32.33	35.13	41.38	47.87	81.41	145.92
52	26.79	33.92	36.77	43.26	49.79	84.86	152.36
53	28.18	35.60	38.51	45.24	51.74	88.47	159.03
54	29.46	37.14	40.09	47.08	53.49	91.73	165.01
55	30.50	38.50	41.47	48.69	54.95	94.47	169.96
56	31.36	39.63	42.60	49.99	56.04	96.56	173.63
57	31.99	40.47	43.41	50.93	56.70	97.82	175.67
58	32.06	40.58	43.48	51.01	56.40	97.69	175.02
59	31.86	40.37	43.19	50.66	55.60	96.52	172.38
60	31.41	39.81	42.56	49.90	54.37	94.27	167.63
61	30.70	38.95	41.59	48.76	52.71	90.88	160.69
62	29.77	37.82	40.33	47.26	50.68	86.28	151.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.20	9.13	9.97	11.82	15.54	29.30	51.74
26	7.46	9.48	10.34	12.30	16.11	30.11	53.10
27	7.74	9.87	10.78	12.82	16.72	30.98	54.52
28	8.05	10.30	11.26	13.39	17.37	31.89	56.06
29	8.40	10.76	11.78	14.05	18.08	32.87	57.71
30	8.77	11.28	12.34	14.73	18.82	33.93	59.48
31	9.18	11.83	12.94	15.48	19.62	35.07	61.35
32	9.61	12.42	13.60	16.24	20.45	36.28	63.41
33	10.08	13.02	14.28	17.07	21.32	37.58	65.58
34	10.57	13.68	15.00	17.95	22.26	38.95	67.93
35	11.09	14.37	15.77	18.86	23.22	40.44	70.46
36	11.66	15.10	16.61	19.84	24.27	42.01	73.20
37	12.26	15.88	17.47	20.87	25.38	43.71	76.17
38	12.87	16.69	18.37	21.93	26.53	45.53	79.39
39	13.54	17.56	19.33	23.05	27.77	47.48	82.83
40	14.26	18.47	20.35	24.25	29.08	49.57	86.57
41	15.00	19.44	21.45	25.51	30.46	51.79	90.59
42	15.79	20.48	22.59	26.84	31.94	54.16	94.88
43	16.77	21.67	23.84	28.27	33.55	56.74	99.60
44	17.82	22.93	25.12	29.76	35.23	59.46	104.63
45	18.93	24.26	26.49	31.34	37.00	62.36	109.98
46	20.12	25.67	27.93	32.99	38.84	65.40	115.63
47	21.36	27.15	29.44	34.73	40.77	68.60	121.61
48	22.69	28.77	31.15	36.66	42.88	72.23	128.43
49	24.06	30.43	32.89	38.64	45.02	75.96	135.44
50	25.48	32.13	34.65	40.66	47.16	79.69	142.48
51	26.90	33.83	36.40	42.66	49.24	83.41	149.43
52	28.29	35.49	38.11	44.62	51.25	87.01	156.14
53	29.77	37.25	39.93	46.68	53.28	90.78	163.11
54	31.13	38.90	41.61	48.62	55.13	94.23	169.41
55	32.25	40.34	43.08	50.34	56.71	97.17	174.73
56	33.18	41.56	44.30	51.76	57.92	99.49	178.82
57	33.87	42.50	45.21	52.83	58.72	101.01	181.31
58	33.95	42.64	45.32	52.95	58.46	100.97	180.75
59	33.77	42.46	45.09	52.68	57.75	99.97	178.35
60	33.34	41.98	44.57	52.09	56.67	98.01	174.10
61	32.68	41.23	43.79	51.19	55.30	95.10	168.01
62	31.81	40.27	42.80	50.08	53.69	91.22	160.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.23	9.20	10.08	11.98	15.77	29.81	52.67
26	7.50	9.57	10.46	12.47	16.36	30.64	54.06
27	7.78	9.96	10.91	13.00	16.98	31.53	55.53
28	8.10	10.39	11.40	13.59	17.64	32.47	57.10
29	8.46	10.86	11.93	14.26	18.36	33.47	58.79
30	8.83	11.39	12.50	14.95	19.12	34.57	60.61
31	9.23	11.94	13.11	15.71	19.94	35.73	62.53
32	9.67	12.54	13.77	16.49	20.79	36.97	64.64
33	10.14	13.15	14.48	17.34	21.67	38.30	66.86
34	10.64	13.82	15.21	18.23	22.62	39.70	69.26
35	11.16	14.51	15.99	19.16	23.62	41.23	71.86
36	11.73	15.26	16.83	20.15	24.68	42.84	74.66
37	12.34	16.04	17.71	21.21	25.82	44.57	77.70
38	12.96	16.87	18.64	22.28	27.00	46.44	81.00
39	13.63	17.74	19.62	23.43	28.27	48.44	84.52
40	14.35	18.66	20.65	24.66	29.59	50.56	88.34
41	15.10	19.65	21.76	25.93	31.00	52.83	92.44
42	15.89	20.70	22.92	27.29	32.51	55.26	96.83
43	16.89	21.90	24.19	28.74	34.15	57.89	101.65
44	17.94	23.19	25.50	30.27	35.87	60.67	106.79
45	19.06	24.53	26.88	31.87	37.68	63.62	112.25
46	20.26	25.95	28.35	33.55	39.56	66.73	118.01
47	21.52	27.45	29.89	35.33	41.52	70.00	124.11
48	22.85	29.09	31.63	37.29	43.67	73.69	131.06
49	24.24	30.77	33.39	39.31	45.85	77.49	138.20
50	25.66	32.49	35.18	41.36	48.02	81.29	145.37
51	27.10	34.21	36.94	43.39	50.13	85.06	152.42
52	28.49	35.88	38.68	45.37	52.17	88.70	159.22
53	29.98	37.66	40.52	47.47	54.23	92.52	166.27
54	31.35	39.31	42.20	49.42	56.08	95.99	172.61
55	32.47	40.76	43.68	51.15	57.66	98.93	177.94
56	33.40	41.98	44.90	52.56	58.85	101.23	181.97
57	34.08	42.91	45.80	53.60	59.62	102.68	184.34
58	34.16	43.03	45.89	53.71	59.33	102.60	183.73
59	33.96	42.84	45.63	53.40	58.56	101.50	181.15
60	33.52	42.31	45.05	52.72	57.38	99.35	176.56
61	32.82	41.49	44.16	51.68	55.85	96.15	169.92
62	31.89	40.43	43.03	50.38	54.01	91.85	161.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.30	9.32	10.26	12.22	16.11	30.57	54.05
26	7.56	9.69	10.65	12.72	16.72	31.43	55.49
27	7.84	10.09	11.11	13.27	17.36	32.36	57.02
28	8.17	10.53	11.62	13.88	18.05	33.33	58.67
29	8.53	11.01	12.15	14.56	18.79	34.37	60.42
30	8.91	11.55	12.73	15.28	19.57	35.51	62.30
31	9.32	12.11	13.37	16.06	20.42	36.71	64.30
32	9.76	12.72	14.04	16.86	21.29	38.00	66.49
33	10.23	13.34	14.76	17.73	22.21	39.37	68.79
34	10.74	14.02	15.51	18.65	23.19	40.82	71.28
35	11.26	14.73	16.32	19.60	24.21	42.41	73.96
36	11.84	15.49	17.18	20.63	25.31	44.07	76.86
37	12.46	16.29	18.08	21.71	26.48	45.87	80.01
38	13.09	17.12	19.03	22.82	27.69	47.79	83.42
39	13.77	18.02	20.03	24.00	29.00	49.85	87.05
40	14.49	18.96	21.09	25.26	30.37	52.05	90.99
41	15.25	19.96	22.23	26.58	31.82	54.39	95.22
42	16.06	21.03	23.42	27.97	33.37	56.89	99.75
43	17.06	22.26	24.72	29.46	35.06	59.61	104.72
44	18.14	23.57	26.07	31.03	36.83	62.48	110.02
45	19.26	24.93	27.48	32.68	38.69	65.52	115.65
46	20.48	26.38	28.99	34.41	40.62	68.72	121.58
47	21.74	27.90	30.56	36.23	42.64	72.07	127.85
48	23.10	29.58	32.33	38.24	44.85	75.88	135.00
49	24.50	31.28	34.14	40.32	47.08	79.78	142.34
50	25.93	33.03	35.97	42.42	49.31	83.68	149.69
51	27.39	34.77	37.77	44.49	51.47	87.53	156.90
52	28.80	36.47	39.54	46.52	53.54	91.25	163.83
53	30.30	38.27	41.40	48.65	55.63	95.13	171.00
54	31.68	39.93	43.11	50.63	57.51	98.64	177.43
55	32.80	41.40	44.60	52.35	59.08	101.58	182.76
56	33.72	42.61	45.80	53.76	60.25	103.83	186.70
57	34.40	43.52	46.68	54.76	60.97	105.19	188.90
58	34.47	43.63	46.75	54.85	60.64	105.05	188.20
59	34.25	43.40	46.44	54.47	59.79	103.79	185.35
60	33.77	42.80	45.76	53.66	58.46	101.36	180.25
61	33.02	41.88	44.72	52.43	56.68	97.72	172.78
62	32.01	40.66	43.37	50.82	54.50	92.78	162.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.95	6.06	6.55	7.64	10.96	22.90	40.16
26	5.12	6.30	6.80	7.96	11.40	23.59	41.36
27	5.31	6.56	7.08	8.31	11.84	24.35	42.62
28	5.52	6.85	7.41	8.69	12.34	25.14	43.98
29	5.76	7.15	7.75	9.12	12.87	26.00	45.41
30	6.01	7.50	8.12	9.56	13.43	26.90	46.93
31	6.27	7.87	8.52	10.06	14.04	27.89	48.56
32	6.56	8.25	8.97	10.58	14.68	28.92	50.33
33	6.88	8.68	9.42	11.12	15.35	30.02	52.18
34	7.22	9.12	9.92	11.73	16.08	31.18	54.19
35	7.58	9.59	10.45	12.34	16.83	32.45	56.35
36	7.99	10.10	11.02	13.02	17.65	33.78	58.68
37	8.39	10.64	11.61	13.74	18.53	35.24	61.20
38	8.83	11.21	12.24	14.47	19.45	36.77	63.92
39	9.29	11.82	12.92	15.25	20.43	38.40	66.83
40	9.79	12.46	13.63	16.09	21.49	40.17	69.99
41	10.33	13.16	14.41	17.00	22.61	42.06	73.37
42	10.89	13.90	15.23	17.94	23.80	44.05	76.99
43	11.61	14.75	16.11	18.97	25.09	46.24	80.96
44	12.35	15.66	17.05	20.06	26.45	48.52	85.20
45	13.16	16.62	18.05	21.20	27.89	50.95	89.71
46	14.02	17.66	19.10	22.41	29.37	53.52	94.46
47	14.93	18.75	20.22	23.71	30.93	56.22	99.50
48	15.93	19.95	21.50	25.16	32.67	59.30	105.25
49	16.97	21.22	22.80	26.66	34.43	62.45	111.16
50	18.03	22.51	24.15	28.20	36.20	65.62	117.12
51	19.12	23.80	25.48	29.75	37.95	68.78	123.02
52	20.20	25.08	26.83	31.28	39.65	71.84	128.74
53	21.33	26.47	28.27	32.93	41.41	75.09	134.73
54	22.40	27.76	29.63	34.51	43.03	78.05	140.19
55	23.40	28.96	30.84	35.94	44.43	80.59	144.82
56	24.25	29.99	31.87	37.14	45.53	82.58	148.43
57	24.92	30.78	32.67	38.07	46.28	83.88	150.68
58	25.19	31.08	32.96	38.42	46.33	84.00	150.72
59	25.22	31.12	32.98	38.42	45.96	83.22	149.08
60	25.01	30.84	32.69	38.11	45.16	81.55	145.69
61	24.54	30.27	32.09	37.44	43.94	78.89	140.50
62	23.82	29.40	31.20	36.43	42.30	75.23	133.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.97	6.14	6.65	7.78	11.17	23.37	41.02
26	5.16	6.38	6.92	8.12	11.62	24.09	42.26
27	5.34	6.64	7.21	8.47	12.08	24.86	43.55
28	5.55	6.93	7.54	8.86	12.58	25.68	44.95
29	5.80	7.24	7.89	9.30	13.13	26.55	46.41
30	6.05	7.59	8.27	9.76	13.71	27.49	47.98
31	6.33	7.97	8.68	10.27	14.34	28.49	49.65
32	6.62	8.37	9.13	10.81	15.00	29.55	51.47
33	6.94	8.79	9.61	11.37	15.67	30.69	53.37
34	7.29	9.25	10.11	11.99	16.42	31.87	55.43
35	7.65	9.72	10.65	12.62	17.20	33.18	57.65
36	8.05	10.24	11.23	13.31	18.04	34.55	60.03
37	8.47	10.80	11.84	14.04	18.94	36.04	62.62
38	8.91	11.38	12.49	14.79	19.88	37.61	65.42
39	9.37	11.99	13.17	15.60	20.89	39.29	68.40
40	9.88	12.65	13.91	16.46	21.97	41.10	71.63
41	10.43	13.35	14.70	17.39	23.11	43.02	75.11
42	10.99	14.10	15.54	18.37	24.33	45.07	78.80
43	11.71	14.97	16.44	19.41	25.66	47.29	82.87
44	12.46	15.89	17.40	20.52	27.05	49.64	87.21
45	13.28	16.87	18.42	21.69	28.51	52.13	91.82
46	14.15	17.93	19.49	22.94	30.03	54.76	96.67
47	15.08	19.03	20.64	24.26	31.63	57.52	101.82
48	16.08	20.26	21.94	25.75	33.40	60.66	107.69
49	17.12	21.53	23.27	27.28	35.21	63.88	113.73
50	18.20	22.84	24.63	28.85	37.00	67.10	119.80
51	19.31	24.16	26.00	30.43	38.78	70.32	125.80
52	20.39	25.46	27.36	31.98	40.51	73.42	131.60
53	21.54	26.86	28.82	33.66	42.28	76.71	137.67
54	22.62	28.17	30.18	35.25	43.91	79.68	143.17
55	23.62	29.37	31.40	36.69	45.31	82.23	147.81
56	24.47	30.39	32.44	37.88	46.39	84.19	151.36
57	25.13	31.17	33.21	38.79	47.12	85.43	153.51
58	25.41	31.47	33.49	39.12	47.14	85.52	153.48
59	25.42	31.48	33.48	39.10	46.72	84.65	151.69
60	25.19	31.16	33.14	38.70	45.82	82.79	147.98
61	24.68	30.53	32.45	37.89	44.46	79.87	142.28
62	23.91	29.55	31.41	36.71	42.61	75.82	134.44

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.03	6.25	6.82	8.01	11.49	24.08	42.30
26	5.21	6.49	7.08	8.36	11.96	24.82	43.59
27	5.40	6.76	7.39	8.72	12.44	25.63	44.95
28	5.62	7.07	7.74	9.13	12.96	26.48	46.40
29	5.87	7.38	8.10	9.59	13.53	27.39	47.92
30	6.13	7.74	8.49	10.07	14.12	28.36	49.55
31	6.41	8.12	8.91	10.60	14.78	29.41	51.30
32	6.71	8.54	9.39	11.15	15.46	30.51	53.19
33	7.03	8.97	9.87	11.74	16.17	31.69	55.17
34	7.37	9.43	10.39	12.37	16.94	32.92	57.31
35	7.74	9.93	10.95	13.03	17.75	34.28	59.60
36	8.16	10.46	11.55	13.75	18.62	35.70	62.08
37	8.58	11.03	12.18	14.51	19.55	37.24	64.77
38	9.02	11.62	12.85	15.29	20.52	38.88	67.66
39	9.50	12.25	13.56	16.13	21.57	40.61	70.75
40	10.01	12.92	14.33	17.02	22.70	42.49	74.10
41	10.57	13.63	15.14	17.99	23.87	44.48	77.69
42	11.15	14.41	16.00	19.00	25.13	46.59	81.52
43	11.87	15.29	16.93	20.08	26.50	48.90	85.73
44	12.65	16.24	17.93	21.23	27.94	51.33	90.21
45	13.47	17.25	18.97	22.45	29.45	53.89	94.98
46	14.35	18.32	20.08	23.73	31.03	56.61	99.99
47	15.29	19.46	21.26	25.10	32.67	59.45	105.30
48	16.31	20.71	22.60	26.63	34.50	62.70	111.36
49	17.37	22.01	23.96	28.22	36.35	66.00	117.58
50	18.45	23.34	25.36	29.83	38.20	69.33	123.82
51	19.58	24.68	26.76	31.45	40.03	72.62	129.96
52	20.67	26.01	28.15	33.04	41.78	75.79	135.89
53	21.84	27.44	29.64	34.76	43.60	79.13	142.07
54	22.95	28.78	31.03	36.38	45.24	82.15	147.65
55	23.94	29.98	32.25	37.81	46.64	84.69	152.28
56	24.80	30.99	33.27	38.99	47.70	86.61	155.77
57	25.45	31.76	34.03	39.87	48.36	87.76	157.75
58	25.71	32.05	34.30	40.19	48.36	87.79	157.64
59	25.71	32.02	34.23	40.09	47.86	86.78	155.59
60	25.44	31.64	33.80	39.57	46.82	84.66	151.41
61	24.89	30.91	32.96	38.59	45.22	81.32	144.94
62	24.02	29.78	31.72	37.12	43.06	76.68	135.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.32	6.52	7.04	8.21	11.78	24.62	43.18
26	5.51	6.78	7.31	8.56	12.25	25.37	44.48
27	5.70	7.05	7.62	8.93	12.73	26.18	45.83
28	5.93	7.37	7.96	9.34	13.26	27.03	47.29
29	6.19	7.69	8.33	9.80	13.83	27.95	48.82
30	6.46	8.06	8.74	10.28	14.44	28.93	50.46
31	6.75	8.46	9.16	10.82	15.10	29.98	52.21
32	7.06	8.88	9.64	11.37	15.79	31.09	54.11
33	7.40	9.33	10.14	11.96	16.50	32.28	56.11
34	7.76	9.80	10.67	12.61	17.28	33.53	58.26
35	8.15	10.31	11.23	13.27	18.10	34.90	60.59
36	8.59	10.86	11.84	13.99	18.98	36.33	63.10
37	9.02	11.44	12.48	14.77	19.92	37.88	65.81
38	9.49	12.06	13.16	15.56	20.91	39.54	68.74
39	9.99	12.71	13.89	16.39	21.97	41.30	71.86
40	10.53	13.40	14.66	17.30	23.11	43.20	75.26
41	11.11	14.14	15.49	18.28	24.31	45.22	78.90
42	11.71	14.94	16.38	19.30	25.59	47.37	82.79
43	12.48	15.86	17.33	20.40	26.98	49.71	87.06
44	13.28	16.83	18.33	21.56	28.44	52.18	91.62
45	14.15	17.87	19.40	22.79	29.98	54.79	96.46
46	15.07	18.99	20.54	24.10	31.58	57.55	101.57
47	16.06	20.16	21.74	25.49	33.26	60.46	106.99
48	17.12	21.45	23.12	27.05	35.13	63.76	113.17
49	18.24	22.81	24.52	28.66	37.03	67.15	119.53
50	19.39	24.20	25.96	30.32	38.93	70.56	125.94
51	20.57	25.60	27.40	31.99	40.81	73.96	132.27
52	21.72	26.97	28.85	33.62	42.64	77.25	138.42
53	22.93	28.46	30.40	35.41	44.53	80.74	144.87
54	24.09	29.86	31.86	37.11	46.27	83.93	150.74
55	25.16	31.14	33.16	38.64	47.78	86.65	155.72
56	26.07	32.24	34.28	39.93	48.95	88.79	159.61
57	26.80	33.10	35.13	40.94	49.76	90.19	162.03
58	27.09	33.42	35.45	41.32	49.82	90.32	162.06
59	27.12	33.46	35.46	41.32	49.42	89.49	160.30
60	26.89	33.16	35.16	40.98	48.56	87.68	156.66
61	26.39	32.55	34.51	40.25	47.25	84.83	151.08
62	25.62	31.61	33.55	39.18	45.49	80.90	143.45

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.35	6.60	7.15	8.37	12.01	25.13	44.11
26	5.54	6.86	7.44	8.73	12.50	25.90	45.43
27	5.75	7.14	7.75	9.11	12.99	26.73	46.83
28	5.98	7.45	8.10	9.53	13.53	27.61	48.33
29	6.24	7.79	8.48	10.01	14.12	28.55	49.90
30	6.51	8.17	8.90	10.50	14.74	29.56	51.59
31	6.80	8.57	9.33	11.04	15.42	30.64	53.39
32	7.12	9.00	9.82	11.62	16.12	31.78	55.34
33	7.46	9.45	10.33	12.22	16.85	33.00	57.39
34	7.83	9.94	10.87	12.89	17.65	34.28	59.60
35	8.22	10.45	11.45	13.57	18.50	35.68	61.99
36	8.66	11.02	12.07	14.31	19.40	37.15	64.56
37	9.10	11.61	12.72	15.10	20.36	38.75	67.34
38	9.57	12.23	13.43	15.91	21.38	40.44	70.35
39	10.08	12.89	14.17	16.77	22.47	42.25	73.55
40	10.63	13.60	14.96	17.71	23.63	44.19	77.03
41	11.21	14.35	15.80	18.70	24.85	46.26	80.76
42	11.82	15.16	16.71	19.75	26.16	48.46	84.74
43	12.59	16.10	17.68	20.87	27.59	50.86	89.11
44	13.40	17.09	18.71	22.07	29.08	53.38	93.77
45	14.28	18.14	19.80	23.33	30.66	56.06	98.73
46	15.22	19.27	20.96	24.67	32.30	58.88	103.95
47	16.22	20.46	22.19	26.09	34.01	61.85	109.49
48	17.29	21.78	23.59	27.68	35.92	65.23	115.80
49	18.42	23.15	25.02	29.33	37.86	68.68	122.29
50	19.57	24.56	26.49	31.02	39.79	72.15	128.82
51	20.76	25.98	27.95	32.72	41.70	75.61	135.26
52	21.92	27.38	29.42	34.38	43.55	78.94	141.50
53	23.16	28.88	30.98	36.19	45.47	82.48	148.02
54	24.32	30.29	32.45	37.91	47.22	85.69	153.95
55	25.40	31.58	33.77	39.45	48.73	88.41	158.94
56	26.31	32.67	34.87	40.74	49.89	90.53	162.76
57	27.02	33.52	35.71	41.71	50.66	91.86	165.06
58	27.32	33.84	36.02	42.07	50.69	91.95	165.04
59	27.33	33.84	36.00	42.04	50.24	91.02	163.10
60	27.08	33.50	35.63	41.62	49.27	89.02	159.12
61	26.54	32.82	34.88	40.74	47.80	85.88	152.99
62	25.70	31.78	33.77	39.48	45.81	81.52	144.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.41	6.71	7.33	8.62	12.36	25.89	45.49
26	5.61	6.99	7.62	8.98	12.86	26.69	46.87
27	5.81	7.27	7.95	9.38	13.38	27.56	48.33
28	6.05	7.59	8.32	9.82	13.94	28.48	49.90
29	6.31	7.94	8.70	10.31	14.55	29.45	51.53
30	6.59	8.32	9.13	10.82	15.19	30.50	53.28
31	6.89	8.74	9.58	11.40	15.89	31.63	55.16
32	7.21	9.18	10.09	11.99	16.62	32.81	57.19
33	7.56	9.64	10.61	12.62	17.39	34.07	59.32
34	7.93	10.15	11.18	13.31	18.22	35.40	61.62
35	8.32	10.67	11.77	14.01	19.09	36.86	64.09
36	8.77	11.25	12.42	14.78	20.02	38.39	66.76
37	9.22	11.85	13.09	15.60	21.02	40.04	69.64
38	9.70	12.49	13.82	16.45	22.07	41.80	72.76
39	10.22	13.17	14.58	17.34	23.20	43.67	76.08
40	10.77	13.90	15.40	18.30	24.40	45.68	79.68
41	11.36	14.66	16.27	19.34	25.67	47.83	83.54
42	11.99	15.50	17.20	20.42	27.02	50.10	87.66
43	12.77	16.45	18.21	21.60	28.49	52.58	92.18
44	13.60	17.47	19.27	22.83	30.04	55.19	97.00
45	14.48	18.54	20.40	24.14	31.67	57.95	102.12
46	15.44	19.70	21.60	25.52	33.36	60.87	107.52
47	16.45	20.92	22.86	26.99	35.13	63.92	113.23
48	17.54	22.26	24.30	28.64	37.10	67.42	119.74
49	18.68	23.66	25.77	30.34	39.09	70.97	126.43
50	19.84	25.10	27.27	32.08	41.08	74.54	133.14
51	21.05	26.54	28.78	33.82	43.04	78.08	139.74
52	22.23	27.97	30.27	35.53	44.92	81.49	146.12
53	23.49	29.51	31.87	37.37	46.88	85.09	152.76
54	24.68	30.94	33.36	39.12	48.65	88.33	158.76
55	25.75	32.23	34.68	40.66	50.15	91.06	163.75
56	26.66	33.33	35.78	41.93	51.29	93.13	167.49
57	27.37	34.15	36.59	42.87	52.01	94.37	169.62
58	27.65	34.46	36.88	43.22	52.00	94.40	169.51
59	27.65	34.43	36.81	43.11	51.46	93.31	167.31
60	27.36	34.02	36.34	42.56	50.34	91.03	162.81
61	26.76	33.23	35.45	41.49	48.63	87.45	155.85
62	25.84	32.02	34.11	39.92	46.30	82.46	146.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.12	4.93	5.27	6.07	8.53	17.65	30.54
26	4.27	5.12	5.48	6.34	8.88	18.29	31.63
27	4.42	5.33	5.72	6.62	9.27	18.95	32.77
28	4.60	5.58	5.98	6.93	9.67	19.65	33.98
29	4.79	5.83	6.27	7.30	10.11	20.40	35.24
30	5.00	6.12	6.57	7.66	10.59	21.19	36.60
31	5.23	6.42	6.91	8.06	11.10	22.04	38.03
32	5.46	6.74	7.27	8.48	11.63	22.94	39.57
33	5.73	7.08	7.65	8.94	12.19	23.89	41.20
34	6.01	7.44	8.05	9.42	12.80	24.90	42.94
35	6.31	7.85	8.47	9.94	13.42	25.99	44.81
36	6.64	8.26	8.95	10.49	14.11	27.14	46.82
37	6.98	8.71	9.44	11.08	14.84	28.36	48.98
38	7.34	9.19	9.97	11.70	15.61	29.68	51.30
39	7.74	9.69	10.53	12.34	16.43	31.09	53.80
40	8.15	10.23	11.12	13.05	17.31	32.60	56.50
41	8.60	10.82	11.77	13.80	18.24	34.20	59.38
42	9.07	11.43	12.45	14.59	19.25	35.91	62.48
43	9.66	12.14	13.19	15.44	20.33	37.75	65.84
44	10.30	12.90	13.97	16.34	21.46	39.71	69.44
45	10.97	13.72	14.80	17.31	22.67	41.79	73.28
46	11.70	14.58	15.70	18.34	23.93	43.99	77.34
47	12.47	15.51	16.65	19.43	25.26	46.32	81.67
48	13.31	16.54	17.72	20.65	26.73	48.95	86.61
49	14.20	17.60	18.84	21.93	28.24	51.68	91.71
50	15.12	18.71	19.99	23.26	29.77	54.45	96.90
51	16.06	19.83	21.16	24.60	31.30	57.23	102.08
52	16.98	20.95	22.33	25.94	32.81	59.95	107.17
53	18.00	22.19	23.63	27.44	34.43	62.94	112.66
54	18.98	23.38	24.87	28.89	35.94	65.70	117.75
55	19.90	24.49	26.00	30.22	37.29	68.13	122.20
56	20.70	25.47	26.99	31.38	38.40	70.13	125.80
57	21.36	26.25	27.79	32.32	39.22	71.54	128.29
58	21.77	26.74	28.29	32.91	39.64	72.27	129.47
59	21.96	26.98	28.53	33.18	39.64	72.17	129.10
60	21.90	26.90	28.47	33.13	39.22	71.13	126.93
61	21.57	26.50	28.05	32.67	38.32	69.03	122.78
62	20.93	25.73	27.27	31.80	36.92	65.74	116.38

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.15	5.00	5.38	6.22	8.74	18.13	31.40
26	4.29	5.20	5.60	6.49	9.11	18.77	32.52
27	4.46	5.42	5.84	6.78	9.50	19.47	33.70
28	4.64	5.67	6.12	7.11	9.93	20.19	34.94
29	4.84	5.92	6.41	7.48	10.38	20.95	36.25
30	5.05	6.21	6.72	7.87	10.87	21.78	37.65
31	5.28	6.52	7.07	8.27	11.40	22.65	39.12
32	5.53	6.86	7.43	8.71	11.94	23.58	40.73
33	5.79	7.20	7.82	9.18	12.51	24.56	42.39
34	6.07	7.58	8.25	9.69	13.14	25.59	44.18
35	6.37	7.98	8.69	10.23	13.79	26.72	46.11
36	6.71	8.41	9.17	10.79	14.49	27.90	48.18
37	7.06	8.86	9.67	11.40	15.25	29.17	50.41
38	7.43	9.35	10.22	12.02	16.04	30.53	52.80
39	7.81	9.86	10.80	12.69	16.90	31.98	55.37
40	8.25	10.41	11.40	13.43	17.79	33.52	58.14
41	8.70	11.01	12.06	14.19	18.75	35.16	61.11
42	9.18	11.63	12.77	15.01	19.78	36.92	64.28
43	9.77	12.36	13.52	15.88	20.89	38.82	67.75
44	10.41	13.14	14.33	16.82	22.06	40.83	71.45
45	11.10	13.97	15.17	17.81	23.30	42.97	75.39
46	11.84	14.85	16.09	18.87	24.60	45.22	79.56
47	12.62	15.79	17.06	19.98	25.95	47.62	84.00
48	13.47	16.83	18.17	21.24	27.46	50.32	89.06
49	14.36	17.93	19.31	22.55	29.01	53.11	94.28
50	15.29	19.04	20.49	23.91	30.57	55.93	99.58
51	16.24	20.19	21.67	25.28	32.13	58.76	104.86
52	17.19	21.33	22.86	26.65	33.66	61.54	110.04
53	18.22	22.59	24.17	28.17	35.30	64.56	115.60
54	19.19	23.79	25.43	29.64	36.82	67.34	120.73
55	20.12	24.90	26.57	30.97	38.17	69.77	125.18
56	20.92	25.87	27.54	32.12	39.27	71.74	128.73
57	21.57	26.65	28.34	33.04	40.06	73.10	131.11
58	21.98	27.13	28.82	33.62	40.44	73.79	132.23
59	22.16	27.34	29.03	33.85	40.39	73.59	131.70
60	22.07	27.22	28.91	33.72	39.88	72.37	129.23
61	21.70	26.75	28.39	33.13	38.84	70.00	124.56
62	21.01	25.89	27.48	32.08	37.22	66.33	117.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.21	5.10	5.54	6.45	9.06	18.83	32.68
26	4.36	5.32	5.77	6.73	9.44	19.51	33.85
27	4.51	5.54	6.02	7.04	9.86	20.23	35.09
28	4.71	5.79	6.31	7.38	10.30	20.99	36.41
29	4.90	6.06	6.61	7.77	10.78	21.80	37.76
30	5.12	6.36	6.94	8.17	11.28	22.65	39.22
31	5.36	6.68	7.30	8.60	11.84	23.57	40.77
32	5.61	7.02	7.68	9.06	12.41	24.53	42.44
33	5.88	7.38	8.09	9.55	13.02	25.56	44.18
34	6.16	7.77	8.53	10.08	13.66	26.64	46.06
35	6.48	8.18	8.98	10.63	14.34	27.81	48.07
36	6.81	8.62	9.49	11.23	15.07	29.06	50.22
37	7.17	9.09	10.01	11.86	15.86	30.37	52.55
38	7.54	9.59	10.58	12.52	16.68	31.79	55.04
39	7.95	10.12	11.18	13.23	17.57	33.29	57.72
40	8.37	10.69	11.81	13.98	18.52	34.90	60.61
41	8.84	11.29	12.50	14.79	19.51	36.62	63.69
42	9.33	11.95	13.23	15.64	20.58	38.45	67.00
43	9.94	12.69	14.01	16.55	21.74	40.42	70.60
44	10.59	13.49	14.85	17.52	22.96	42.51	74.45
45	11.28	14.34	15.73	18.56	24.24	44.72	78.55
46	12.04	15.25	16.68	19.66	25.58	47.07	82.88
47	12.83	16.21	17.69	20.82	26.99	49.54	87.48
48	13.70	17.28	18.82	22.13	28.56	52.35	92.73
49	14.61	18.40	20.00	23.50	30.16	55.24	98.13
50	15.54	19.54	21.22	24.90	31.77	58.16	103.60
51	16.51	20.72	22.43	26.30	33.38	61.06	109.02
52	17.48	21.89	23.66	27.71	34.94	63.90	114.32
53	18.53	23.18	25.00	29.27	36.61	66.98	120.01
54	19.52	24.38	26.27	30.76	38.15	69.80	125.21
55	20.44	25.50	27.42	32.09	39.49	72.23	129.66
56	21.24	26.48	28.39	33.24	40.57	74.17	133.13
57	21.89	27.24	29.15	34.12	41.32	75.43	135.34
58	22.29	27.71	29.63	34.67	41.67	76.06	136.38
59	22.45	27.89	29.78	34.86	41.54	75.72	135.61
60	22.33	27.70	29.57	34.59	40.88	74.24	132.65
61	21.91	27.13	28.92	33.83	39.61	71.46	127.21
62	21.13	26.12	27.79	32.49	37.67	67.19	118.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.43	5.30	5.67	6.53	9.17	18.98	32.84
26	4.58	5.51	5.90	6.82	9.55	19.66	34.01
27	4.75	5.74	6.15	7.12	9.96	20.37	35.24
28	4.95	6.00	6.43	7.45	10.40	21.13	36.54
29	5.15	6.27	6.74	7.84	10.88	21.93	37.89
30	5.38	6.57	7.07	8.24	11.39	22.78	39.35
31	5.62	6.90	7.43	8.67	11.93	23.70	40.89
32	5.88	7.25	7.81	9.13	12.50	24.67	42.56
33	6.16	7.62	8.22	9.61	13.10	25.69	44.30
34	6.46	8.01	8.66	10.14	13.75	26.77	46.17
35	6.78	8.44	9.12	10.69	14.43	27.94	48.18
36	7.14	8.89	9.63	11.28	15.17	29.18	50.34
37	7.51	9.36	10.16	11.92	15.95	30.50	52.67
38	7.89	9.88	10.72	12.58	16.78	31.92	55.17
39	8.32	10.42	11.33	13.27	17.67	33.43	57.85
40	8.76	11.00	11.96	14.04	18.61	35.05	60.75
41	9.25	11.62	12.65	14.84	19.62	36.77	63.85
42	9.76	12.29	13.39	15.69	20.70	38.61	67.18
43	10.39	13.06	14.19	16.61	21.86	40.59	70.80
44	11.07	13.87	15.02	17.57	23.08	42.70	74.67
45	11.80	14.75	15.92	18.61	24.38	44.93	78.80
46	12.58	15.68	16.88	19.72	25.73	47.30	83.17
47	13.41	16.68	17.90	20.89	27.16	49.81	87.82
48	14.32	17.78	19.06	22.21	28.74	52.64	93.13
49	15.27	18.93	20.26	23.58	30.37	55.57	98.61
50	16.25	20.12	21.50	25.01	32.01	58.55	104.19
51	17.27	21.32	22.75	26.45	33.66	61.53	109.76
52	18.26	22.53	24.02	27.90	35.28	64.47	115.24
53	19.36	23.87	25.41	29.51	37.01	67.67	121.14
54	20.41	25.14	26.74	31.06	38.64	70.65	126.61
55	21.39	26.33	27.96	32.49	40.09	73.26	131.39
56	22.26	27.39	29.02	33.74	41.29	75.41	135.26
57	22.97	28.23	29.88	34.75	42.18	76.93	137.94
58	23.41	28.76	30.42	35.38	42.62	77.71	139.21
59	23.61	29.01	30.68	35.68	42.62	77.60	138.81
60	23.55	28.93	30.61	35.62	42.17	76.48	136.49
61	23.19	28.49	30.16	35.13	41.21	74.22	132.02
62	22.50	27.67	29.32	34.20	39.70	70.69	125.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.46	5.38	5.78	6.69	9.40	19.49	33.77
26	4.62	5.60	6.02	6.99	9.79	20.19	34.97
27	4.80	5.83	6.28	7.30	10.22	20.93	36.24
28	4.99	6.09	6.57	7.65	10.67	21.71	37.58
29	5.20	6.37	6.89	8.04	11.16	22.53	38.98
30	5.43	6.68	7.22	8.46	11.69	23.42	40.48
31	5.68	7.01	7.59	8.90	12.25	24.36	42.07
32	5.94	7.37	7.99	9.37	12.84	25.35	43.79
33	6.22	7.74	8.41	9.87	13.46	26.41	45.58
34	6.53	8.15	8.86	10.42	14.12	27.52	47.51
35	6.86	8.58	9.34	10.99	14.83	28.72	49.58
36	7.21	9.05	9.86	11.60	15.58	30.01	51.81
37	7.59	9.53	10.40	12.25	16.39	31.36	54.20
38	7.98	10.06	10.98	12.93	17.25	32.82	56.78
39	8.40	10.60	11.61	13.65	18.16	34.38	59.54
40	8.86	11.19	12.26	14.44	19.13	36.04	62.52
41	9.35	11.84	12.97	15.26	20.16	37.80	65.71
42	9.86	12.51	13.73	16.14	21.27	39.71	69.12
43	10.51	13.30	14.54	17.08	22.47	41.74	72.85
44	11.19	14.12	15.40	18.08	23.72	43.90	76.82
45	11.93	15.01	16.32	19.15	25.05	46.20	81.07
46	12.72	15.96	17.30	20.28	26.44	48.63	85.54
47	13.57	16.98	18.35	21.49	27.90	51.20	90.32
48	14.48	18.10	19.54	22.84	29.53	54.10	95.76
49	15.44	19.27	20.76	24.25	31.20	57.10	101.38
50	16.44	20.48	22.03	25.71	32.88	60.14	107.08
51	17.46	21.71	23.29	27.18	34.55	63.18	112.75
52	18.48	22.93	24.59	28.65	36.19	66.17	118.32
53	19.59	24.29	26.00	30.29	37.95	69.41	124.30
54	20.64	25.57	27.34	31.86	39.59	72.41	129.82
55	21.63	26.77	28.56	33.30	41.04	75.02	134.60
56	22.49	27.82	29.62	34.54	42.22	77.14	138.42
57	23.20	28.65	30.47	35.53	43.08	78.60	140.98
58	23.64	29.17	30.99	36.14	43.49	79.34	142.18
59	23.82	29.40	31.21	36.41	43.44	79.13	141.61
60	23.73	29.27	31.08	36.26	42.88	77.82	138.95
61	23.34	28.77	30.53	35.62	41.76	75.27	133.93
62	22.59	27.83	29.55	34.50	40.02	71.32	126.24

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.52	5.49	5.96	6.93	9.74	20.25	35.15
26	4.68	5.72	6.20	7.24	10.16	20.98	36.41
27	4.86	5.96	6.48	7.57	10.60	21.75	37.73
28	5.06	6.23	6.78	7.94	11.08	22.57	39.14
29	5.27	6.52	7.11	8.35	11.59	23.43	40.60
30	5.51	6.84	7.46	8.78	12.14	24.36	42.18
31	5.76	7.18	7.85	9.25	12.72	25.34	43.84
32	6.03	7.55	8.26	9.74	13.34	26.38	45.64
33	6.32	7.94	8.69	10.27	13.99	27.48	47.51
34	6.63	8.35	9.17	10.83	14.69	28.64	49.53
35	6.96	8.80	9.66	11.43	15.42	29.90	51.68
36	7.32	9.28	10.20	12.07	16.21	31.24	54.01
37	7.71	9.78	10.77	12.75	17.05	32.66	56.50
38	8.10	10.31	11.37	13.46	17.94	34.18	59.19
39	8.54	10.89	12.02	14.22	18.89	35.80	62.07
40	9.00	11.49	12.70	15.04	19.91	37.53	65.16
41	9.50	12.14	13.44	15.90	20.98	39.37	68.49
42	10.03	12.85	14.22	16.82	22.13	41.34	72.05
43	10.68	13.65	15.07	17.80	23.37	43.46	75.92
44	11.39	14.50	15.96	18.84	24.68	45.72	80.05
45	12.14	15.42	16.91	19.96	26.07	48.09	84.46
46	12.94	16.39	17.93	21.14	27.51	50.62	89.12
47	13.80	17.43	19.02	22.39	29.02	53.28	94.06
48	14.73	18.59	20.24	23.80	30.71	56.29	99.70
49	15.71	19.78	21.51	25.26	32.43	59.39	105.51
50	16.71	21.01	22.81	26.77	34.16	62.53	111.40
51	17.75	22.27	24.12	28.28	35.89	65.66	117.23
52	18.79	23.53	25.44	29.80	37.57	68.71	122.93
53	19.92	24.92	26.88	31.47	39.36	72.02	129.03
54	20.99	26.22	28.25	33.07	41.02	75.06	134.63
55	21.98	27.42	29.48	34.50	42.47	77.67	139.42
56	22.84	28.47	30.53	35.74	43.62	79.75	143.15
57	23.54	29.29	31.35	36.69	44.42	81.11	145.53
58	23.97	29.80	31.86	37.29	44.80	81.79	146.65
59	24.14	29.99	32.02	37.48	44.66	81.42	145.82
60	24.02	29.79	31.79	37.20	43.96	79.82	142.64
61	23.56	29.17	31.09	36.37	42.59	76.83	136.79
62	22.72	28.08	29.88	34.94	40.51	72.25	127.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.70	4.36	4.63	5.30	7.32	14.99	25.59
26	3.84	4.53	4.83	5.54	7.66	15.58	26.65
27	3.98	4.73	5.05	5.80	8.01	16.22	27.74
28	4.14	4.95	5.28	6.09	8.37	16.90	28.91
29	4.30	5.19	5.54	6.40	8.78	17.60	30.10
30	4.51	5.44	5.81	6.73	9.20	18.35	31.39
31	4.71	5.70	6.12	7.08	9.66	19.13	32.74
32	4.93	6.00	6.43	7.48	10.15	19.97	34.18
33	5.16	6.30	6.78	7.88	10.65	20.86	35.69
34	5.41	6.63	7.14	8.32	11.19	21.79	37.30
35	5.68	6.99	7.52	8.77	11.77	22.77	39.02
36	5.97	7.36	7.94	9.27	12.37	23.82	40.86
37	6.27	7.76	8.37	9.79	13.03	24.96	42.84
38	6.60	8.18	8.84	10.34	13.72	26.14	44.94
39	6.94	8.62	9.34	10.91	14.45	27.42	47.20
40	7.31	9.11	9.87	11.54	15.24	28.77	49.62
41	7.72	9.64	10.44	12.20	16.08	30.22	52.22
42	8.13	10.17	11.05	12.91	16.96	31.74	55.01
43	8.66	10.81	11.70	13.66	17.93	33.40	58.01
44	9.21	11.48	12.39	14.45	18.92	35.15	61.21
45	9.82	12.21	13.13	15.30	19.98	37.00	64.63
46	10.46	12.96	13.90	16.20	21.10	38.95	68.25
47	11.15	13.78	14.74	17.17	22.27	41.01	72.08
48	11.88	14.68	15.69	18.25	23.56	43.35	76.44
49	12.66	15.63	16.66	19.36	24.90	45.76	80.94
50	13.48	16.59	17.68	20.52	26.24	48.19	85.51
51	14.30	17.58	18.69	21.70	27.58	50.63	90.05
52	15.13	18.56	19.72	22.86	28.88	53.02	94.49
53	16.02	19.63	20.86	24.17	30.29	55.59	99.26
54	16.87	20.68	21.92	25.42	31.60	57.98	103.66
55	17.65	21.64	22.91	26.58	32.75	60.09	107.47
56	18.35	22.48	23.76	27.56	33.71	61.78	110.52
57	18.91	23.14	24.43	28.36	34.42	62.96	112.60
58	19.25	23.55	24.85	28.86	34.72	63.51	113.48
59	19.40	23.72	25.04	29.06	34.70	63.33	113.01
60	19.32	23.64	24.96	28.99	34.29	62.33	110.96
61	19.00	23.26	24.57	28.57	33.49	60.38	107.13
62	18.42	22.56	23.87	27.80	32.25	57.38	101.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.73	4.43	4.73	5.44	7.54	15.46	26.45
26	3.87	4.62	4.95	5.69	7.88	16.08	27.54
27	4.02	4.81	5.17	5.97	8.25	16.74	28.67
28	4.18	5.03	5.41	6.27	8.62	17.43	29.88
29	4.36	5.28	5.68	6.59	9.05	18.15	31.12
30	4.55	5.54	5.96	6.94	9.49	18.94	32.44
31	4.75	5.81	6.27	7.30	9.96	19.75	33.84
32	4.98	6.12	6.60	7.71	10.46	20.61	35.32
33	5.21	6.42	6.96	8.12	10.97	21.52	36.89
34	5.47	6.76	7.32	8.58	11.54	22.48	38.54
35	5.75	7.12	7.73	9.06	12.14	23.50	40.32
36	6.03	7.51	8.15	9.56	12.76	24.60	42.22
37	6.34	7.91	8.60	10.10	13.44	25.76	44.26
38	6.68	8.35	9.08	10.67	14.15	26.99	46.44
39	7.02	8.80	9.60	11.26	14.91	28.30	48.78
40	7.41	9.29	10.15	11.92	15.73	29.69	51.27
41	7.81	9.83	10.73	12.58	16.58	31.18	53.95
42	8.24	10.38	11.36	13.32	17.49	32.76	56.81
43	8.76	11.03	12.03	14.10	18.49	34.46	59.92
44	9.33	11.71	12.74	14.92	19.52	36.27	63.22
45	9.94	12.45	13.50	15.80	20.62	38.17	66.74
46	10.59	13.23	14.30	16.73	21.77	40.18	70.46
47	11.29	14.06	15.15	17.72	22.98	42.30	74.40
48	12.04	14.99	16.13	18.84	24.30	44.71	78.88
49	12.82	15.95	17.12	19.98	25.66	47.18	83.51
50	13.65	16.92	18.17	21.18	27.04	49.67	88.19
51	14.48	17.93	19.20	22.39	28.41	52.17	92.83
52	15.31	18.94	20.26	23.57	29.74	54.60	97.35
53	16.23	20.03	21.40	24.90	31.16	57.22	102.19
54	17.08	21.08	22.48	26.16	32.48	59.62	106.64
55	17.87	22.04	23.47	27.32	33.63	61.72	110.46
56	18.57	22.87	24.31	28.31	34.58	63.39	113.45
57	19.12	23.54	24.97	29.08	35.25	64.50	115.42
58	19.47	23.93	25.39	29.56	35.53	65.02	116.26
59	19.59	24.08	25.54	29.74	35.46	64.76	115.61
60	19.49	23.95	25.40	29.58	34.95	63.57	113.25
61	19.14	23.51	24.91	29.03	34.01	61.34	108.91
62	18.51	22.72	24.09	28.08	32.56	57.96	102.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.79	4.53	4.90	5.67	7.86	16.17	27.74
26	3.92	4.73	5.11	5.93	8.22	16.81	28.87
27	4.07	4.94	5.35	6.22	8.60	17.50	30.06
28	4.25	5.17	5.61	6.54	9.00	18.23	31.33
29	4.42	5.42	5.89	6.87	9.44	19.00	32.63
30	4.62	5.68	6.18	7.24	9.90	19.82	34.01
31	4.84	5.97	6.50	7.63	10.40	20.66	35.48
32	5.07	6.27	6.85	8.05	10.93	21.57	37.04
33	5.31	6.60	7.22	8.49	11.48	22.52	38.68
34	5.56	6.95	7.61	8.96	12.06	23.53	40.42
35	5.84	7.32	8.03	9.46	12.69	24.60	42.28
36	6.14	7.72	8.47	10.00	13.34	25.74	44.26
37	6.46	8.14	8.94	10.57	14.05	26.95	46.40
38	6.79	8.59	9.44	11.17	14.79	28.25	48.68
39	7.15	9.06	9.99	11.79	15.59	29.62	51.13
40	7.54	9.57	10.56	12.47	16.44	31.07	53.72
41	7.96	10.11	11.17	13.18	17.34	32.64	56.53
42	8.39	10.69	11.82	13.96	18.30	34.28	59.53
43	8.93	11.35	12.52	14.78	19.33	36.07	62.77
44	9.51	12.06	13.27	15.63	20.41	37.95	66.23
45	10.13	12.82	14.05	16.55	21.56	39.93	69.90
46	10.80	13.62	14.89	17.52	22.76	42.03	73.79
47	11.51	14.48	15.78	18.56	24.02	44.24	77.88
48	12.27	15.44	16.78	19.72	25.40	46.75	82.55
49	13.07	16.43	17.83	20.93	26.81	49.31	87.36
50	13.90	17.42	18.89	22.16	28.24	51.89	92.21
51	14.75	18.45	19.97	23.41	29.65	54.46	96.99
52	15.60	19.48	21.05	24.63	31.01	56.96	101.65
53	16.54	20.62	22.23	26.00	32.47	59.64	106.59
54	17.41	21.69	23.33	27.29	33.81	62.08	111.12
55	18.20	22.65	24.32	28.45	34.96	64.19	114.94
56	18.89	23.48	25.16	29.42	35.88	65.81	117.85
57	19.45	24.13	25.78	30.17	36.50	66.84	119.66
58	19.77	24.51	26.19	30.62	36.76	67.29	120.41
59	19.89	24.62	26.29	30.73	36.60	66.89	119.53
60	19.76	24.44	26.06	30.46	35.95	65.44	116.68
61	19.35	23.89	25.43	29.73	34.79	62.81	111.57
62	18.63	22.95	24.39	28.49	33.01	58.83	103.89

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.98	4.68	4.98	5.69	7.88	16.11	27.52
26	4.13	4.88	5.19	5.96	8.23	16.76	28.65
27	4.28	5.09	5.43	6.24	8.61	17.44	29.82
28	4.45	5.32	5.68	6.55	9.00	18.16	31.08
29	4.63	5.58	5.96	6.88	9.44	18.92	32.38
30	4.84	5.84	6.25	7.24	9.90	19.73	33.75
31	5.06	6.13	6.57	7.62	10.39	20.57	35.21
32	5.30	6.45	6.92	8.04	10.91	21.47	36.75
33	5.54	6.78	7.29	8.47	11.45	22.42	38.38
34	5.82	7.13	7.67	8.94	12.04	23.43	40.11
35	6.11	7.52	8.09	9.43	12.65	24.49	41.96
36	6.42	7.91	8.54	9.96	13.31	25.62	43.94
37	6.74	8.34	9.00	10.52	14.01	26.83	46.06
38	7.09	8.80	9.50	11.11	14.75	28.12	48.32
39	7.46	9.28	10.04	11.73	15.54	29.48	50.76
40	7.87	9.79	10.61	12.41	16.39	30.93	53.35
41	8.30	10.36	11.22	13.11	17.28	32.49	56.15
42	8.75	10.94	11.88	13.88	18.23	34.14	59.14
43	9.31	11.62	12.58	14.69	19.27	35.91	62.37
44	9.91	12.34	13.32	15.54	20.35	37.80	65.82
45	10.56	13.12	14.12	16.46	21.49	39.78	69.49
46	11.25	13.94	14.95	17.42	22.70	41.88	73.39
47	11.99	14.82	15.85	18.46	23.95	44.10	77.50
48	12.78	15.79	16.87	19.62	25.34	46.61	82.19
49	13.61	16.81	17.92	20.82	26.77	49.20	87.03
50	14.49	17.84	19.01	22.07	28.21	51.81	91.94
51	15.37	18.90	20.10	23.34	29.66	54.44	96.83
52	16.26	19.96	21.21	24.59	31.06	57.01	101.60
53	17.22	21.11	22.42	26.00	32.57	59.78	106.73
54	18.14	22.24	23.58	27.33	33.98	62.35	111.46
55	18.98	23.27	24.63	28.57	35.22	64.61	115.56
56	19.73	24.16	25.55	29.64	36.25	66.42	118.84
57	20.34	24.89	26.27	30.50	37.00	67.69	121.07
58	20.70	25.32	26.73	31.03	37.34	68.29	122.03
59	20.86	25.50	26.92	31.25	37.31	68.10	121.52
60	20.78	25.41	26.83	31.17	36.87	67.02	119.31
61	20.43	25.01	26.42	30.72	36.02	64.92	115.19
62	19.81	24.26	25.67	29.89	34.68	61.70	108.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.01	4.76	5.10	5.85	8.10	16.62	28.44
26	4.16	4.96	5.32	6.12	8.47	17.28	29.61
27	4.32	5.17	5.56	6.42	8.86	18.00	30.83
28	4.50	5.41	5.82	6.74	9.28	18.74	32.12
29	4.68	5.68	6.11	7.08	9.72	19.52	33.46
30	4.89	5.95	6.41	7.46	10.20	20.36	34.87
31	5.11	6.25	6.74	7.85	10.71	21.23	36.39
32	5.36	6.57	7.09	8.29	11.25	22.16	37.98
33	5.61	6.90	7.48	8.74	11.80	23.14	39.66
34	5.89	7.27	7.88	9.22	12.41	24.17	41.45
35	6.18	7.66	8.31	9.73	13.05	25.27	43.36
36	6.49	8.07	8.76	10.28	13.72	26.44	45.40
37	6.82	8.51	9.25	10.86	14.45	27.69	47.59
38	7.18	8.98	9.77	11.47	15.22	29.02	49.93
39	7.55	9.46	10.32	12.11	16.03	30.43	52.45
40	7.96	9.99	10.91	12.81	16.90	31.93	55.12
41	8.40	10.57	11.54	13.53	17.83	33.53	58.01
42	8.85	11.16	12.21	14.33	18.81	35.23	61.09
43	9.42	11.85	12.94	15.16	19.88	37.06	64.42
44	10.03	12.59	13.70	16.05	20.99	39.00	67.98
45	10.69	13.38	14.51	16.99	22.17	41.05	71.76
46	11.39	14.22	15.37	17.99	23.41	43.21	75.77
47	12.14	15.12	16.30	19.06	24.70	45.49	80.00
48	12.94	16.11	17.34	20.26	26.13	48.07	84.82
49	13.79	17.15	18.42	21.49	27.60	50.73	89.80
50	14.68	18.20	19.54	22.77	29.08	53.41	94.83
51	15.57	19.28	20.64	24.07	30.54	56.09	99.82
52	16.46	20.36	21.78	25.34	31.97	58.70	104.68
53	17.45	21.53	23.01	26.78	33.51	61.52	109.89
54	18.37	22.67	24.17	28.13	34.93	64.11	114.66
55	19.22	23.71	25.24	29.38	36.17	66.37	118.77
56	19.97	24.60	26.14	30.44	37.18	68.16	121.99
57	20.57	25.31	26.85	31.28	37.90	69.36	124.11
58	20.93	25.73	27.30	31.79	38.21	69.92	125.00
59	21.07	25.89	27.46	31.97	38.13	69.63	124.32
60	20.96	25.76	27.31	31.80	37.58	68.36	121.77
61	20.58	25.28	26.79	31.21	36.57	65.96	117.10
62	19.90	24.43	25.90	30.19	35.01	62.32	110.05

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.07	4.88	5.27	6.10	8.45	17.38	29.82
26	4.22	5.09	5.50	6.38	8.84	18.08	31.05
27	4.38	5.31	5.76	6.69	9.25	18.82	32.32
28	4.57	5.55	6.03	7.03	9.68	19.61	33.69
29	4.75	5.83	6.33	7.39	10.16	20.42	35.09
30	4.97	6.11	6.64	7.79	10.65	21.30	36.57
31	5.20	6.42	7.00	8.20	11.18	22.22	38.16
32	5.45	6.75	7.37	8.66	11.75	23.19	39.83
33	5.70	7.09	7.76	9.13	12.34	24.22	41.59
34	5.98	7.47	8.18	9.64	12.97	25.30	43.46
35	6.28	7.88	8.63	10.17	13.64	26.45	45.46
36	6.60	8.30	9.11	10.75	14.34	27.68	47.60
37	6.94	8.76	9.62	11.36	15.11	28.99	49.90
38	7.30	9.23	10.16	12.00	15.91	30.38	52.34
39	7.69	9.74	10.74	12.68	16.76	31.85	54.97
40	8.10	10.29	11.35	13.41	17.68	33.41	57.77
41	8.55	10.88	12.00	14.18	18.65	35.09	60.79
42	9.02	11.49	12.71	15.00	19.67	36.86	64.01
43	9.60	12.21	13.46	15.88	20.79	38.78	67.50
44	10.23	12.97	14.26	16.81	21.95	40.81	71.21
45	10.89	13.79	15.11	17.80	23.18	42.94	75.16
46	11.61	14.65	16.01	18.84	24.47	45.20	79.34
47	12.37	15.58	16.97	19.96	25.82	47.56	83.74
48	13.19	16.60	18.05	21.21	27.31	50.27	88.77
49	14.05	17.66	19.17	22.50	28.83	53.02	93.93
50	14.95	18.74	20.32	23.83	30.36	55.80	99.15
51	15.86	19.84	21.47	25.17	31.88	58.56	104.30
52	16.77	20.95	22.63	26.49	33.34	61.25	109.30
53	17.78	22.17	23.90	27.96	34.92	64.13	114.62
54	18.72	23.32	25.08	29.34	36.35	66.76	119.48
55	19.57	24.36	26.15	30.59	37.59	69.02	123.59
56	20.32	25.25	27.05	31.64	38.58	70.76	126.72
57	20.91	25.94	27.73	32.44	39.25	71.87	128.66
58	21.26	26.36	28.16	32.93	39.52	72.36	129.47
59	21.38	26.48	28.27	33.04	39.35	71.92	128.52
60	21.24	26.28	28.02	32.74	38.66	70.36	125.46
61	20.80	25.69	27.35	31.96	37.40	67.53	119.96
62	20.03	24.68	26.23	30.63	35.49	63.25	111.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.02	13.03	14.21	17.90	24.79	48.17	86.15
26	10.40	13.53	14.75	18.62	25.69	49.44	88.26
27	10.80	14.09	15.36	19.41	26.62	50.73	90.40
28	11.23	14.69	16.03	20.25	27.60	52.06	92.59
29	11.71	15.33	16.75	21.18	28.62	53.42	94.85
30	12.21	16.02	17.50	22.15	29.68	54.85	97.16
31	12.75	16.76	18.31	23.19	30.77	56.31	99.55
32	13.32	17.53	19.16	24.25	31.90	57.82	102.04
33	13.93	18.32	20.04	25.36	33.06	59.38	104.59
34	14.54	19.15	20.95	26.51	34.26	60.99	107.26
35	15.20	20.00	21.91	27.68	35.49	62.66	110.05
36	15.88	20.90	22.92	28.89	36.75	64.38	112.98
37	16.60	21.82	23.94	30.15	38.05	66.18	116.06
38	17.33	22.77	24.99	31.42	39.35	68.05	119.35
39	18.10	23.76	26.08	32.71	40.71	70.00	122.76
40	18.88	24.76	27.21	34.05	42.07	72.01	126.34
41	19.69	25.81	28.38	35.40	43.48	74.06	130.08
42	20.52	26.89	29.57	36.79	44.92	76.18	133.96
43	21.58	28.12	30.84	38.24	46.48	78.45	138.18
44	22.66	29.42	32.12	39.71	48.04	80.74	142.50
45	23.78	30.70	33.42	41.18	49.61	83.05	146.88
46	24.92	32.03	34.75	42.65	51.14	85.37	151.32
47	26.09	33.38	36.08	44.13	52.62	87.66	155.72
48	27.25	34.73	37.50	45.65	54.08	90.06	160.43
49	28.40	36.07	38.87	47.12	55.46	92.37	164.99
50	29.52	37.38	40.21	48.52	56.68	94.50	169.22
51	30.61	38.61	41.47	49.84	57.75	96.42	173.01
52	31.59	39.74	42.61	51.00	58.60	98.04	176.21
53	32.51	40.75	43.64	51.96	59.12	99.20	178.48
54	33.29	41.62	44.48	52.74	59.40	99.99	179.99
55	33.72	42.28	45.12	53.33	59.44	100.36	180.62
56	34.03	42.75	45.57	53.67	59.23	100.28	180.35
57	34.17	43.03	45.78	53.79	58.78	99.71	179.05
58	33.44	42.18	44.88	52.51	56.83	96.76	172.93
59	32.67	41.31	43.92	51.22	54.93	93.74	166.61
60	32.02	40.56	43.12	50.21	53.40	91.07	160.95
61	31.59	40.12	42.67	49.73	52.56	89.21	156.82
62	31.57	40.21	42.77	50.08	52.73	88.57	155.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.06	13.10	14.31	18.04	24.99	48.63	86.99
26	10.43	13.60	14.85	18.77	25.91	49.91	89.13
27	10.83	14.17	15.49	19.57	26.85	51.22	91.30
28	11.27	14.78	16.16	20.42	27.84	52.58	93.53
29	11.77	15.41	16.88	21.36	28.87	53.96	95.82
30	12.25	16.12	17.64	22.35	29.96	55.41	98.17
31	12.80	16.86	18.46	23.40	31.06	56.91	100.61
32	13.38	17.64	19.32	24.47	32.20	58.44	103.14
33	13.98	18.43	20.21	25.60	33.38	60.03	105.74
34	14.61	19.28	21.13	26.76	34.59	61.66	108.47
35	15.26	20.13	22.11	27.95	35.84	63.37	111.32
36	15.95	21.04	23.13	29.18	37.12	65.13	114.29
37	16.68	21.98	24.16	30.46	38.45	66.95	117.44
38	17.41	22.93	25.23	31.73	39.78	68.87	120.80
39	18.18	23.93	26.33	33.05	41.15	70.85	124.28
40	18.96	24.94	27.47	34.42	42.54	72.91	127.93
41	19.78	26.00	28.66	35.78	43.97	74.99	131.75
42	20.62	27.09	29.87	37.19	45.43	77.17	135.71
43	21.67	28.34	31.15	38.67	47.03	79.48	140.03
44	22.77	29.65	32.45	40.17	48.61	81.82	144.43
45	23.89	30.94	33.78	41.66	50.21	84.20	148.93
46	25.05	32.28	35.13	43.16	51.78	86.57	153.45
47	26.23	33.64	36.48	44.67	53.29	88.91	157.97
48	27.40	35.02	37.92	46.22	54.80	91.37	162.80
49	28.56	36.38	39.33	47.72	56.20	93.75	167.47
50	29.69	37.71	40.68	49.16	57.46	95.94	171.81
51	30.77	38.95	41.96	50.49	58.55	97.91	175.70
52	31.78	40.09	43.13	51.68	59.43	99.57	178.98
53	32.69	41.12	44.17	52.66	59.96	100.77	181.33
54	33.48	42.00	45.02	53.46	60.25	101.58	182.86
55	33.92	42.66	45.66	54.06	60.30	101.94	183.52
56	34.23	43.13	46.10	54.39	60.08	101.83	183.18
57	34.36	43.39	46.30	54.49	59.59	101.22	181.79
58	33.62	42.53	45.40	53.19	57.61	98.23	175.60
59	32.84	41.64	44.40	51.87	55.66	95.12	169.14
60	32.17	40.86	43.54	50.78	54.04	92.28	163.17
61	31.72	40.36	43.01	50.18	53.06	90.16	158.54
62	31.64	40.36	42.97	50.34	53.03	89.14	156.11

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.11	13.21	14.47	18.26	25.31	49.31	88.23
26	10.49	13.71	15.02	19.00	26.23	50.63	90.41
27	10.89	14.29	15.66	19.82	27.20	51.97	92.65
28	11.33	14.90	16.34	20.69	28.20	53.35	94.93
29	11.83	15.55	17.07	21.64	29.26	54.77	97.29
30	12.32	16.26	17.86	22.64	30.36	56.27	99.70
31	12.87	17.01	18.68	23.72	31.49	57.79	102.20
32	13.46	17.79	19.56	24.81	32.66	59.36	104.81
33	14.06	18.60	20.47	25.95	33.86	61.00	107.47
34	14.70	19.46	21.41	27.13	35.10	62.68	110.28
35	15.36	20.33	22.40	28.34	36.38	64.43	113.21
36	16.05	21.25	23.43	29.60	37.68	66.24	116.27
37	16.78	22.20	24.50	30.91	39.04	68.11	119.51
38	17.53	23.16	25.58	32.22	40.40	70.08	122.96
39	18.30	24.17	26.70	33.56	41.81	72.12	126.55
40	19.10	25.21	27.87	34.95	43.23	74.25	130.32
41	19.92	26.28	29.08	36.36	44.71	76.40	134.25
42	20.77	27.39	30.31	37.80	46.21	78.64	138.34
43	21.83	28.65	31.64	39.32	47.85	81.03	142.79
44	22.94	29.98	32.96	40.85	49.47	83.45	147.35
45	24.08	31.31	34.32	42.39	51.13	85.90	151.98
46	25.25	32.67	35.69	43.93	52.74	88.35	156.67
47	26.44	34.06	37.09	45.48	54.30	90.78	161.34
48	27.62	35.46	38.56	47.08	55.86	93.34	166.36
49	28.78	36.84	40.00	48.63	57.31	95.81	171.20
50	29.94	38.19	41.39	50.11	58.62	98.09	175.70
51	31.04	39.46	42.71	51.49	59.75	100.14	179.73
52	32.05	40.62	43.89	52.71	60.66	101.86	183.14
53	32.99	41.68	44.96	53.72	61.23	103.11	185.59
54	33.78	42.57	45.83	54.54	61.54	103.95	187.19
55	34.22	43.23	46.49	55.14	61.58	104.32	187.84
56	34.52	43.68	46.92	55.48	61.34	104.18	187.44
57	34.65	43.94	47.09	55.54	60.80	103.48	185.89
58	33.91	43.07	46.17	54.22	58.79	100.43	179.63
59	33.11	42.15	45.14	52.84	56.76	97.18	172.92
60	32.40	41.31	44.18	51.63	55.01	94.08	166.49
61	31.89	40.71	43.52	50.85	53.81	91.56	161.12
62	31.74	40.57	43.28	50.74	53.46	89.97	157.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.31	13.62	15.09	19.13	26.59	52.17	93.42
26	10.69	14.14	15.67	19.91	27.57	53.57	95.74
27	11.11	14.74	16.33	20.76	28.58	54.99	98.10
28	11.55	15.36	17.05	21.67	29.65	56.45	100.51
29	12.06	16.04	17.81	22.67	30.75	57.94	103.00
30	12.56	16.77	18.62	23.72	31.89	59.50	105.52
31	13.12	17.55	19.48	24.83	33.07	61.10	108.11
32	13.72	18.35	20.39	25.96	34.28	62.74	110.81
33	14.34	19.18	21.33	27.16	35.53	64.42	113.57
34	14.98	20.06	22.30	28.38	36.83	66.16	116.46
35	15.65	20.95	23.33	29.64	38.14	67.95	119.47
36	16.36	21.89	24.38	30.93	39.49	69.80	122.59
37	17.09	22.85	25.47	32.27	40.88	71.72	125.88
38	17.85	23.83	26.58	33.62	42.27	73.72	129.39
39	18.63	24.86	27.73	34.99	43.71	75.79	133.02
40	19.43	25.91	28.92	36.41	45.15	77.92	136.81
41	20.26	26.99	30.14	37.83	46.64	80.08	140.76
42	21.11	28.11	31.39	39.29	48.14	82.32	144.83
43	22.19	29.38	32.72	40.81	49.79	84.69	149.27
44	23.30	30.72	34.06	42.35	51.43	87.08	153.78
45	24.44	32.04	35.41	43.89	53.06	89.48	158.34
46	25.62	33.40	36.78	45.42	54.65	91.85	162.90
47	26.80	34.78	38.15	46.93	56.16	94.19	167.40
48	27.98	36.16	39.59	48.48	57.65	96.61	172.19
49	29.12	37.51	40.99	49.97	59.01	98.91	176.75
50	30.26	38.83	42.33	51.37	60.22	100.99	180.90
51	31.34	40.05	43.58	52.66	61.22	102.80	184.54
52	32.33	41.17	44.69	53.77	61.98	104.26	187.48
53	33.23	42.14	45.65	54.63	62.36	105.15	189.29
54	33.99	42.95	46.39	55.29	62.45	105.62	190.20
55	34.38	43.53	46.93	55.72	62.29	105.61	190.18
56	34.65	43.91	47.24	55.89	61.84	105.10	189.12
57	34.72	44.08	47.30	55.80	61.12	104.06	186.96
58	33.92	43.09	46.21	54.26	58.85	100.52	179.76
59	33.07	42.08	45.03	52.70	56.61	96.90	172.32
60	32.35	41.19	44.02	51.41	54.75	93.61	165.54
61	31.85	40.60	43.37	50.65	53.59	91.16	160.33
62	31.74	40.57	43.28	50.74	53.46	89.97	157.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.14	14.48	15.79	19.89	27.54	53.52	95.73
26	11.55	15.03	16.39	20.69	28.54	54.93	98.07
27	11.99	15.66	17.07	21.57	29.58	56.36	100.44
28	12.48	16.32	17.81	22.50	30.66	57.84	102.88
29	13.02	17.03	18.60	23.53	31.79	59.36	105.39
30	13.56	17.80	19.45	24.61	32.98	60.94	107.96
31	14.17	18.62	20.35	25.77	34.20	62.57	110.61
32	14.80	19.47	21.29	26.95	35.45	64.25	113.37
33	15.48	20.35	22.26	28.18	36.73	65.98	116.20
34	16.16	21.28	23.28	29.45	38.07	67.77	119.18
35	16.89	22.23	24.35	30.76	39.43	69.63	122.28
36	17.64	23.22	25.47	32.10	40.83	71.54	125.53
37	18.44	24.25	26.60	33.50	42.28	73.52	128.96
38	19.25	25.30	27.77	34.91	43.73	75.61	132.61
39	20.11	26.40	28.98	36.34	45.23	77.77	136.40
40	20.97	27.52	30.23	37.83	46.75	80.01	140.38
41	21.88	28.68	31.53	39.34	48.31	82.29	144.53
42	22.80	29.88	32.85	40.88	49.90	84.65	148.84
43	23.97	31.25	34.26	42.49	51.65	87.16	153.53
44	25.18	32.68	35.68	44.12	53.37	89.71	158.33
45	26.42	34.12	37.14	45.75	55.11	92.29	163.20
46	27.69	35.59	38.61	47.40	56.82	94.86	168.12
47	28.99	37.08	40.09	49.03	58.47	97.40	173.03
48	30.28	38.60	41.66	50.72	60.10	100.06	178.26
49	31.55	40.08	43.19	52.35	61.62	102.63	183.32
50	32.81	41.54	44.68	53.92	62.98	105.00	188.01
51	34.00	42.90	46.08	55.38	64.16	107.13	192.23
52	35.10	44.16	47.34	56.66	65.11	108.94	195.79
53	36.12	45.28	48.49	57.73	65.68	110.22	198.32
54	36.99	46.25	49.42	58.60	66.00	111.10	199.98
55	37.47	46.98	50.13	59.25	66.04	111.50	200.69
56	37.81	47.50	50.63	59.64	65.82	111.42	200.38
57	37.96	47.81	50.86	59.77	65.31	110.79	198.95
58	37.15	46.86	49.87	58.34	63.14	107.51	192.14
59	36.30	45.89	48.80	56.91	61.03	104.16	185.13
60	35.58	45.06	47.91	55.79	59.33	101.19	178.83
61	35.10	44.58	47.41	55.26	58.41	99.12	174.25
62	35.07	44.68	47.52	55.64	58.59	98.41	172.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.18	14.56	15.90	20.05	27.77	54.03	96.65
26	11.59	15.11	16.51	20.86	28.78	55.46	99.03
27	12.04	15.74	17.20	21.74	29.83	56.92	101.45
28	12.52	16.41	17.95	22.70	30.93	58.42	103.92
29	13.07	17.12	18.75	23.73	32.08	59.95	106.47
30	13.61	17.91	19.61	24.83	33.28	61.57	109.08
31	14.22	18.74	20.51	26.00	34.51	63.23	111.79
32	14.86	19.60	21.46	27.19	35.78	64.94	114.60
33	15.54	20.48	22.46	28.44	37.08	66.70	117.49
34	16.23	21.42	23.48	29.74	38.44	68.52	120.52
35	16.96	22.37	24.57	31.06	39.83	70.41	123.68
36	17.72	23.38	25.70	32.42	41.25	72.36	126.99
37	18.52	24.42	26.85	33.84	42.72	74.39	130.49
38	19.34	25.48	28.04	35.26	44.19	76.52	134.22
39	20.20	26.58	29.25	36.72	45.72	78.72	138.09
40	21.07	27.71	30.53	38.24	47.26	81.00	142.15
41	21.98	28.89	31.85	39.76	48.86	83.33	146.39
42	22.91	30.10	33.18	41.32	50.48	85.74	150.79
43	24.09	31.49	34.61	42.96	52.25	88.31	155.58
44	25.30	32.94	36.06	44.63	54.01	90.91	160.49
45	26.55	34.38	37.53	46.29	55.79	93.55	165.48
46	27.83	35.87	39.04	47.96	57.53	96.18	170.50
47	29.15	37.38	40.54	49.63	59.22	98.79	175.52
48	30.45	38.91	42.13	51.36	60.89	101.53	180.89
49	31.72	40.42	43.69	53.02	62.44	104.17	186.08
50	32.99	41.90	45.21	54.62	63.84	106.59	190.90
51	34.20	43.28	46.62	56.11	65.05	108.79	195.22
52	35.31	44.55	47.92	57.42	66.03	110.63	198.87
53	36.33	45.69	49.08	58.51	66.62	111.96	201.48
54	37.21	46.67	50.02	59.40	66.95	112.86	203.18
55	37.69	47.41	50.74	60.06	66.99	113.26	203.90
56	38.03	47.92	51.22	60.44	66.75	113.15	203.54
57	38.17	48.22	51.44	60.54	66.21	112.46	201.99
58	37.36	47.26	50.44	59.10	64.01	109.14	195.11
59	36.49	46.27	49.34	57.63	61.85	105.69	187.92
60	35.75	45.40	48.38	56.43	60.04	102.53	181.30
61	35.24	44.84	47.78	55.75	58.96	100.17	176.16
62	35.15	44.84	47.75	55.94	58.92	99.04	173.46

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.24	14.68	16.08	20.29	28.12	54.79	98.03
26	11.65	15.23	16.69	21.11	29.15	56.25	100.46
27	12.10	15.88	17.40	22.02	30.22	57.75	102.94
28	12.59	16.55	18.15	22.99	31.34	59.29	105.49
29	13.14	17.27	18.97	24.04	32.51	60.86	108.10
30	13.68	18.07	19.84	25.16	33.73	62.52	110.78
31	14.30	18.90	20.76	26.35	34.99	64.21	113.56
32	14.95	19.77	21.74	27.56	36.28	65.96	116.45
33	15.63	20.67	22.74	28.84	37.62	67.78	119.42
34	16.32	21.62	23.79	30.15	39.00	69.64	122.53
35	17.06	22.59	24.90	31.50	40.42	71.59	125.79
36	17.84	23.61	26.04	32.89	41.87	73.59	129.19
37	18.65	24.67	27.22	34.34	43.38	75.68	132.79
38	19.47	25.73	28.42	35.80	44.89	77.87	136.63
39	20.33	26.86	29.66	37.29	46.46	80.14	140.62
40	21.22	28.01	30.97	38.83	48.04	82.49	144.80
41	22.13	29.20	32.31	40.40	49.68	84.89	149.17
42	23.07	30.43	33.68	42.00	51.34	87.38	153.71
43	24.26	31.84	35.15	43.68	53.16	90.03	158.66
44	25.49	33.32	36.63	45.39	54.97	92.73	163.72
45	26.75	34.79	38.13	47.10	56.80	95.44	168.87
46	28.05	36.30	39.66	48.81	58.60	98.17	174.07
47	29.37	37.84	41.21	50.53	60.33	100.87	179.26
48	30.69	39.40	42.85	52.31	62.07	103.72	184.84
49	31.98	40.93	44.44	54.03	63.68	106.45	190.22
50	33.26	42.43	45.99	55.68	65.13	108.99	195.22
51	34.49	43.84	47.45	57.21	66.39	111.26	199.70
52	35.61	45.14	48.77	58.56	67.40	113.18	203.48
53	36.65	46.31	49.96	59.69	68.03	114.57	206.21
54	37.53	47.29	50.93	60.61	68.38	115.51	208.00
55	38.02	48.04	51.66	61.27	68.42	115.91	208.72
56	38.36	48.54	52.13	61.64	68.15	115.76	208.27
57	38.50	48.82	52.32	61.71	67.56	114.97	206.54
58	37.67	47.85	51.30	60.24	65.32	111.58	199.58
59	36.78	46.83	50.15	58.70	63.07	107.98	192.13
60	36.00	45.90	49.10	57.37	61.12	104.54	184.98
61	35.44	45.23	48.35	56.50	59.79	101.74	179.02
62	35.27	45.07	48.08	56.38	59.40	99.97	175.12

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.46	15.14	16.77	21.26	29.55	57.97	103.80
26	11.88	15.72	17.42	22.11	30.63	59.52	106.38
27	12.34	16.38	18.15	23.06	31.76	61.10	109.01
28	12.84	17.07	18.94	24.08	32.94	62.73	111.68
29	13.39	17.82	19.79	25.19	34.16	64.38	114.44
30	13.96	18.64	20.69	26.35	35.44	66.11	117.24
31	14.58	19.49	21.65	27.59	36.75	67.88	120.12
32	15.24	20.39	22.65	28.85	38.10	69.70	123.12
33	15.94	21.31	23.70	30.18	39.49	71.58	126.19
34	16.64	22.28	24.77	31.53	40.92	73.51	129.40
35	17.39	23.28	25.92	32.93	42.38	75.50	132.74
36	18.17	24.31	27.10	34.36	43.88	77.55	136.22
37	18.99	25.39	28.30	35.85	45.42	79.68	139.87
38	19.83	26.48	29.54	37.35	46.97	81.91	143.77
39	20.70	27.62	30.81	38.88	48.57	84.21	147.80
40	21.59	28.78	32.13	40.45	50.17	86.57	152.01
41	22.51	29.99	33.49	42.04	51.82	88.98	156.39
42	23.46	31.23	34.87	43.66	53.50	91.46	160.93
43	24.66	32.65	36.35	45.35	55.33	94.10	165.85
44	25.89	34.14	37.84	47.06	57.14	96.75	170.87
45	27.16	35.60	39.34	48.76	58.95	99.42	175.93
46	28.46	37.12	40.87	50.46	60.72	102.06	181.00
47	29.77	38.64	42.39	52.14	62.40	104.65	186.01
48	31.08	40.18	43.99	53.86	64.06	107.34	191.32
49	32.36	41.68	45.54	55.52	65.57	109.90	196.39
50	33.62	43.15	47.03	57.09	66.91	112.21	201.00
51	34.82	44.50	48.42	58.51	68.02	114.22	205.04
52	35.92	45.74	49.65	59.74	68.87	115.84	208.30
53	36.92	46.82	50.71	60.70	69.28	116.84	210.32
54	37.76	47.72	51.55	61.43	69.40	117.36	211.34
55	38.20	48.37	52.14	61.91	69.20	117.34	211.31
56	38.49	48.79	52.48	62.10	68.71	116.78	210.14
57	38.58	48.98	52.55	62.00	67.92	115.62	207.74
58	37.69	47.88	51.34	60.29	65.38	111.69	199.73
59	36.75	46.75	50.04	58.56	62.90	107.66	191.47
60	35.94	45.77	48.91	57.12	60.83	104.01	183.93
61	35.38	45.12	48.19	56.28	59.55	101.29	178.14
62	35.27	45.07	48.08	56.38	59.40	99.97	175.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.15	11.83	12.86	16.24	22.78	44.92	80.19
26	9.50	12.28	13.35	16.90	23.62	46.14	82.25
27	9.86	12.79	13.90	17.62	24.49	47.39	84.32
28	10.25	13.33	14.51	18.38	25.40	48.67	86.44
29	10.68	13.90	15.15	19.22	26.35	49.98	88.61
30	11.13	14.54	15.84	20.11	27.34	51.34	90.82
31	11.63	15.21	16.58	21.04	28.35	52.73	93.10
32	12.15	15.90	17.34	22.01	29.40	54.16	95.46
33	12.70	16.61	18.13	23.01	30.47	55.64	97.88
34	13.25	17.37	18.96	24.04	31.58	57.16	100.41
35	13.84	18.14	19.82	25.11	32.72	58.73	103.04
36	14.46	18.95	20.72	26.20	33.88	60.34	105.78
37	15.10	19.77	21.64	27.33	35.08	62.01	108.65
38	15.76	20.63	22.58	28.48	36.28	63.76	111.72
39	16.45	21.51	23.56	29.63	37.52	65.57	114.88
40	17.15	22.41	24.56	30.84	38.77	67.43	118.21
41	17.87	23.35	25.61	32.04	40.07	69.34	121.66
42	18.62	24.31	26.66	33.28	41.38	71.29	125.23
43	19.56	25.41	27.79	34.57	42.80	73.37	129.10
44	20.54	26.56	28.93	35.87	44.21	75.45	133.06
45	21.52	27.71	30.10	37.17	45.63	77.57	137.06
46	22.55	28.88	31.27	38.47	47.01	79.67	141.09
47	23.58	30.07	32.45	39.77	48.34	81.73	145.08
48	24.61	31.28	33.69	41.10	49.63	83.89	149.32
49	25.63	32.45	34.89	42.37	50.84	85.95	153.38
50	26.62	33.60	36.07	43.60	51.92	87.84	157.15
51	27.57	34.67	37.17	44.73	52.84	89.53	160.50
52	28.44	35.67	38.17	45.73	53.57	90.95	163.33
53	29.23	36.56	39.06	46.54	53.99	91.92	165.26
54	29.92	37.31	39.80	47.21	54.21	92.56	166.50
55	30.32	37.88	40.36	47.70	54.21	92.82	166.97
56	30.61	38.30	40.75	48.00	53.99	92.69	166.63
57	30.75	38.54	40.95	48.10	53.57	92.13	165.40
58	30.13	37.82	40.19	46.97	51.84	89.43	159.84
59	29.49	37.08	39.39	45.87	50.16	86.69	154.16
60	28.95	36.46	38.72	45.03	48.83	84.30	149.10
61	28.62	36.12	38.38	44.67	48.13	82.63	145.48
62	28.64	36.24	38.53	45.07	48.32	82.10	144.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.19	11.90	12.95	16.38	22.99	45.37	81.03
26	9.53	12.35	13.46	17.05	23.84	46.61	83.12
27	9.89	12.87	14.03	17.78	24.72	47.88	85.23
28	10.29	13.42	14.63	18.56	25.64	49.19	87.38
29	10.74	13.99	15.29	19.40	26.60	50.51	89.58
30	11.18	14.63	15.98	20.31	27.61	51.91	91.84
31	11.69	15.31	16.73	21.25	28.64	53.33	94.16
32	12.21	16.02	17.49	22.23	29.70	54.78	96.57
33	12.75	16.73	18.30	23.25	30.78	56.28	99.04
34	13.31	17.49	19.13	24.30	31.92	57.83	101.61
35	13.90	18.26	20.01	25.38	33.07	59.44	104.30
36	14.53	19.09	20.93	26.49	34.26	61.09	107.10
37	15.17	19.92	21.86	27.63	35.47	62.79	110.04
38	15.84	20.79	22.82	28.79	36.70	64.58	113.16
39	16.53	21.67	23.80	29.97	37.97	66.42	116.41
40	17.23	22.59	24.83	31.20	39.25	68.32	119.79
41	17.97	23.54	25.89	32.42	40.56	70.27	123.33
42	18.72	24.51	26.97	33.69	41.89	72.27	126.98
43	19.67	25.63	28.11	34.99	43.35	74.40	130.95
44	20.64	26.79	29.27	36.33	44.79	76.54	135.00
45	21.65	27.95	30.46	37.66	46.24	78.71	139.11
46	22.68	29.14	31.64	38.98	47.64	80.86	143.23
47	23.72	30.34	32.85	40.30	49.01	82.98	147.33
48	24.76	31.57	34.11	41.67	50.34	85.20	151.69
49	25.78	32.75	35.35	42.97	51.59	87.32	155.87
50	26.79	33.92	36.55	44.24	52.69	89.28	159.75
51	27.75	35.02	37.66	45.39	53.64	91.02	163.20
52	28.63	36.01	38.68	46.41	54.39	92.47	166.10
53	29.43	36.92	39.59	47.25	54.84	93.49	168.11
54	30.12	37.68	40.34	47.93	55.06	94.14	169.38
55	30.52	38.26	40.91	48.44	55.06	94.41	169.86
56	30.80	38.68	41.29	48.72	54.83	94.25	169.46
57	30.93	38.91	41.47	48.80	54.38	93.63	168.12
58	30.32	38.17	40.70	47.65	52.62	90.90	162.52
59	29.66	37.43	39.87	46.52	50.89	88.07	156.68
60	29.10	36.76	39.15	45.59	49.46	85.50	151.32
61	28.73	36.36	38.71	45.11	48.63	83.57	147.20
62	28.71	36.39	38.73	45.35	48.61	82.66	145.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.24	12.00	13.11	16.60	23.30	46.06	82.27
26	9.58	12.46	13.62	17.27	24.16	47.33	84.40
27	9.94	12.98	14.20	18.02	25.07	48.63	86.57
28	10.35	13.54	14.82	18.81	26.01	49.97	88.78
29	10.80	14.13	15.49	19.69	26.99	51.33	91.04
30	11.25	14.78	16.19	20.60	28.01	52.76	93.37
31	11.76	15.46	16.95	21.57	29.07	54.22	95.75
32	12.28	16.17	17.74	22.56	30.15	55.71	98.23
33	12.83	16.90	18.56	23.60	31.27	57.25	100.78
34	13.40	17.68	19.41	24.68	32.43	58.85	103.43
35	14.00	18.46	20.31	25.78	33.61	60.49	106.19
36	14.63	19.29	21.23	26.91	34.81	62.20	109.08
37	15.29	20.15	22.19	28.08	36.07	63.96	112.11
38	15.96	21.01	23.17	29.27	37.33	65.80	115.33
39	16.65	21.92	24.17	30.48	38.62	67.70	118.69
40	17.37	22.85	25.23	31.73	39.94	69.66	122.18
41	18.10	23.81	26.31	32.99	41.30	71.68	125.83
42	18.87	24.81	27.41	34.29	42.66	73.74	129.62
43	19.83	25.94	28.59	35.64	44.16	75.94	133.72
44	20.82	27.13	29.78	37.01	45.65	78.17	137.90
45	21.82	28.32	30.99	38.38	47.15	80.41	142.16
46	22.87	29.52	32.21	39.75	48.60	82.65	146.44
47	23.94	30.76	33.46	41.11	50.02	84.86	150.69
48	24.99	32.00	34.75	42.52	51.41	87.17	155.23
49	26.01	33.22	36.02	43.89	52.69	89.38	159.60
50	27.03	34.41	37.25	45.19	53.85	91.43	163.64
51	28.00	35.53	38.40	46.38	54.84	93.24	167.24
52	28.90	36.55	39.45	47.44	55.63	94.77	170.24
53	29.72	37.47	40.38	48.31	56.11	95.83	172.37
54	30.41	38.24	41.15	49.02	56.35	96.53	173.72
55	30.82	38.83	41.73	49.52	56.35	96.79	174.20
56	31.09	39.24	42.10	49.79	56.09	96.59	173.73
57	31.23	39.46	42.26	49.84	55.59	95.88	172.22
58	30.60	38.71	41.47	48.68	53.80	93.10	166.54
59	29.92	37.93	40.59	47.48	52.00	90.13	160.46
60	29.33	37.21	39.79	46.45	50.43	87.30	154.64
61	28.92	36.71	39.22	45.79	49.38	84.98	149.78
62	28.81	36.60	39.03	45.74	49.05	83.50	146.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.44	12.42	13.75	17.47	24.60	48.91	87.46
26	9.79	12.89	14.27	18.18	25.50	50.27	89.73
27	10.16	13.43	14.87	18.96	26.45	51.65	92.03
28	10.58	14.01	15.52	19.80	27.45	53.06	94.36
29	11.03	14.62	16.22	20.72	28.48	54.50	96.75
30	11.49	15.29	16.96	21.67	29.55	55.99	99.18
31	12.00	15.99	17.75	22.69	30.65	57.52	101.66
32	12.55	16.73	18.57	23.72	31.79	59.07	104.24
33	13.11	17.48	19.42	24.81	32.95	60.68	106.88
34	13.68	18.27	20.30	25.92	34.15	62.32	109.60
35	14.30	19.08	21.23	27.06	35.37	64.02	112.45
36	14.93	19.92	22.18	28.24	36.63	65.76	115.39
37	15.59	20.79	23.17	29.44	37.90	67.56	118.47
38	16.28	21.68	24.17	30.67	39.20	69.43	121.76
39	16.98	22.62	25.20	31.91	40.52	71.36	125.14
40	17.71	23.56	26.27	33.19	41.86	73.34	128.67
41	18.44	24.53	27.37	34.47	43.23	75.35	132.33
42	19.21	25.53	28.49	35.78	44.61	77.42	136.11
43	20.18	26.67	29.67	37.14	46.11	79.60	140.19
44	21.18	27.86	30.87	38.52	47.60	81.79	144.35
45	22.19	29.05	32.08	39.88	49.08	84.00	148.52
46	23.24	30.26	33.30	41.23	50.51	86.15	152.67
47	24.29	31.48	34.51	42.57	51.88	88.26	156.76
48	25.34	32.70	35.78	43.92	53.20	90.44	161.07
49	26.35	33.89	37.01	45.22	54.39	92.49	165.15
50	27.36	35.05	38.18	46.46	55.45	94.33	168.84
51	28.31	36.12	39.27	47.56	56.31	95.91	172.04
52	29.18	37.09	40.24	48.51	56.95	97.16	174.59
53	29.96	37.94	41.07	49.23	57.23	97.87	176.07
54	30.62	38.63	41.71	49.76	57.26	98.19	176.73
55	30.98	39.13	42.17	50.10	57.05	98.08	176.52
56	31.21	39.46	42.42	50.21	56.59	97.51	175.40
57	31.30	39.60	42.47	50.11	55.92	96.47	173.31
58	30.62	38.74	41.51	48.73	53.86	93.19	166.68
59	29.89	37.86	40.50	47.34	51.84	89.85	159.87
60	29.27	37.09	39.63	46.22	50.18	86.83	153.69
61	28.87	36.61	39.08	45.59	49.16	84.58	148.98
62	28.81	36.60	39.03	45.74	49.05	83.50	146.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.17	13.14	14.28	18.04	25.32	49.90	89.11
26	10.55	13.64	14.83	18.77	26.24	51.27	91.39
27	10.95	14.20	15.45	19.57	27.21	52.65	93.69
28	11.39	14.81	16.12	20.42	28.22	54.08	96.04
29	11.87	15.45	16.83	21.36	29.28	55.53	98.45
30	12.37	16.16	17.60	22.34	30.38	57.04	100.92
31	12.93	16.90	18.42	23.38	31.50	58.59	103.44
32	13.50	17.67	19.26	24.46	32.67	60.18	106.07
33	14.11	18.46	20.14	25.56	33.85	61.82	108.76
34	14.72	19.30	21.06	26.72	35.09	63.51	111.57
35	15.38	20.15	22.02	27.90	36.35	65.25	114.49
36	16.06	21.05	23.02	29.11	37.65	67.05	117.53
37	16.78	21.97	24.04	30.37	38.98	68.90	120.73
38	17.51	22.92	25.09	31.64	40.31	70.85	124.12
39	18.28	23.90	26.17	32.92	41.69	72.86	127.65
40	19.05	24.90	27.29	34.26	43.08	74.92	131.34
41	19.86	25.94	28.45	35.60	44.52	77.04	135.18
42	20.69	27.01	29.63	36.98	45.97	79.21	139.15
43	21.74	28.24	30.88	38.40	47.56	81.51	143.45
44	22.82	29.51	32.15	39.86	49.12	83.84	147.84
45	23.92	30.79	33.44	41.30	50.70	86.19	152.29
46	25.05	32.09	34.74	42.75	52.23	88.52	156.76
47	26.21	33.41	36.05	44.18	53.71	90.82	161.20
48	27.35	34.75	37.43	45.66	55.15	93.21	165.91
49	28.47	36.05	38.77	47.08	56.49	95.50	170.43
50	29.58	37.33	40.08	48.44	57.68	97.60	174.61
51	30.63	38.53	41.30	49.70	58.70	99.48	178.34
52	31.60	39.63	42.41	50.81	59.52	101.05	181.47
53	32.48	40.61	43.40	51.72	59.99	102.13	183.63
54	33.25	41.46	44.22	52.46	60.23	102.85	185.00
55	33.69	42.09	44.84	53.00	60.23	103.14	185.52
56	34.00	42.56	45.28	53.33	59.99	102.99	185.14
57	34.16	42.83	45.50	53.44	59.52	102.36	183.77
58	33.48	42.02	44.65	52.19	57.60	99.37	177.60
59	32.76	41.20	43.76	50.96	55.73	96.32	171.28
60	32.16	40.51	43.02	50.03	54.25	93.66	165.67
61	31.79	40.14	42.64	49.63	53.48	91.81	161.65
62	31.81	40.27	42.80	50.08	53.69	91.22	160.11

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.21	13.22	14.40	18.20	25.55	50.42	90.03
26	10.59	13.72	14.95	18.94	26.49	51.80	92.35
27	10.99	14.29	15.58	19.75	27.46	53.20	94.70
28	11.43	14.91	16.26	20.62	28.49	54.66	97.08
29	11.92	15.55	16.98	21.56	29.56	56.13	99.54
30	12.43	16.26	17.76	22.56	30.68	57.68	102.04
31	12.98	17.01	18.59	23.61	31.82	59.25	104.62
32	13.56	17.79	19.44	24.70	33.00	60.87	107.30
33	14.17	18.59	20.34	25.83	34.21	62.54	110.04
34	14.79	19.44	21.26	27.00	35.46	64.26	112.90
35	15.45	20.29	22.24	28.20	36.75	66.04	115.89
36	16.14	21.21	23.25	29.43	38.06	67.87	118.99
37	16.86	22.14	24.29	30.70	39.42	69.77	122.26
38	17.60	23.09	25.35	31.99	40.78	71.76	125.73
39	18.37	24.09	26.44	33.30	42.19	73.81	129.34
40	19.15	25.10	27.59	34.66	43.60	75.92	133.11
41	19.97	26.15	28.77	36.02	45.06	78.07	137.03
42	20.79	27.23	29.96	37.43	46.54	80.30	141.09
43	21.85	28.48	31.23	38.88	48.16	82.66	145.50
44	22.94	29.76	32.52	40.37	49.76	85.04	150.00
45	24.05	31.06	33.84	41.84	51.37	87.45	154.56
46	25.19	32.38	35.16	43.31	52.94	89.85	159.14
47	26.36	33.71	36.50	44.78	54.45	92.21	163.70
48	27.52	35.07	37.90	46.30	55.94	94.67	168.54
49	28.64	36.40	39.27	47.75	57.31	97.03	173.19
50	29.76	37.69	40.60	49.15	58.55	99.19	177.50
51	30.83	38.90	41.84	50.43	59.59	101.13	181.33
52	31.80	40.01	42.98	51.57	60.44	102.75	184.55
53	32.69	41.02	43.99	52.50	60.93	103.88	186.79
54	33.47	41.87	44.82	53.26	61.18	104.61	188.21
55	33.91	42.51	45.45	53.81	61.18	104.90	188.73
56	34.22	42.97	45.87	54.13	60.92	104.72	188.29
57	34.37	43.23	46.08	54.22	60.42	104.03	186.81
58	33.69	42.42	45.22	52.95	58.47	101.00	180.58
59	32.96	41.58	44.30	51.68	56.55	97.86	174.08
60	32.33	40.84	43.50	50.66	54.96	95.00	168.13
61	31.93	40.40	43.01	50.12	54.03	92.86	163.56
62	31.89	40.43	43.03	50.38	54.01	91.85	161.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.27	13.34	14.57	18.44	25.89	51.17	91.41
26	10.65	13.84	15.14	19.19	26.85	52.59	93.78
27	11.05	14.42	15.78	20.02	27.85	54.03	96.19
28	11.50	15.05	16.46	20.91	28.90	55.52	98.65
29	11.99	15.70	17.20	21.87	29.99	57.03	101.16
30	12.50	16.42	17.99	22.89	31.13	58.62	103.74
31	13.06	17.18	18.83	23.96	32.30	60.24	106.39
32	13.65	17.97	19.71	25.07	33.50	61.90	109.15
33	14.26	18.78	20.62	26.22	34.74	63.62	111.97
34	14.89	19.64	21.57	27.41	36.03	65.38	114.92
35	15.56	20.51	22.56	28.64	37.34	67.21	117.99
36	16.25	21.44	23.59	29.90	38.68	69.11	121.19
37	16.98	22.39	24.66	31.20	40.08	71.06	124.56
38	17.73	23.35	25.74	32.52	41.47	73.11	128.15
39	18.50	24.36	26.86	33.87	42.92	75.22	131.87
40	19.30	25.40	28.03	35.26	44.38	77.40	135.76
41	20.12	26.46	29.23	36.66	45.88	79.64	139.81
42	20.96	27.56	30.46	38.10	47.41	81.94	144.01
43	22.03	28.83	31.77	39.60	49.07	84.38	148.57
44	23.14	30.14	33.09	41.12	50.72	86.86	153.23
45	24.25	31.46	34.43	42.64	52.39	89.35	157.96
46	25.41	32.81	35.79	44.17	54.01	91.84	162.71
47	26.59	34.17	37.17	45.68	55.57	94.28	167.44
48	27.76	35.55	38.61	47.25	57.12	96.86	172.48
49	28.90	36.91	40.02	48.76	58.55	99.32	177.33
50	30.03	38.23	41.39	50.20	59.83	101.59	181.82
51	31.12	39.47	42.67	51.53	60.93	103.60	185.81
52	32.11	40.60	43.83	52.71	61.81	105.29	189.16
53	33.02	41.63	44.87	53.68	62.34	106.48	191.52
54	33.79	42.50	45.72	54.46	62.60	107.25	193.02
55	34.24	43.15	46.37	55.02	62.60	107.54	193.55
56	34.55	43.60	46.78	55.33	62.32	107.32	193.03
57	34.70	43.84	46.96	55.38	61.77	106.54	191.36
58	33.99	43.01	46.09	54.09	59.78	103.44	185.05
59	33.25	42.14	45.11	52.76	57.77	100.14	178.29
60	32.59	41.34	44.21	51.60	56.04	97.00	171.82
61	32.13	40.79	43.58	50.87	54.86	94.42	166.42
62	32.01	40.66	43.37	50.82	54.50	92.78	162.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.49	13.80	15.27	19.41	27.32	54.35	97.18
26	10.88	14.33	15.86	20.20	28.34	55.86	99.70
27	11.29	14.92	16.53	21.07	29.39	57.38	102.26
28	11.75	15.57	17.25	22.00	30.50	58.96	104.84
29	12.25	16.24	18.02	23.01	31.64	60.55	107.50
30	12.77	16.99	18.84	24.08	32.83	62.21	110.20
31	13.34	17.77	19.72	25.20	34.06	63.91	112.96
32	13.94	18.59	20.63	26.36	35.31	65.64	115.82
33	14.56	19.42	21.58	27.56	36.61	67.42	118.75
34	15.21	20.30	22.55	28.79	37.95	69.25	121.78
35	15.88	21.20	23.58	30.07	39.30	71.13	124.94
36	16.59	22.14	24.65	31.37	40.69	73.07	128.22
37	17.33	23.11	25.74	32.72	42.12	75.06	131.64
38	18.08	24.09	26.86	34.07	43.55	77.15	135.28
39	18.87	25.12	28.00	35.46	45.03	79.29	139.05
40	19.67	26.17	29.19	36.88	46.51	81.49	142.97
41	20.50	27.25	30.41	38.30	48.03	83.72	147.04
42	21.35	28.36	31.65	39.76	49.56	86.02	151.23
43	22.42	29.64	32.97	41.26	51.23	88.45	155.77
44	23.53	30.96	34.30	42.79	52.89	90.88	160.38
45	24.66	32.28	35.65	44.31	54.53	93.32	165.02
46	25.82	33.62	37.00	45.81	56.13	95.73	169.64
47	26.99	34.97	38.35	47.29	57.64	98.07	174.18
48	28.15	36.34	39.76	48.80	59.11	100.49	178.97
49	29.28	37.66	41.12	50.25	60.44	102.77	183.50
50	30.40	38.94	42.42	51.61	61.61	104.81	187.60
51	31.45	40.13	43.64	52.84	62.57	106.57	191.15
52	32.42	41.21	44.71	53.89	63.28	107.96	193.99
53	33.28	42.15	45.63	54.69	63.59	108.75	195.63
54	34.02	42.93	46.35	55.29	63.62	109.10	196.36
55	34.42	43.48	46.85	55.66	63.39	108.97	196.13
56	34.68	43.84	47.13	55.79	62.88	108.35	194.89
57	34.78	44.00	47.19	55.68	62.13	107.19	192.56
58	34.01	43.04	46.12	54.14	59.84	103.55	185.20
59	33.21	42.06	44.99	52.61	57.60	99.83	177.63
60	32.52	41.21	44.03	51.36	55.76	96.47	170.76
61	32.08	40.67	43.42	50.66	54.62	93.98	165.54
62	32.01	40.66	43.37	50.82	54.50	92.78	162.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.46	9.48	10.22	12.99	19.40	40.70	72.49
26	7.74	9.85	10.62	13.53	20.14	41.87	74.49
27	8.03	10.24	11.06	14.12	20.90	43.07	76.50
28	8.34	10.68	11.54	14.73	21.70	44.30	78.54
29	8.69	11.14	12.05	15.40	22.54	45.55	80.61
30	9.06	11.64	12.60	16.10	23.40	46.83	82.71
31	9.45	12.17	13.17	16.84	24.28	48.15	84.87
32	9.86	12.72	13.78	17.63	25.20	49.49	87.08
33	10.29	13.29	14.40	18.41	26.13	50.87	89.36
34	10.73	13.89	15.05	19.24	27.11	52.28	91.71
35	11.20	14.48	15.73	20.08	28.11	53.74	94.15
36	11.69	15.13	16.44	20.94	29.12	55.23	96.69
37	12.19	15.79	17.15	21.83	30.17	56.77	99.33
38	12.72	16.45	17.89	22.74	31.22	58.37	102.12
39	13.25	17.15	18.66	23.65	32.30	60.00	105.01
40	13.80	17.86	19.44	24.58	33.40	61.70	108.02
41	14.38	18.58	20.24	25.53	34.53	63.42	111.14
42	14.95	19.32	21.08	26.50	35.67	65.17	114.35
43	15.70	20.19	21.93	27.48	36.89	67.04	117.81
44	16.45	21.07	22.82	28.49	38.10	68.90	121.34
45	17.23	21.96	23.72	29.48	39.31	70.76	124.89
46	18.01	22.87	24.61	30.47	40.47	72.60	128.43
47	18.81	23.79	25.52	31.45	41.58	74.40	131.92
48	19.61	24.69	26.45	32.45	42.65	76.27	135.58
49	20.39	25.59	27.37	33.39	43.65	78.02	139.07
50	21.14	26.46	28.24	34.29	44.51	79.62	142.26
51	21.87	27.27	29.08	35.13	45.25	81.02	145.06
52	22.53	28.01	29.82	35.84	45.82	82.17	147.38
53	23.10	28.64	30.48	36.40	46.11	82.89	148.85
54	23.57	29.16	31.02	36.85	46.23	83.28	149.71
55	23.93	29.59	31.43	37.18	46.16	83.36	149.86
56	24.21	29.90	31.72	37.35	45.92	83.05	149.34
57	24.38	30.07	31.87	37.40	45.50	82.39	148.04
58	23.96	29.52	31.30	36.50	44.06	79.85	143.02
59	23.51	28.98	30.72	35.64	42.66	77.26	137.91
60	23.14	28.53	30.25	35.03	41.53	74.99	133.41
61	22.96	28.32	30.03	34.82	40.88	73.38	130.25
62	23.06	28.45	30.19	35.26	40.94	72.81	129.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.49	9.55	10.32	13.13	19.61	41.16	73.32
26	7.77	9.92	10.74	13.68	20.36	42.35	75.35
27	8.06	10.32	11.18	14.27	21.13	43.57	77.40
28	8.38	10.77	11.67	14.91	21.95	44.82	79.48
29	8.74	11.23	12.18	15.58	22.78	46.09	81.58
30	9.10	11.74	12.74	16.30	23.66	47.41	83.72
31	9.50	12.28	13.32	17.05	24.57	48.75	85.93
32	9.91	12.83	13.94	17.85	25.50	50.11	88.19
33	10.34	13.40	14.57	18.65	26.44	51.52	90.52
34	10.79	14.01	15.23	19.49	27.45	52.95	92.92
35	11.26	14.62	15.93	20.35	28.47	54.45	95.41
36	11.77	15.27	16.64	21.23	29.50	55.97	98.01
37	12.26	15.94	17.37	22.14	30.56	57.54	100.71
38	12.80	16.61	18.13	23.06	31.64	59.19	103.57
39	13.33	17.31	18.89	23.98	32.75	60.86	106.53
40	13.89	18.02	19.70	24.94	33.87	62.59	109.61
41	14.47	18.77	20.53	25.91	35.02	64.35	112.82
42	15.05	19.53	21.38	26.89	36.18	66.16	116.10
43	15.80	20.40	22.25	27.91	37.44	68.07	119.66
44	16.56	21.30	23.16	28.95	38.68	69.98	123.28
45	17.34	22.20	24.08	29.96	39.92	71.90	126.93
46	18.14	23.13	24.99	30.98	41.11	73.80	130.57
47	18.96	24.05	25.92	31.99	42.26	75.65	134.17
48	19.76	24.98	26.88	33.02	43.37	77.58	137.95
49	20.55	25.90	27.82	33.99	44.40	79.40	141.56
50	21.30	26.79	28.71	34.93	45.28	81.06	144.86
51	22.04	27.61	29.57	35.78	46.05	82.51	147.75
52	22.70	28.36	30.34	36.52	46.64	83.69	150.15
53	23.29	29.03	31.01	37.11	46.96	84.45	151.69
54	23.78	29.55	31.57	37.58	47.09	84.87	152.58
55	24.14	29.98	31.98	37.90	47.02	84.95	152.75
56	24.42	30.29	32.27	38.07	46.76	84.62	152.18
57	24.59	30.46	32.39	38.10	46.31	83.90	150.77
58	24.16	29.90	31.81	37.19	44.84	81.31	145.69
59	23.71	29.33	31.20	36.29	43.40	78.64	140.43
60	23.31	28.84	30.68	35.60	42.17	76.20	135.63
61	23.09	28.56	30.37	35.27	41.39	74.33	131.96
62	23.14	28.60	30.40	35.53	41.23	73.37	130.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.55	9.66	10.48	13.35	19.92	41.84	74.57
26	7.82	10.02	10.89	13.90	20.69	43.06	76.64
27	8.12	10.44	11.36	14.52	21.48	44.32	78.75
28	8.44	10.89	11.84	15.17	22.31	45.59	80.89
29	8.80	11.37	12.38	15.86	23.17	46.90	83.05
30	9.16	11.88	12.95	16.60	24.07	48.25	85.25
31	9.57	12.43	13.54	17.37	24.99	49.63	87.52
32	9.99	12.99	14.19	18.18	25.95	51.04	89.86
33	10.42	13.58	14.83	19.00	26.93	52.48	92.25
34	10.88	14.19	15.51	19.86	27.95	53.97	94.73
35	11.36	14.81	16.22	20.74	29.00	55.50	97.30
36	11.86	15.48	16.95	21.66	30.06	57.08	99.99
37	12.37	16.16	17.71	22.59	31.16	58.71	102.78
38	12.91	16.83	18.48	23.54	32.27	60.40	105.74
39	13.45	17.56	19.27	24.50	33.40	62.14	108.80
40	14.02	18.30	20.10	25.48	34.58	63.93	112.00
41	14.61	19.05	20.95	26.49	35.76	65.77	115.32
42	15.20	19.83	21.82	27.51	36.95	67.63	118.73
43	15.96	20.72	22.73	28.56	38.25	69.62	122.43
44	16.74	21.64	23.66	29.63	39.55	71.61	126.19
45	17.53	22.56	24.61	30.69	40.83	73.60	129.99
46	18.34	23.51	25.56	31.75	42.07	75.59	133.79
47	19.17	24.46	26.52	32.80	43.26	77.52	137.54
48	19.98	25.41	27.53	33.87	44.43	79.56	141.50
49	20.78	26.36	28.49	34.90	45.50	81.46	145.28
50	21.55	27.27	29.43	35.88	46.45	83.20	148.75
51	22.30	28.12	30.31	36.78	47.25	84.74	151.79
52	22.99	28.89	31.11	37.55	47.88	85.98	154.31
53	23.58	29.59	31.80	38.17	48.22	86.79	155.95
54	24.09	30.14	32.38	38.66	48.36	87.25	156.92
55	24.46	30.58	32.81	38.99	48.30	87.32	157.09
56	24.74	30.87	33.08	39.15	48.02	86.96	156.44
57	24.90	31.02	33.18	39.14	47.53	86.15	154.88
58	24.46	30.46	32.60	38.22	46.02	83.52	149.72
59	23.98	29.86	31.94	37.26	44.50	80.70	144.21
60	23.56	29.30	31.32	36.45	43.13	78.00	138.94
61	23.28	28.93	30.87	35.94	42.13	75.74	134.53
62	23.25	28.82	30.69	35.92	41.67	74.21	131.60

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.74	10.08	11.11	14.22	21.21	44.70	79.75
26	8.03	10.46	11.55	14.81	22.03	46.01	81.97
27	8.33	10.89	12.03	15.46	22.86	47.33	84.21
28	8.67	11.37	12.56	16.15	23.75	48.69	86.46
29	9.03	11.85	13.11	16.89	24.67	50.07	88.75
30	9.41	12.40	13.72	17.66	25.61	51.48	91.06
31	9.82	12.95	14.34	18.49	26.58	52.94	93.43
32	10.25	13.54	15.01	19.33	27.59	54.40	95.87
33	10.70	14.15	15.69	20.20	28.61	55.91	98.35
34	11.16	14.78	16.39	21.11	29.67	57.45	100.91
35	11.65	15.43	17.14	22.04	30.76	59.03	103.56
36	12.16	16.11	17.90	22.98	31.86	60.64	106.30
37	12.68	16.81	18.67	23.95	32.99	62.31	109.15
38	13.23	17.51	19.48	24.93	34.14	64.04	112.16
39	13.78	18.25	20.30	25.92	35.31	65.79	115.27
40	14.35	18.99	21.15	26.94	36.48	67.60	118.49
41	14.94	19.76	22.01	27.96	37.69	69.44	121.82
42	15.55	20.55	22.90	29.00	38.90	71.31	125.22
43	16.32	21.45	23.81	30.06	40.20	73.28	128.90
44	17.09	22.38	24.75	31.13	41.49	75.23	132.62
45	17.89	23.30	25.70	32.19	42.76	77.18	136.35
46	18.70	24.25	26.65	33.23	43.98	79.09	140.02
47	19.53	25.19	27.59	34.25	45.12	80.92	143.61
48	20.33	26.12	28.56	35.28	46.22	82.82	147.34
49	21.11	27.03	29.48	36.24	47.20	84.56	150.83
50	21.88	27.91	30.36	37.14	48.04	86.11	153.95
51	22.61	28.71	31.18	37.95	48.73	87.40	156.60
52	23.26	29.44	31.90	38.61	49.20	88.38	158.65
53	23.82	30.05	32.49	39.08	49.35	88.84	159.65
54	24.31	30.54	32.94	39.41	49.29	88.92	159.93
55	24.63	30.89	33.24	39.56	49.01	88.61	159.41
56	24.86	31.10	33.40	39.56	48.52	87.88	158.12
57	24.97	31.17	33.39	39.41	47.85	86.74	155.95
58	24.47	30.48	32.62	38.25	46.08	83.61	149.86
59	23.95	29.79	31.83	37.12	44.35	80.41	143.62
60	23.50	29.19	31.15	36.23	42.88	77.53	137.99
61	23.24	28.82	30.73	35.75	41.91	75.34	133.74
62	23.25	28.82	30.69	35.92	41.67	74.21	131.60

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.29	10.53	11.35	14.43	21.56	45.22	80.55
26	8.60	10.94	11.80	15.03	22.38	46.53	82.76
27	8.91	11.38	12.29	15.68	23.22	47.85	85.00
28	9.27	11.87	12.82	16.37	24.11	49.22	87.27
29	9.65	12.38	13.38	17.11	25.04	50.61	89.57
30	10.06	12.94	14.00	17.89	26.00	52.03	91.90
31	10.50	13.53	14.63	18.72	26.98	53.50	94.30
32	10.95	14.13	15.31	19.58	28.00	54.99	96.76
33	11.43	14.77	16.00	20.45	29.03	56.52	99.29
34	11.92	15.43	16.72	21.38	30.12	58.09	101.90
35	12.44	16.10	17.48	22.31	31.23	59.71	104.61
36	12.99	16.81	18.26	23.27	32.36	61.36	107.43
37	13.54	17.54	19.05	24.26	33.52	63.08	110.36
38	14.12	18.28	19.88	25.26	34.69	64.86	113.47
39	14.72	19.05	20.72	26.27	35.90	66.67	116.68
40	15.33	19.84	21.60	27.31	37.12	68.55	120.02
41	15.97	20.64	22.49	28.36	38.37	70.47	123.49
42	16.61	21.47	23.42	29.44	39.63	72.42	127.05
43	17.44	22.43	24.37	30.54	40.99	74.48	130.91
44	18.28	23.41	25.35	31.65	42.34	76.55	134.82
45	19.14	24.40	26.36	32.75	43.67	78.62	138.77
46	20.01	25.41	27.35	33.86	44.97	80.67	142.70
47	20.91	26.43	28.35	34.94	46.20	82.67	146.58
48	21.79	27.44	29.39	36.05	47.40	84.74	150.65
49	22.65	28.43	30.40	37.10	48.50	86.69	154.52
50	23.49	29.40	31.38	38.10	49.46	88.47	158.07
51	24.30	30.30	32.30	39.03	50.27	90.02	161.18
52	25.03	31.13	33.14	39.82	50.91	91.29	163.76
53	25.67	31.83	33.87	40.44	51.23	92.09	165.39
54	26.19	32.40	34.47	40.95	51.37	92.54	166.34
55	26.58	32.88	34.93	41.31	51.30	92.62	166.51
56	26.90	33.22	35.25	41.50	51.02	92.29	165.93
57	27.09	33.41	35.41	41.55	50.56	91.55	164.49
58	26.62	32.81	34.78	40.56	48.95	88.72	158.91
59	26.13	32.20	34.14	39.60	47.41	85.84	153.23
60	25.71	31.70	33.61	38.92	46.14	83.33	148.23
61	25.51	31.46	33.37	38.69	45.43	81.54	144.72
62	25.62	31.61	33.55	39.18	45.49	80.90	143.45

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.32	10.61	11.47	14.59	21.79	45.73	81.47
26	8.63	11.02	11.92	15.20	22.62	47.05	83.72
27	8.96	11.47	12.43	15.86	23.48	48.41	86.00
28	9.31	11.97	12.96	16.56	24.38	49.80	88.31
29	9.71	12.48	13.53	17.31	25.32	51.21	90.65
30	10.11	13.04	14.16	18.11	26.29	52.67	93.02
31	10.55	13.64	14.80	18.95	27.30	54.16	95.48
32	11.01	14.26	15.49	19.83	28.34	55.68	98.00
33	11.49	14.89	16.19	20.72	29.38	57.24	100.58
34	11.99	15.57	16.92	21.66	30.49	58.84	103.24
35	12.51	16.24	17.70	22.61	31.63	60.49	106.01
36	13.07	16.97	18.49	23.58	32.77	62.19	108.89
37	13.62	17.71	19.30	24.60	33.96	63.94	111.89
38	14.21	18.45	20.14	25.62	35.16	65.76	115.08
39	14.81	19.24	21.00	26.65	36.39	67.62	118.37
40	15.43	20.03	21.89	27.71	37.64	69.55	121.79
41	16.08	20.86	22.81	28.78	38.91	71.51	125.35
42	16.72	21.69	23.75	29.88	40.20	73.51	129.00
43	17.56	22.67	24.72	31.01	41.60	75.63	132.96
44	18.40	23.66	25.73	32.16	42.98	77.76	136.98
45	19.27	24.67	26.75	33.29	44.35	79.89	141.04
46	20.15	25.70	27.77	34.43	45.68	82.00	145.08
47	21.07	26.73	28.80	35.54	46.95	84.06	149.08
48	21.96	27.76	29.87	36.69	48.19	86.20	153.28
49	22.83	28.78	30.91	37.77	49.32	88.22	157.28
50	23.67	29.76	31.91	38.81	50.32	90.06	160.95
51	24.49	30.68	32.85	39.76	51.16	91.68	164.17
52	25.23	31.51	33.71	40.58	51.82	92.99	166.84
53	25.88	32.25	34.46	41.23	52.18	93.83	168.55
54	26.42	32.83	35.07	41.75	52.32	94.30	169.54
55	26.82	33.32	35.53	42.12	52.25	94.38	169.73
56	27.13	33.65	35.85	42.30	51.96	94.02	169.08
57	27.32	33.84	35.99	42.33	51.46	93.22	167.53
58	26.84	33.22	35.35	41.32	49.83	90.35	161.88
59	26.34	32.59	34.67	40.32	48.22	87.38	156.03
60	25.90	32.04	34.08	39.56	46.85	84.66	150.69
61	25.66	31.73	33.74	39.19	45.98	82.59	146.63
62	25.70	31.78	33.77	39.48	45.81	81.52	144.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.39	10.74	11.64	14.84	22.13	46.49	82.85
26	8.69	11.14	12.11	15.45	22.99	47.85	85.16
27	9.02	11.60	12.62	16.13	23.87	49.24	87.50
28	9.38	12.11	13.16	16.85	24.79	50.66	89.87
29	9.78	12.63	13.75	17.62	25.75	52.11	92.28
30	10.18	13.20	14.39	18.44	26.74	53.61	94.72
31	10.63	13.81	15.05	19.30	27.77	55.15	97.25
32	11.10	14.43	15.76	20.20	28.84	56.71	99.84
33	11.58	15.08	16.47	21.11	29.92	58.32	102.50
34	12.08	15.77	17.23	22.07	31.06	59.96	105.26
35	12.62	16.46	18.02	23.05	32.22	61.67	108.12
36	13.18	17.20	18.83	24.06	33.40	63.42	111.09
37	13.75	17.95	19.67	25.10	34.62	65.23	114.20
38	14.34	18.71	20.53	26.15	35.85	67.12	117.49
39	14.94	19.51	21.41	27.22	37.12	69.04	120.89
40	15.58	20.33	22.33	28.31	38.41	71.03	124.44
41	16.23	21.16	23.28	29.43	39.73	73.08	128.13
42	16.89	22.03	24.24	30.56	41.06	75.14	131.92
43	17.73	23.02	25.26	31.73	42.50	77.35	136.03
44	18.59	24.04	26.29	32.92	43.94	79.57	140.21
45	19.47	25.07	27.35	34.10	45.36	81.78	144.43
46	20.37	26.13	28.40	35.28	46.75	83.99	148.65
47	21.30	27.18	29.47	36.44	48.07	86.13	152.82
48	22.20	28.24	30.58	37.64	49.37	88.40	157.22
49	23.08	29.29	31.65	38.78	50.56	90.51	161.42
50	23.94	30.30	32.69	39.86	51.60	92.45	165.27
51	24.78	31.24	33.68	40.86	52.50	94.15	168.65
52	25.54	32.10	34.57	41.72	53.20	95.53	171.45
53	26.21	32.87	35.34	42.41	53.58	96.44	173.28
54	26.77	33.48	35.97	42.95	53.74	96.95	174.35
55	27.17	33.98	36.45	43.32	53.67	97.03	174.54
56	27.48	34.30	36.76	43.50	53.35	96.62	173.82
57	27.66	34.47	36.87	43.49	52.81	95.73	172.08
58	27.17	33.84	36.21	42.46	51.14	92.80	166.36
59	26.65	33.18	35.48	41.40	49.45	89.66	160.24
60	26.17	32.56	34.80	40.50	47.92	86.67	154.38
61	25.87	32.14	34.30	39.93	46.81	84.15	149.49
62	25.84	32.02	34.11	39.92	46.30	82.46	146.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.61	11.19	12.34	15.80	23.57	49.67	88.62
26	8.92	11.62	12.83	16.46	24.47	51.12	91.08
27	9.26	12.10	13.37	17.18	25.41	52.59	93.56
28	9.63	12.63	13.95	17.94	26.39	54.10	96.07
29	10.03	13.17	14.57	18.76	27.40	55.63	98.61
30	10.45	13.77	15.24	19.62	28.45	57.20	101.18
31	10.91	14.40	15.94	20.54	29.53	58.82	103.81
32	11.39	15.05	16.68	21.48	30.65	60.45	106.52
33	11.89	15.73	17.43	22.45	31.79	62.12	109.28
34	12.40	16.43	18.22	23.45	32.97	63.83	112.12
35	12.94	17.14	19.04	24.48	34.18	65.59	115.07
36	13.52	17.90	19.89	25.53	35.40	67.38	118.11
37	14.09	18.67	20.75	26.61	36.66	69.24	121.27
38	14.70	19.46	21.65	27.70	37.93	71.16	124.63
39	15.31	20.28	22.55	28.80	39.23	73.10	128.08
40	15.95	21.10	23.50	29.93	40.54	75.12	131.66
41	16.61	21.96	24.46	31.06	41.88	77.16	135.35
42	17.27	22.83	25.44	32.22	43.22	79.23	139.14
43	18.13	23.83	26.46	33.40	44.67	81.42	143.23
44	18.99	24.86	27.51	34.59	46.10	83.59	147.36
45	19.88	25.89	28.56	35.76	47.51	85.76	151.49
46	20.78	26.95	29.60	36.92	48.87	87.88	155.58
47	21.69	27.98	30.65	38.05	50.13	89.92	159.56
48	22.59	29.02	31.72	39.20	51.36	92.02	163.71
49	23.46	30.03	32.75	40.27	52.45	93.96	167.59
50	24.31	31.01	33.73	41.27	53.38	95.67	171.05
51	25.12	31.90	34.65	42.16	54.14	97.12	173.99
52	25.85	32.71	35.45	42.90	54.67	98.20	176.27
53	26.47	33.39	36.10	43.42	54.83	98.71	177.39
54	27.02	33.93	36.60	43.78	54.76	98.80	177.70
55	27.37	34.32	36.93	43.96	54.45	98.45	177.13
56	27.62	34.56	37.11	43.96	53.92	97.64	175.68
57	27.75	34.64	37.10	43.79	53.17	96.38	173.28
58	27.19	33.87	36.25	42.50	51.20	92.90	166.50
59	26.61	33.10	35.37	41.25	49.28	89.35	159.58
60	26.11	32.43	34.61	40.25	47.64	86.14	153.32
61	25.82	32.02	34.14	39.72	46.57	83.71	148.61
62	25.84	32.02	34.11	39.92	46.30	82.46	146.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.66	8.38	8.98	11.48	17.05	35.62	63.18
26	6.91	8.70	9.35	11.96	17.71	36.73	65.07
27	7.17	9.06	9.74	12.48	18.41	37.84	66.97
28	7.45	9.46	10.16	13.03	19.13	38.98	68.87
29	7.75	9.86	10.61	13.63	19.87	40.13	70.77
30	8.08	10.30	11.10	14.26	20.64	41.31	72.71
31	8.44	10.77	11.61	14.92	21.43	42.50	74.69
32	8.79	11.26	12.14	15.60	22.25	43.71	76.69
33	9.17	11.76	12.67	16.29	23.07	44.94	78.73
34	9.55	12.27	13.24	17.01	23.94	46.20	80.83
35	9.97	12.80	13.82	17.76	24.81	47.48	82.98
36	10.38	13.35	14.44	18.50	25.70	48.80	85.21
37	10.82	13.91	15.06	19.27	26.59	50.12	87.50
38	11.28	14.49	15.69	20.06	27.51	51.52	89.91
39	11.75	15.09	16.35	20.83	28.43	52.92	92.40
40	12.21	15.69	17.00	21.64	29.36	54.37	94.96
41	12.71	16.32	17.70	22.43	30.31	55.81	97.60
42	13.19	16.94	18.39	23.25	31.26	57.30	100.30
43	13.82	17.67	19.10	24.07	32.28	58.83	103.18
44	14.46	18.40	19.84	24.90	33.28	60.37	106.09
45	15.11	19.15	20.58	25.71	34.26	61.89	109.00
46	15.77	19.90	21.32	26.53	35.21	63.38	111.87
47	16.44	20.64	22.06	27.31	36.08	64.82	114.67
48	17.08	21.38	22.80	28.09	36.91	66.26	117.55
49	17.71	22.10	23.53	28.82	37.66	67.60	120.24
50	18.32	22.78	24.23	29.52	38.29	68.81	122.69
51	18.89	23.43	24.89	30.14	38.81	69.84	124.80
52	19.43	24.02	25.48	30.69	39.20	70.66	126.52
53	19.90	24.52	26.00	31.09	39.34	71.12	127.49
54	20.25	24.91	26.42	31.41	39.36	71.33	127.99
55	20.54	25.26	26.75	31.64	39.25	71.31	127.96
56	20.78	25.53	27.00	31.78	39.02	71.01	127.43
57	20.94	25.70	27.15	31.83	38.68	70.45	126.37
58	20.64	25.33	26.78	31.17	37.58	68.50	122.45
59	20.35	24.98	26.42	30.57	36.55	66.56	118.57
60	20.13	24.72	26.15	30.21	35.77	64.91	115.25
61	20.08	24.67	26.11	30.22	35.45	63.84	113.09
62	20.25	24.90	26.39	30.77	35.73	63.62	112.62

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.70	8.45	9.08	11.62	17.26	36.08	64.02
26	6.93	8.77	9.46	12.11	17.93	37.21	65.94
27	7.21	9.14	9.86	12.64	18.64	38.34	67.87
28	7.49	9.55	10.29	13.21	19.37	39.50	69.80
29	7.81	9.95	10.74	13.82	20.13	40.67	71.75
30	8.12	10.40	11.24	14.46	20.92	41.87	73.73
31	8.48	10.88	11.77	15.12	21.72	43.09	75.75
32	8.84	11.37	12.29	15.82	22.55	44.33	77.80
33	9.23	11.86	12.85	16.53	23.39	45.58	79.89
34	9.62	12.40	13.43	17.27	24.27	46.87	82.03
35	10.03	12.93	14.03	18.02	25.16	48.18	84.24
36	10.45	13.50	14.64	18.79	26.07	49.54	86.53
37	10.89	14.06	15.28	19.57	26.99	50.90	88.88
38	11.36	14.65	15.93	20.37	27.92	52.32	91.36
39	11.83	15.25	16.60	21.17	28.87	53.78	93.92
40	12.29	15.87	17.27	22.00	29.82	55.26	96.55
41	12.80	16.51	17.98	22.81	30.80	56.75	99.27
42	13.29	17.14	18.69	23.65	31.78	58.27	102.05
43	13.92	17.88	19.42	24.50	32.83	59.86	105.03
44	14.57	18.63	20.18	25.36	33.86	61.45	108.03
45	15.23	19.39	20.94	26.20	34.87	63.03	111.04
46	15.89	20.15	21.70	27.04	35.84	64.57	114.01
47	16.58	20.92	22.46	27.84	36.76	66.07	116.93
48	17.23	21.67	23.23	28.66	37.62	67.58	119.92
49	17.86	22.40	23.98	29.43	38.39	68.97	122.72
50	18.49	23.11	24.70	30.15	39.06	70.24	125.29
51	19.07	23.77	25.38	30.80	39.61	71.32	127.49
52	19.61	24.37	26.00	31.36	40.02	72.20	129.29
53	20.08	24.90	26.52	31.79	40.20	72.69	130.34
54	20.46	25.31	26.96	32.13	40.22	72.92	130.87
55	20.75	25.65	27.30	32.37	40.11	72.89	130.86
56	20.98	25.92	27.54	32.50	39.86	72.57	130.27
57	21.14	26.07	27.68	32.52	39.49	71.96	129.10
58	20.85	25.70	27.29	31.85	38.37	69.97	125.13
59	20.55	25.33	26.89	31.22	37.28	67.94	121.09
60	20.30	25.03	26.58	30.77	36.41	66.11	117.47
61	20.21	24.91	26.44	30.66	35.95	64.78	114.80
62	20.33	25.05	26.59	31.05	36.02	64.19	113.62

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.75	8.56	9.24	11.84	17.56	36.77	65.26
26	7.00	8.89	9.63	12.34	18.26	37.92	67.22
27	7.26	9.26	10.03	12.88	18.98	39.09	69.21
28	7.56	9.67	10.47	13.47	19.74	40.28	71.21
29	7.87	10.09	10.95	14.09	20.51	41.48	73.22
30	8.19	10.54	11.45	14.76	21.32	42.72	75.26
31	8.55	11.03	11.99	15.44	22.14	43.98	77.34
32	8.92	11.53	12.54	16.16	23.00	45.26	79.46
33	9.31	12.04	13.10	16.89	23.87	46.55	81.62
34	9.71	12.58	13.70	17.64	24.77	47.88	83.85
35	10.13	13.12	14.32	18.42	25.70	49.24	86.13
36	10.56	13.70	14.95	19.21	26.63	50.65	88.51
37	11.01	14.29	15.61	20.02	27.59	52.07	90.96
38	11.48	14.88	16.28	20.86	28.56	53.55	93.53
39	11.94	15.50	16.97	21.68	29.53	55.05	96.19
40	12.43	16.13	17.67	22.54	30.53	56.59	98.94
41	12.94	16.78	18.40	23.39	31.54	58.16	101.77
42	13.44	17.44	19.13	24.26	32.55	59.75	104.68
43	14.08	18.20	19.91	25.15	33.64	61.42	107.79
44	14.75	18.97	20.69	26.04	34.72	63.09	110.93
45	15.41	19.76	21.48	26.93	35.78	64.73	114.09
46	16.10	20.54	22.26	27.81	36.80	66.36	117.22
47	16.78	21.33	23.06	28.65	37.76	67.94	120.29
48	17.46	22.11	23.87	29.52	38.68	69.55	123.46
49	18.10	22.86	24.66	30.33	39.50	71.03	126.45
50	18.74	23.59	25.41	31.10	40.22	72.40	129.18
51	19.33	24.28	26.12	31.79	40.81	73.55	131.52
52	19.89	24.90	26.76	32.39	41.25	74.48	133.43
53	20.38	25.46	27.32	32.85	41.47	75.04	134.60
54	20.78	25.89	27.77	33.22	41.50	75.30	135.20
55	21.07	26.25	28.12	33.46	41.39	75.28	135.19
56	21.30	26.50	28.35	33.57	41.12	74.91	134.53
57	21.45	26.65	28.47	33.57	40.70	74.22	133.20
58	21.15	26.26	28.07	32.88	39.55	72.17	129.15
59	20.82	25.86	27.62	32.19	38.38	70.00	124.87
60	20.55	25.49	27.22	31.63	37.38	67.92	120.79
61	20.40	25.27	26.95	31.33	36.70	66.18	117.38
62	20.45	25.27	26.89	31.44	36.46	65.02	115.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.94	8.98	9.86	12.72	18.86	39.63	70.45
26	7.20	9.32	10.27	13.24	19.60	40.87	72.56
27	7.48	9.71	10.71	13.82	20.37	42.10	74.67
28	7.78	10.14	11.18	14.46	21.18	43.38	76.79
29	8.10	10.58	11.69	15.12	22.00	44.65	78.92
30	8.44	11.05	12.21	15.82	22.85	45.95	81.07
31	8.81	11.55	12.79	16.55	23.72	47.28	83.25
32	9.19	12.08	13.36	17.31	24.63	48.62	85.47
33	9.58	12.62	13.97	18.09	25.55	49.98	87.72
34	9.99	13.17	14.59	18.88	26.50	51.37	90.02
35	10.42	13.75	15.24	19.71	27.46	52.76	92.39
36	10.86	14.34	15.90	20.54	28.43	54.22	94.83
37	11.32	14.93	16.59	21.38	29.43	55.67	97.32
38	11.79	15.56	17.28	22.25	30.42	57.18	99.95
39	12.28	16.19	18.00	23.11	31.43	58.71	102.66
40	12.76	16.83	18.72	24.00	32.44	60.27	105.43
41	13.27	17.49	19.46	24.86	33.47	61.83	108.28
42	13.79	18.16	20.21	25.75	34.50	63.42	111.17
43	14.44	18.93	20.99	26.65	35.60	65.07	114.27
44	15.10	19.70	21.78	27.54	36.67	66.70	117.37
45	15.78	20.49	22.57	28.42	37.72	68.31	120.45
46	16.46	21.27	23.35	29.29	38.71	69.86	123.46
47	17.14	22.05	24.12	30.10	39.63	71.34	126.36
48	17.80	22.81	24.90	30.92	40.47	72.81	129.30
49	18.44	23.54	25.64	31.67	41.21	74.14	132.00
50	19.05	24.24	26.34	32.37	41.82	75.29	134.38
51	19.63	24.87	26.99	32.96	42.28	76.23	136.34
52	20.16	25.45	27.55	33.46	42.57	76.88	137.77
53	20.62	25.92	28.00	33.77	42.58	77.08	138.30
54	21.00	26.29	28.34	33.96	42.42	76.96	138.21
55	21.24	26.56	28.56	34.03	42.10	76.55	137.52
56	21.43	26.73	28.67	33.99	41.62	75.84	136.21
57	21.52	26.80	28.67	33.84	41.03	74.81	134.28
58	21.16	26.29	28.10	32.91	39.60	72.27	129.29
59	20.79	25.78	27.53	32.05	38.23	69.71	124.28
60	20.49	25.38	27.05	31.41	37.13	67.44	119.84
61	20.35	25.17	26.81	31.14	36.48	65.78	116.59
62	20.45	25.27	26.89	31.44	36.46	65.02	115.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.40	9.31	9.98	12.75	18.95	39.58	70.21
26	7.67	9.67	10.38	13.29	19.68	40.81	72.30
27	7.96	10.07	10.82	13.87	20.45	42.05	74.40
28	8.28	10.51	11.29	14.48	21.25	43.31	76.52
29	8.62	10.96	11.79	15.14	22.08	44.59	78.64
30	8.98	11.45	12.33	15.85	22.94	45.89	80.79
31	9.37	11.97	12.90	16.57	23.81	47.22	82.98
32	9.77	12.50	13.48	17.34	24.72	48.57	85.21
33	10.19	13.06	14.08	18.10	25.63	49.93	87.48
34	10.61	13.63	14.71	18.90	26.59	51.33	89.81
35	11.08	14.22	15.36	19.73	27.56	52.75	92.21
36	11.54	14.84	16.04	20.56	28.55	54.22	94.68
37	12.03	15.46	16.73	21.41	29.55	55.70	97.22
38	12.53	16.10	17.43	22.28	30.56	57.24	99.90
39	13.05	16.76	18.16	23.14	31.59	58.80	102.67
40	13.56	17.43	18.89	24.04	32.62	60.40	105.51
41	14.12	18.13	19.66	24.92	33.68	62.01	108.44
42	14.66	18.82	20.43	25.83	34.73	63.66	111.44
43	15.36	19.63	21.23	26.74	35.87	65.37	114.65
44	16.07	20.44	22.04	27.67	36.98	67.07	117.88
45	16.79	21.28	22.87	28.57	38.07	68.76	121.11
46	17.52	22.11	23.69	29.48	39.12	70.42	124.30
47	18.26	22.94	24.51	30.34	40.09	72.02	127.42
48	18.98	23.76	25.34	31.21	41.01	73.62	130.61
49	19.68	24.55	26.14	32.02	41.84	75.11	133.60
50	20.35	25.32	26.92	32.80	42.54	76.45	136.32
51	21.00	26.03	27.65	33.49	43.12	77.60	138.67
52	21.59	26.69	28.31	34.09	43.55	78.51	140.57
53	22.11	27.24	28.88	34.54	43.72	79.02	141.66
54	22.50	27.68	29.36	34.90	43.74	79.26	142.21
55	22.82	28.06	29.73	35.16	43.61	79.23	142.18
56	23.08	28.36	30.00	35.31	43.36	78.90	141.59
57	23.26	28.55	30.17	35.37	42.98	78.28	140.40
58	22.94	28.14	29.75	34.63	41.76	76.11	136.06
59	22.62	27.76	29.35	33.97	40.60	73.96	131.74
60	22.37	27.46	29.06	33.56	39.75	72.12	128.06
61	22.31	27.40	29.01	33.57	39.39	70.93	125.66
62	22.50	27.67	29.32	34.20	39.70	70.69	125.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.44	9.39	10.09	12.91	19.18	40.09	71.13
26	7.71	9.75	10.51	13.46	19.92	41.34	73.26
27	8.01	10.16	10.96	14.04	20.71	42.60	75.41
28	8.32	10.60	11.43	14.68	21.52	43.89	77.55
29	8.67	11.06	11.94	15.35	22.36	45.19	79.72
30	9.03	11.55	12.49	16.07	23.24	46.53	81.92
31	9.42	12.08	13.07	16.80	24.13	47.88	84.16
32	9.83	12.63	13.66	17.58	25.05	49.25	86.44
33	10.25	13.18	14.27	18.37	25.99	50.65	88.77
34	10.68	13.77	14.92	19.18	26.96	52.08	91.15
35	11.15	14.36	15.58	20.03	27.96	53.53	93.61
36	11.62	15.00	16.27	20.87	28.96	55.04	96.14
37	12.11	15.63	16.98	21.74	29.99	56.56	98.75
38	12.62	16.28	17.70	22.63	31.03	58.14	101.51
39	13.14	16.95	18.44	23.52	32.08	59.75	104.36
40	13.66	17.63	19.19	24.45	33.14	61.40	107.28
41	14.22	18.34	19.98	25.34	34.22	63.05	110.30
42	14.77	19.04	20.77	26.28	35.31	64.75	113.39
43	15.47	19.87	21.58	27.22	36.48	66.51	116.70
44	16.19	20.70	22.42	28.18	37.62	68.28	120.03
45	16.92	21.54	23.27	29.11	38.75	70.03	123.38
46	17.66	22.39	24.11	30.04	39.83	71.75	126.68
47	18.42	23.24	24.96	30.94	40.84	73.41	129.91
48	19.15	24.08	25.81	31.85	41.80	75.08	133.24
49	19.85	24.90	26.65	32.69	42.66	76.64	136.36
50	20.54	25.68	27.45	33.50	43.40	78.05	139.21
51	21.19	26.41	28.20	34.22	44.01	79.25	141.66
52	21.79	27.08	28.88	34.85	44.47	80.21	143.65
53	22.32	27.66	29.47	35.32	44.66	80.77	144.82
54	22.73	28.12	29.96	35.70	44.69	81.02	145.41
55	23.06	28.50	30.33	35.97	44.56	80.99	145.39
56	23.31	28.79	30.60	36.11	44.29	80.63	144.74
57	23.49	28.97	30.75	36.14	43.88	79.96	143.44
58	23.16	28.56	30.32	35.38	42.63	77.74	139.03
59	22.83	28.14	29.88	34.69	41.42	75.49	134.54
60	22.55	27.81	29.53	34.20	40.46	73.46	130.52
61	22.46	27.68	29.38	34.06	39.94	71.98	127.56
62	22.59	27.83	29.55	34.50	40.02	71.32	126.24

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.50	9.51	10.27	13.16	19.52	40.85	72.51
26	7.77	9.87	10.69	13.71	20.28	42.13	74.69
27	8.07	10.29	11.15	14.32	21.09	43.43	76.90
28	8.40	10.74	11.63	14.97	21.93	44.76	79.12
29	8.74	11.21	12.16	15.66	22.79	46.09	81.35
30	9.10	11.71	12.72	16.39	23.69	47.47	83.62
31	9.50	12.25	13.31	17.15	24.60	48.87	85.93
32	9.92	12.80	13.93	17.95	25.56	50.28	88.29
33	10.34	13.38	14.56	18.76	26.52	51.73	90.69
34	10.78	13.97	15.22	19.60	27.53	53.20	93.17
35	11.26	14.58	15.91	20.47	28.55	54.71	95.71
36	11.73	15.22	16.61	21.35	29.59	56.28	98.34
37	12.23	15.88	17.34	22.25	30.65	57.85	101.06
38	12.75	16.54	18.08	23.17	31.72	59.50	103.92
39	13.27	17.22	18.85	24.09	32.82	61.17	106.88
40	13.81	17.93	19.63	25.04	33.92	62.88	109.93
41	14.37	18.65	20.44	25.99	35.04	64.62	113.08
42	14.93	19.38	21.26	26.95	36.17	66.39	116.31
43	15.65	20.22	22.11	27.94	37.38	68.24	119.77
44	16.39	21.08	22.99	28.93	38.58	70.09	123.26
45	17.12	21.95	23.87	29.92	39.76	71.92	126.77
46	17.88	22.82	24.74	30.90	40.89	73.74	130.25
47	18.65	23.70	25.63	31.84	41.96	75.49	133.65
48	19.40	24.56	26.52	32.80	42.98	77.27	137.18
49	20.11	25.41	27.39	33.70	43.89	78.93	140.50
50	20.81	26.22	28.23	34.56	44.69	80.44	143.53
51	21.48	26.97	29.02	35.32	45.35	81.73	146.14
52	22.10	27.67	29.74	35.99	45.84	82.76	148.26
53	22.64	28.28	30.35	36.50	46.07	83.37	149.56
54	23.08	28.77	30.86	36.91	46.11	83.67	150.22
55	23.41	29.16	31.25	37.17	45.99	83.64	150.21
56	23.66	29.44	31.50	37.30	45.69	83.24	149.48
57	23.83	29.60	31.63	37.30	45.22	82.46	148.00
58	23.50	29.18	31.19	36.53	43.94	80.19	143.50
59	23.14	28.73	30.69	35.76	42.64	77.77	138.75
60	22.83	28.33	30.25	35.14	41.54	75.47	134.21
61	22.67	28.08	29.95	34.81	40.77	73.54	130.42
62	22.72	28.08	29.88	34.94	40.51	72.25	127.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.72	9.97	10.96	14.12	20.95	44.03	78.28
26	8.00	10.36	11.41	14.71	21.77	45.41	80.62
27	8.31	10.79	11.90	15.36	22.63	46.78	82.97
28	8.64	11.26	12.42	16.06	23.53	48.20	85.32
29	8.99	11.76	12.98	16.80	24.45	49.61	87.68
30	9.37	12.28	13.57	17.58	25.40	51.06	90.08
31	9.79	12.84	14.20	18.39	26.36	52.54	92.50
32	10.21	13.42	14.85	19.24	27.37	54.02	94.96
33	10.65	14.02	15.51	20.10	28.39	55.53	97.47
34	11.10	14.63	16.21	20.98	29.44	57.07	100.03
35	11.58	15.27	16.93	21.90	30.51	58.63	102.66
36	12.06	15.93	17.67	22.82	31.59	60.24	105.36
37	12.58	16.60	18.43	23.76	32.69	61.86	108.13
38	13.10	17.28	19.20	24.72	33.80	63.54	111.06
39	13.64	17.99	19.99	25.68	34.93	65.23	114.07
40	14.18	18.70	20.79	26.66	36.04	66.97	117.15
41	14.75	19.44	21.62	27.62	37.19	68.70	120.30
42	15.32	20.18	22.46	28.61	38.32	70.47	123.53
43	16.04	21.03	23.32	29.60	39.55	72.30	126.97
44	16.78	21.89	24.20	30.61	40.74	74.11	130.42
45	17.53	22.77	25.08	31.58	41.91	75.90	133.83
46	18.29	23.64	25.94	32.54	43.01	77.62	137.17
47	19.04	24.50	26.80	33.45	44.03	79.27	140.40
48	19.78	25.34	27.67	34.36	44.97	80.90	143.67
49	20.49	26.15	28.49	35.19	45.79	82.38	146.67
50	21.17	26.93	29.27	35.97	46.46	83.66	149.31
51	21.82	27.63	29.99	36.63	46.98	84.69	151.48
52	22.40	28.27	30.62	37.17	47.31	85.42	153.08
53	22.91	28.80	31.11	37.51	47.32	85.64	153.67
54	23.33	29.22	31.49	37.73	47.13	85.52	153.57
55	23.60	29.51	31.73	37.81	46.77	85.06	152.79
56	23.80	29.70	31.86	37.77	46.25	84.26	151.34
57	23.92	29.77	31.86	37.60	45.58	83.12	149.20
58	23.51	29.21	31.22	36.57	44.00	80.29	143.65
59	23.10	28.65	30.58	35.61	42.48	77.46	138.09
60	22.77	28.20	30.06	34.89	41.25	74.94	133.15
61	22.62	27.97	29.79	34.60	40.53	73.09	129.54
62	22.72	28.08	29.88	34.94	40.51	72.25	127.91

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.96	7.41	7.90	10.16	15.00	31.24	55.13
26	6.17	7.70	8.21	10.58	15.58	32.23	56.83
27	6.40	8.01	8.56	11.04	16.20	33.23	58.54
28	6.64	8.35	8.92	11.53	16.83	34.24	60.24
29	6.92	8.71	9.31	12.05	17.48	35.26	61.93
30	7.19	9.09	9.73	12.58	18.15	36.29	63.63
31	7.49	9.48	10.16	13.15	18.83	37.32	65.35
32	7.81	9.89	10.61	13.75	19.53	38.38	67.07
33	8.12	10.31	11.06	14.33	20.23	39.42	68.83
34	8.45	10.74	11.55	14.94	20.95	40.50	70.61
35	8.80	11.20	12.04	15.57	21.68	41.57	72.42
36	9.15	11.67	12.55	16.20	22.44	42.66	74.26
37	9.52	12.14	13.06	16.83	23.17	43.77	76.16
38	9.89	12.61	13.58	17.49	23.94	44.91	78.14
39	10.28	13.10	14.12	18.12	24.68	46.06	80.15
40	10.66	13.60	14.65	18.77	25.44	47.21	82.21
41	11.06	14.10	15.21	19.42	26.19	48.37	84.31
42	11.47	14.61	15.76	20.08	26.95	49.54	86.45
43	11.97	15.18	16.33	20.72	27.75	50.73	88.70
44	12.49	15.77	16.91	21.38	28.52	51.92	90.96
45	13.02	16.36	17.49	22.01	29.27	53.07	93.18
46	13.54	16.95	18.08	22.62	29.98	54.20	95.36
47	14.07	17.55	18.63	23.22	30.63	55.26	97.46
48	14.56	18.10	19.19	23.79	31.19	56.28	99.52
49	15.06	18.64	19.74	24.31	31.69	57.21	101.44
50	15.52	19.16	20.26	24.81	32.11	58.04	103.17
51	15.98	19.66	20.76	25.26	32.45	58.76	104.68
52	16.40	20.13	21.23	25.67	32.71	59.36	105.94
53	16.82	20.57	21.70	26.02	32.84	59.77	106.82
54	17.15	20.95	22.11	26.32	32.91	60.03	107.37
55	17.43	21.30	22.46	26.58	32.89	60.13	107.60
56	17.70	21.59	22.76	26.78	32.81	60.06	107.45
57	17.90	21.83	22.99	26.93	32.65	59.80	106.94
58	17.76	21.67	22.83	26.51	31.90	58.46	104.18
59	17.63	21.51	22.69	26.17	31.24	57.15	101.49
60	17.55	21.43	22.62	26.05	30.80	56.06	99.27
61	17.59	21.52	22.74	26.25	30.76	55.46	97.98
62	17.83	21.83	23.10	26.90	31.21	55.53	98.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.98	7.49	8.01	10.30	15.21	31.70	55.96
26	6.20	7.77	8.32	10.74	15.80	32.71	57.70
27	6.44	8.09	8.68	11.20	16.43	33.73	59.44
28	6.69	8.44	9.06	11.70	17.07	34.76	61.17
29	6.96	8.80	9.45	12.23	17.73	35.80	62.91
30	7.24	9.19	9.87	12.79	18.42	36.86	64.64
31	7.54	9.58	10.31	13.35	19.12	37.91	66.41
32	7.86	10.01	10.77	13.97	19.84	38.99	68.18
33	8.18	10.42	11.24	14.56	20.55	40.08	69.99
34	8.52	10.88	11.73	15.20	21.29	41.17	71.81
35	8.86	11.33	12.24	15.84	22.04	42.28	73.67
36	9.22	11.81	12.75	16.48	22.81	43.41	75.58
37	9.59	12.28	13.28	17.14	23.57	44.55	77.53
38	9.97	12.77	13.82	17.80	24.36	45.72	79.58
39	10.36	13.27	14.36	18.46	25.13	46.92	81.67
40	10.74	13.77	14.92	19.13	25.91	48.11	83.80
41	11.16	14.29	15.49	19.80	26.68	49.31	85.98
42	11.56	14.80	16.06	20.48	27.46	50.51	88.19
43	12.07	15.40	16.65	21.16	28.29	51.76	90.54
44	12.60	16.00	17.26	21.83	29.10	53.01	92.89
45	13.14	16.60	17.85	22.49	29.88	54.22	95.22
46	13.67	17.20	18.45	23.14	30.62	55.40	97.50
47	14.22	17.81	19.03	23.76	31.31	56.51	99.71
48	14.71	18.38	19.62	24.36	31.90	57.59	101.90
49	15.22	18.95	20.19	24.91	32.44	58.58	103.93
50	15.69	19.48	20.73	25.44	32.89	59.47	105.78
51	16.16	20.00	21.25	25.92	33.26	60.24	107.38
52	16.59	20.48	21.74	26.35	33.54	60.89	108.72
53	17.00	20.94	22.23	26.73	33.70	61.34	109.67
54	17.35	21.34	22.65	27.04	33.77	61.62	110.26
55	17.64	21.69	23.01	27.30	33.74	61.71	110.48
56	17.90	21.98	23.29	27.50	33.64	61.62	110.29
57	18.10	22.22	23.51	27.62	33.46	61.30	109.67
58	17.95	22.04	23.34	27.20	32.68	59.92	106.86
59	17.81	21.85	23.17	26.81	31.97	58.52	104.01
60	17.71	21.74	23.05	26.62	31.44	57.27	101.49
61	17.72	21.76	23.07	26.69	31.25	56.40	99.70
62	17.91	21.98	23.31	27.17	31.50	56.09	99.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.05	7.59	8.17	10.52	15.51	32.38	57.21
26	6.26	7.88	8.49	10.96	16.13	33.42	58.99
27	6.49	8.20	8.85	11.45	16.77	34.48	60.79
28	6.75	8.56	9.23	11.96	17.44	35.53	62.58
29	7.02	8.93	9.64	12.50	18.12	36.62	64.37
30	7.30	9.33	10.08	13.08	18.82	37.71	66.18
31	7.61	9.73	10.53	13.67	19.54	38.80	68.00
32	7.94	10.16	11.02	14.30	20.28	39.92	69.85
33	8.25	10.60	11.49	14.92	21.03	41.04	71.72
34	8.60	11.05	12.00	15.57	21.80	42.18	73.62
35	8.96	11.53	12.53	16.24	22.57	43.34	75.57
36	9.32	12.01	13.06	16.91	23.37	44.52	77.56
37	9.71	12.50	13.61	17.59	24.16	45.72	79.60
38	10.09	13.00	14.16	18.29	24.98	46.94	81.75
39	10.48	13.51	14.73	18.97	25.78	48.20	83.94
40	10.89	14.04	15.32	19.68	26.60	49.45	86.19
41	11.29	14.56	15.91	20.38	27.42	50.72	88.49
42	11.71	15.10	16.51	21.09	28.24	51.99	90.82
43	12.23	15.72	17.13	21.81	29.11	53.32	93.31
44	12.78	16.34	17.77	22.52	29.96	54.64	95.80
45	13.32	16.97	18.38	23.22	30.78	55.92	98.28
46	13.87	17.59	19.02	23.90	31.57	57.18	100.71
47	14.42	18.22	19.63	24.57	32.31	58.38	103.08
48	14.93	18.81	20.26	25.21	32.96	59.56	105.44
49	15.44	19.40	20.86	25.82	33.55	60.64	107.65
50	15.94	19.97	21.44	26.39	34.04	61.63	109.66
51	16.42	20.50	21.99	26.91	34.46	62.47	111.41
52	16.86	21.01	22.52	27.38	34.77	63.18	112.87
53	17.30	21.50	23.02	27.78	34.96	63.69	113.93
54	17.67	21.92	23.47	28.12	35.05	64.00	114.58
55	17.96	22.29	23.83	28.39	35.02	64.10	114.81
56	18.22	22.56	24.11	28.57	34.90	63.96	114.55
57	18.42	22.78	24.31	28.67	34.66	63.56	113.78
58	18.26	22.60	24.12	28.23	33.86	62.13	110.88
59	18.09	22.38	23.89	27.78	33.07	60.58	107.79
60	17.95	22.20	23.69	27.46	32.41	59.07	104.81
61	17.92	22.13	23.58	27.37	32.00	57.81	102.27
62	18.02	22.21	23.61	27.57	31.94	56.93	100.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.24	8.01	8.79	11.39	16.81	35.24	62.39
26	6.46	8.32	9.14	11.86	17.47	36.37	64.32
27	6.71	8.66	9.53	12.39	18.16	37.50	66.25
28	6.97	9.03	9.94	12.94	18.88	38.63	68.16
29	7.25	9.42	10.38	13.53	19.61	39.78	70.07
30	7.55	9.85	10.85	14.14	20.36	40.94	71.98
31	7.87	10.26	11.33	14.78	21.13	42.10	73.91
32	8.20	10.72	11.84	15.45	21.91	43.29	75.85
33	8.53	11.18	12.36	16.12	22.70	44.47	77.82
34	8.89	11.65	12.89	16.82	23.52	45.66	79.80
35	9.25	12.14	13.45	17.53	24.34	46.86	81.82
36	9.63	12.65	14.01	18.23	25.18	48.08	83.88
37	10.01	13.16	14.59	18.96	26.00	49.32	85.98
38	10.41	13.67	15.17	19.69	26.85	50.57	88.18
39	10.82	14.20	15.76	20.40	27.68	51.85	90.41
40	11.21	14.74	16.36	21.13	28.52	53.12	92.68
41	11.63	15.28	16.98	21.85	29.35	54.39	95.00
42	12.06	15.82	17.58	22.58	30.18	55.66	97.32
43	12.58	16.44	18.22	23.30	31.06	56.98	99.78
44	13.13	17.07	18.86	24.02	31.91	58.26	102.24
45	13.68	17.71	19.47	24.72	32.72	59.50	104.63
46	14.23	18.33	20.10	25.39	33.48	60.68	106.95
47	14.78	18.95	20.70	26.02	34.18	61.78	109.15
48	15.29	19.53	21.29	26.61	34.75	62.82	111.28
49	15.79	20.08	21.85	27.16	35.24	63.75	113.20
50	16.26	20.61	22.38	27.66	35.64	64.52	114.87
51	16.72	21.10	22.86	28.08	35.93	65.15	116.22
52	17.14	21.56	23.31	28.44	36.09	65.58	117.21
53	17.54	21.96	23.71	28.70	36.08	65.73	117.63
54	17.89	22.32	24.03	28.87	35.97	65.67	117.59
55	18.14	22.60	24.27	28.96	35.73	65.38	117.15
56	18.34	22.79	24.43	29.00	35.41	64.88	116.23
57	18.50	22.93	24.52	28.94	34.99	64.14	114.85
58	18.27	22.62	24.15	28.27	33.92	62.22	111.01
59	18.06	22.31	23.80	27.65	32.92	60.30	107.20
60	17.90	22.08	23.52	27.24	32.16	58.60	103.86
61	17.86	22.03	23.43	27.17	31.79	57.40	101.48
62	18.02	22.21	23.61	27.57	31.94	56.93	100.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.62	8.24	8.78	11.28	16.67	34.71	61.26
26	6.86	8.55	9.13	11.76	17.32	35.82	63.15
27	7.11	8.90	9.51	12.27	18.00	36.92	65.04
28	7.38	9.28	9.92	12.80	18.70	38.04	66.92
29	7.68	9.68	10.35	13.38	19.42	39.18	68.82
30	7.99	10.10	10.82	13.98	20.17	40.32	70.70
31	8.32	10.53	11.29	14.61	20.93	41.47	72.61
32	8.67	10.99	11.79	15.27	21.70	42.64	74.53
33	9.02	11.46	12.29	15.92	22.48	43.81	76.48
34	9.39	11.94	12.83	16.61	23.28	44.99	78.45
35	9.78	12.44	13.38	17.30	24.09	46.19	80.46
36	10.16	12.96	13.94	18.00	24.93	47.41	82.52
37	10.58	13.48	14.51	18.71	25.75	48.64	84.61
38	10.99	14.01	15.08	19.43	26.59	49.90	86.81
39	11.42	14.56	15.68	20.13	27.43	51.18	89.06
40	11.84	15.11	16.28	20.86	28.27	52.46	91.34
41	12.29	15.66	16.90	21.58	29.10	53.75	93.68
42	12.74	16.23	17.51	22.31	29.95	55.04	96.05
43	13.30	16.87	18.15	23.03	30.83	56.37	98.55
44	13.88	17.52	18.80	23.75	31.69	57.69	101.06
45	14.47	18.18	19.43	24.46	32.52	58.97	103.53
46	15.05	18.83	20.08	25.14	33.31	60.22	105.95
47	15.64	19.49	20.70	25.80	34.04	61.40	108.29
48	16.18	20.11	21.32	26.43	34.65	62.52	110.58
49	16.73	20.71	21.93	27.01	35.21	63.56	112.71
50	17.25	21.29	22.51	27.56	35.68	64.49	114.64
51	17.76	21.84	23.06	28.07	36.06	65.29	116.32
52	18.22	22.37	23.59	28.52	36.34	65.96	117.72
53	18.68	22.85	24.11	28.91	36.49	66.41	118.69
54	19.05	23.28	24.57	29.24	36.56	66.70	119.30
55	19.37	23.66	24.96	29.52	36.54	66.81	119.55
56	19.66	23.99	25.28	29.75	36.45	66.73	119.39
57	19.89	24.26	25.55	29.92	36.27	66.44	118.82
58	19.73	24.07	25.36	29.46	35.45	64.95	115.76
59	19.58	23.89	25.20	29.08	34.71	63.49	112.76
60	19.49	23.80	25.13	28.94	34.22	62.30	110.30
61	19.54	23.91	25.26	29.16	34.17	61.62	108.86
62	19.81	24.26	25.67	29.89	34.68	61.70	108.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.65	8.32	8.90	11.44	16.90	35.22	62.18
26	6.89	8.63	9.25	11.92	17.56	36.34	64.11
27	7.15	8.98	9.64	12.44	18.25	37.48	66.04
28	7.43	9.37	10.06	13.00	18.97	38.62	67.96
29	7.74	9.78	10.50	13.59	19.70	39.78	69.90
30	8.04	10.21	10.97	14.20	20.47	40.96	71.83
31	8.38	10.65	11.46	14.84	21.24	42.13	73.79
32	8.73	11.11	11.97	15.51	22.04	43.32	75.76
33	9.08	11.58	12.49	16.18	22.83	44.53	77.77
34	9.46	12.08	13.03	16.89	23.65	45.74	79.79
35	9.85	12.58	13.60	17.60	24.49	46.97	81.86
36	10.24	13.12	14.17	18.31	25.34	48.23	83.98
37	10.66	13.65	14.76	19.04	26.19	49.50	86.14
38	11.08	14.19	15.35	19.78	27.06	50.80	88.42
39	11.51	14.74	15.95	20.51	27.92	52.13	90.75
40	11.94	15.30	16.58	21.26	28.78	53.45	93.11
41	12.40	15.88	17.21	22.00	29.65	54.79	95.54
42	12.85	16.45	17.85	22.76	30.52	56.13	98.00
43	13.41	17.11	18.50	23.50	31.43	57.52	100.60
44	14.00	17.78	19.18	24.26	32.33	58.90	103.22
45	14.60	18.44	19.83	24.99	33.19	60.24	105.80
46	15.19	19.11	20.50	25.70	34.02	61.55	108.33
47	15.80	19.79	21.15	26.40	34.79	62.79	110.79
48	16.35	20.42	21.80	27.06	35.45	63.98	113.21
49	16.90	21.05	22.43	27.68	36.04	65.09	115.47
50	17.43	21.65	23.04	28.27	36.54	66.08	117.52
51	17.95	22.22	23.61	28.80	36.95	66.94	119.31
52	18.43	22.76	24.16	29.28	37.26	67.65	120.80
53	18.89	23.27	24.70	29.69	37.44	68.16	121.85
54	19.28	23.71	25.17	30.04	37.51	68.46	122.50
55	19.61	24.10	25.56	30.33	37.49	68.57	122.76
56	19.89	24.42	25.88	30.55	37.38	68.46	122.54
57	20.12	24.68	26.13	30.69	37.17	68.11	121.85
58	19.95	24.48	25.93	30.22	36.32	66.58	118.73
59	19.79	24.28	25.74	29.80	35.53	65.02	115.56
60	19.68	24.15	25.61	29.58	34.94	63.63	112.76
61	19.69	24.18	25.63	29.66	34.72	62.66	110.77
62	19.90	24.43	25.90	30.19	35.01	62.32	110.05

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.71	8.44	9.07	11.69	17.24	35.97	63.56
26	6.95	8.76	9.43	12.18	17.93	37.14	65.54
27	7.22	9.12	9.84	12.72	18.64	38.31	67.54
28	7.50	9.51	10.26	13.29	19.38	39.49	69.53
29	7.81	9.93	10.72	13.90	20.13	40.68	71.53
30	8.11	10.37	11.20	14.53	20.92	41.90	73.52
31	8.46	10.82	11.70	15.19	21.72	43.11	75.56
32	8.82	11.29	12.24	15.88	22.54	44.35	77.61
33	9.17	11.77	12.77	16.58	23.36	45.60	79.69
34	9.56	12.28	13.34	17.30	24.22	46.87	81.80
35	9.95	12.80	13.92	18.04	25.08	48.15	83.96
36	10.36	13.35	14.51	18.79	25.97	49.46	86.18
37	10.78	13.90	15.13	19.54	26.85	50.79	88.45
38	11.21	14.44	15.73	20.32	27.76	52.16	90.83
39	11.64	15.01	16.37	21.08	28.65	53.55	93.27
40	12.09	15.60	17.02	21.86	29.56	54.94	95.76
41	12.55	16.18	17.68	22.64	30.47	56.36	98.32
42	13.02	16.78	18.34	23.43	31.38	57.76	100.92
43	13.59	17.46	19.03	24.23	32.34	59.24	103.67
44	14.19	18.15	19.74	25.02	33.29	60.71	106.44
45	14.80	18.85	20.42	25.80	34.21	62.13	109.20
46	15.41	19.54	21.13	26.56	35.09	63.54	111.90
47	16.02	20.25	21.82	27.30	35.90	64.86	114.53
48	16.60	20.91	22.51	28.01	36.63	66.18	117.15
49	17.16	21.56	23.18	28.69	37.27	67.38	119.61
50	17.71	22.18	23.82	29.32	37.82	68.47	121.84
51	18.24	22.78	24.44	29.90	38.29	69.41	123.79
52	18.74	23.35	25.02	30.42	38.63	70.20	125.41
53	19.22	23.88	25.58	30.87	38.84	70.76	126.59
54	19.63	24.36	26.07	31.25	38.94	71.11	127.32
55	19.96	24.76	26.48	31.54	38.91	71.22	127.57
56	20.24	25.07	26.79	31.75	38.78	71.07	127.27
57	20.46	25.32	27.01	31.86	38.52	70.62	126.41
58	20.28	25.11	26.80	31.36	37.63	69.03	123.20
59	20.10	24.87	26.55	30.87	36.75	67.31	119.77
60	19.95	24.67	26.32	30.52	36.01	65.64	116.45
61	19.91	24.59	26.20	30.40	35.55	64.23	113.63
62	20.03	24.68	26.23	30.63	35.49	63.25	111.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.93	8.90	9.77	12.65	18.67	39.15	69.33
26	7.18	9.24	10.16	13.18	19.41	40.41	71.46
27	7.45	9.62	10.59	13.76	20.18	41.66	73.60
28	7.74	10.03	11.04	14.38	20.98	42.93	75.72
29	8.06	10.47	11.54	15.04	21.79	44.20	77.86
30	8.39	10.94	12.06	15.72	22.62	45.49	79.98
31	8.74	11.40	12.59	16.43	23.48	46.78	82.12
32	9.11	11.91	13.16	17.17	24.35	48.09	84.28
33	9.48	12.42	13.73	17.92	25.23	49.40	86.47
34	9.87	12.94	14.33	18.68	26.14	50.73	88.67
35	10.28	13.49	14.94	19.47	27.04	52.07	90.91
36	10.69	14.05	15.57	20.26	27.98	53.42	93.20
37	11.12	14.62	16.21	21.06	28.89	54.80	95.52
38	11.56	15.19	16.85	21.87	29.83	56.20	97.97
39	12.01	15.78	17.51	22.67	30.76	57.61	100.45
40	12.46	16.38	18.18	23.48	31.69	59.02	102.98
41	12.93	16.98	18.86	24.28	32.61	60.44	105.55
42	13.40	17.58	19.54	25.09	33.54	61.85	108.13
43	13.98	18.27	20.24	25.89	34.50	63.31	110.87
44	14.59	18.97	20.95	26.69	35.46	64.73	113.60
45	15.21	19.67	21.64	27.46	36.35	66.11	116.26
46	15.81	20.36	22.33	28.20	37.21	67.43	118.83
47	16.42	21.05	22.99	28.91	37.97	68.65	121.27
48	16.98	21.69	23.65	29.57	38.61	69.80	123.64
49	17.54	22.31	24.28	30.18	39.16	70.83	125.78
50	18.07	22.90	24.86	30.73	39.60	71.69	127.63
51	18.58	23.44	25.41	31.20	39.93	72.38	129.13
52	19.04	23.95	25.90	31.60	40.10	72.86	130.23
53	19.48	24.40	26.34	31.88	40.09	73.03	130.70
54	19.88	24.80	26.70	32.08	39.96	72.96	130.66
55	20.15	25.11	26.96	32.18	39.70	72.64	130.16
56	20.38	25.33	27.14	32.22	39.34	72.09	129.14
57	20.55	25.48	27.24	32.16	38.88	71.27	127.61
58	20.30	25.13	26.83	31.41	37.69	69.13	123.35
59	20.06	24.79	26.44	30.72	36.58	66.99	119.11
60	19.89	24.53	26.14	30.27	35.73	65.11	115.39
61	19.85	24.47	26.04	30.19	35.31	63.78	112.75
62	20.03	24.68	26.23	30.63	35.49	63.25	111.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.28	13.35	14.56	18.39	25.46	49.42	88.35
26	10.66	13.89	15.13	19.16	26.43	50.80	90.65
27	11.09	14.48	15.78	20.00	27.43	52.22	93.01
28	11.55	15.11	16.48	20.90	28.48	53.67	95.43
29	12.08	15.80	17.25	21.90	29.59	55.18	97.94
30	12.60	16.54	18.06	22.93	30.74	56.76	100.53
31	13.18	17.33	18.91	24.04	31.94	58.40	103.21
32	13.80	18.14	19.83	25.19	33.16	60.10	106.02
33	14.45	18.99	20.78	26.39	34.43	61.86	108.94
34	15.12	19.91	21.75	27.64	35.76	63.69	111.98
35	15.82	20.82	22.79	28.92	37.13	65.60	115.20
36	16.58	21.80	23.88	30.25	38.54	67.57	118.59
37	17.36	22.81	25.00	31.64	40.00	69.65	122.17
38	18.16	23.84	26.15	33.04	41.49	71.83	126.00
39	19.00	24.94	27.35	34.49	43.04	74.11	130.01
40	19.88	26.06	28.61	35.99	44.62	76.49	134.25
41	20.78	27.21	29.90	37.54	46.26	78.94	138.70
42	21.72	28.44	31.24	39.12	47.96	81.50	143.36
43	22.91	29.82	32.67	40.81	49.81	84.24	148.44
44	24.12	31.30	34.14	42.51	51.67	87.06	153.70
45	25.40	32.76	35.62	44.25	53.58	89.94	159.11
46	26.72	34.31	37.17	46.01	55.48	92.86	164.66
47	28.07	35.87	38.73	47.80	57.37	95.81	170.27
48	29.44	37.50	40.42	49.69	59.28	98.97	176.40
49	30.82	39.10	42.07	51.55	61.12	102.11	182.45
50	32.17	40.70	43.70	53.35	62.85	105.07	188.22
51	33.50	42.23	45.27	55.09	64.39	107.84	193.59
52	34.75	43.66	46.70	56.67	65.74	110.33	198.37
53	35.93	45.00	48.07	58.09	66.77	112.40	202.33
54	37.00	46.19	49.23	59.30	67.57	114.08	205.44
55	37.69	47.15	50.16	60.32	68.05	115.24	207.57
56	38.23	47.87	50.86	61.04	68.24	115.89	208.58
57	38.56	48.38	51.31	61.46	68.11	115.90	208.34
58	38.29	48.09	50.97	60.98	66.97	114.51	205.25
59	37.84	47.61	50.42	60.25	65.63	112.58	201.05
60	37.32	47.01	49.77	59.44	64.23	110.20	195.93
61	36.72	46.37	49.11	58.63	62.93	107.53	190.15
62	36.14	45.79	48.51	57.94	61.89	104.67	183.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.31	13.43	14.67	18.53	25.66	49.88	89.19
26	10.69	13.96	15.24	19.31	26.66	51.28	91.52
27	11.13	14.56	15.89	20.16	27.66	52.71	93.90
28	11.60	15.19	16.61	21.08	28.71	54.20	96.36
29	12.12	15.88	17.39	22.08	29.83	55.72	98.92
30	12.65	16.64	18.20	23.13	31.01	57.33	101.54
31	13.23	17.43	19.06	24.25	32.22	58.99	104.27
32	13.84	18.25	19.98	25.41	33.47	60.72	107.13
33	14.50	19.11	20.95	26.63	34.75	62.52	110.09
34	15.18	20.02	21.94	27.90	36.09	64.35	113.19
35	15.88	20.95	22.99	29.19	37.49	66.31	116.47
36	16.64	21.94	24.09	30.54	38.91	68.31	119.90
37	17.43	22.95	25.23	31.95	40.40	70.43	123.55
38	18.24	24.00	26.39	33.36	41.91	72.65	127.45
39	19.08	25.11	27.61	34.82	43.48	74.97	131.52
40	19.97	26.23	28.87	36.35	45.09	77.39	135.85
41	20.87	27.40	30.19	37.92	46.75	79.88	140.37
42	21.82	28.64	31.54	39.53	48.47	82.48	145.11
43	23.01	30.04	32.99	41.23	50.35	85.27	150.29
44	24.24	31.53	34.48	42.97	52.25	88.14	155.65
45	25.52	33.01	35.98	44.73	54.19	91.09	161.15
46	26.84	34.57	37.55	46.52	56.12	94.05	166.80
47	28.21	36.14	39.13	48.35	58.04	97.06	172.52
48	29.59	37.78	40.84	50.26	59.99	100.29	178.77
49	30.98	39.41	42.52	52.16	61.86	103.48	184.94
50	32.34	41.03	44.18	53.99	63.62	106.51	190.82
51	33.68	42.57	45.75	55.75	65.19	109.33	196.28
52	34.94	44.01	47.22	57.35	66.57	111.86	201.14
53	36.12	45.36	48.59	58.79	67.62	113.97	205.17
54	37.20	46.57	49.77	60.02	68.42	115.67	208.33
55	37.89	47.53	50.71	61.04	68.90	116.83	210.46
56	38.43	48.24	51.40	61.76	69.08	117.44	211.42
57	38.76	48.75	51.84	62.15	68.92	117.41	211.08
58	38.47	48.45	51.49	61.66	67.75	115.98	207.94
59	38.02	47.95	50.91	60.90	66.37	113.95	203.57
60	37.48	47.32	50.20	60.02	64.87	111.40	198.15
61	36.85	46.60	49.45	59.07	63.43	108.47	191.87
62	36.21	45.93	48.72	58.21	62.18	105.22	184.97

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.37	13.53	14.83	18.75	25.97	50.56	90.43
26	10.74	14.06	15.41	19.54	26.97	51.99	92.80
27	11.18	14.68	16.07	20.41	28.00	53.46	95.25
28	11.66	15.32	16.80	21.34	29.08	54.97	97.78
29	12.18	16.02	17.58	22.36	30.22	56.53	100.39
30	12.72	16.78	18.41	23.42	31.41	58.18	103.07
31	13.30	17.58	19.29	24.57	32.65	59.88	105.86
32	13.92	18.41	20.23	25.74	33.92	61.65	108.79
33	14.59	19.29	21.20	26.98	35.24	63.48	111.82
34	15.27	20.20	22.22	28.27	36.60	65.38	115.00
35	15.98	21.15	23.28	29.59	38.02	67.36	118.36
36	16.75	22.14	24.40	30.97	39.48	69.42	121.88
37	17.55	23.17	25.55	32.40	40.99	71.59	125.63
38	18.35	24.24	26.73	33.84	42.54	73.87	129.62
39	19.21	25.35	27.98	35.34	44.14	76.24	133.80
40	20.09	26.50	29.27	36.89	45.79	78.72	138.23
41	21.01	27.68	30.62	38.50	47.48	81.29	142.87
42	21.96	28.94	31.98	40.14	49.24	83.95	147.74
43	23.17	30.36	33.48	41.88	51.17	86.83	153.05
44	24.41	31.87	34.98	43.66	53.11	89.78	158.55
45	25.70	33.38	36.52	45.46	55.10	92.79	164.22
46	27.04	34.95	38.12	47.28	57.08	95.84	170.01
47	28.42	36.56	39.73	49.15	59.05	98.93	175.89
48	29.81	38.22	41.47	51.12	61.05	102.26	182.32
49	31.20	39.88	43.20	53.06	62.97	105.54	188.66
50	32.60	41.52	44.89	54.94	64.78	108.66	194.71
51	33.94	43.08	46.50	56.74	66.40	111.56	200.31
52	35.21	44.55	47.99	58.38	67.80	114.14	205.30
53	36.41	45.92	49.39	59.85	68.89	116.31	209.44
54	37.50	47.13	50.58	61.11	69.70	118.05	212.66
55	38.19	48.10	51.52	62.13	70.19	119.21	214.79
56	38.72	48.80	52.22	62.84	70.34	119.79	215.68
57	39.05	49.30	52.63	63.20	70.14	119.66	215.18
58	38.76	48.99	52.26	62.69	68.93	118.18	211.96
59	38.29	48.45	51.64	61.87	67.47	116.01	207.35
60	37.71	47.77	50.84	60.87	65.84	113.21	201.47
61	37.03	46.95	49.95	59.74	64.18	109.89	194.44
62	36.32	46.14	49.02	58.61	62.61	106.07	186.46

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.58	13.98	15.50	19.69	27.36	53.61	95.95
26	10.97	14.54	16.11	20.53	28.42	55.13	98.49
27	11.42	15.17	16.82	21.45	29.51	56.70	101.10
28	11.91	15.84	17.57	22.42	30.64	58.31	103.78
29	12.44	16.56	18.40	23.49	31.85	59.97	106.56
30	12.99	17.35	19.26	24.60	33.10	61.71	109.39
31	13.59	18.18	20.18	25.81	34.40	63.49	112.32
32	14.22	19.03	21.16	27.05	35.73	65.37	115.40
33	14.90	19.93	22.18	28.34	37.11	67.28	118.58
34	15.59	20.88	23.23	29.68	38.54	69.26	121.90
35	16.32	21.86	24.34	31.06	40.02	71.34	125.39
36	17.10	22.88	25.50	32.51	41.54	73.47	129.06
37	17.91	23.94	26.70	33.99	43.12	75.72	132.93
38	18.74	25.03	27.92	35.49	44.71	78.08	137.06
39	19.61	26.18	29.20	37.04	46.38	80.54	141.37
40	20.50	27.35	30.54	38.64	48.07	83.09	145.93
41	21.43	28.56	31.92	40.30	49.83	85.72	150.69
42	22.40	29.83	33.33	41.98	51.62	88.44	155.68
43	23.62	31.28	34.86	43.77	53.60	91.38	161.11
44	24.88	32.82	36.40	45.59	55.58	94.37	166.72
45	26.18	34.35	37.97	47.43	57.61	97.44	172.46
46	27.54	35.95	39.59	49.29	59.61	100.50	178.32
47	28.93	37.57	41.23	51.18	61.59	103.61	184.23
48	30.32	39.25	42.98	53.15	63.60	106.93	190.66
49	31.72	40.91	44.71	55.11	65.51	110.18	196.96
50	33.11	42.55	46.39	56.97	67.28	113.23	202.92
51	34.46	44.11	48.00	58.75	68.86	116.05	208.40
52	35.73	45.56	49.46	60.35	70.21	118.52	213.20
53	36.92	46.90	50.82	61.76	71.17	120.51	217.03
54	37.99	48.08	51.96	62.94	71.88	122.04	219.89
55	38.67	49.01	52.84	63.87	72.24	122.99	221.63
56	39.17	49.68	53.47	64.50	72.27	123.35	222.12
57	39.48	50.12	53.81	64.77	71.93	122.99	221.21
58	39.16	49.77	53.38	64.18	70.61	121.30	217.61
59	38.67	49.19	52.69	63.27	69.04	118.94	212.64
60	38.07	48.46	51.84	62.20	67.31	115.98	206.44
61	37.37	47.63	50.91	61.02	65.57	112.52	199.17
62	36.66	46.79	49.95	59.84	63.96	108.62	191.00

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.42	14.84	16.18	20.43	28.28	54.91	98.17
26	11.84	15.43	16.81	21.29	29.37	56.44	100.72
27	12.32	16.10	17.53	22.23	30.47	58.02	103.34
28	12.84	16.79	18.31	23.22	31.64	59.64	106.03
29	13.42	17.55	19.17	24.33	32.87	61.31	108.83
30	14.00	18.38	20.06	25.48	34.15	63.07	111.70
31	14.64	19.25	21.01	26.72	35.48	64.88	114.67
32	15.33	20.15	22.03	27.98	36.85	66.78	117.81
33	16.05	21.10	23.08	29.32	38.26	68.74	121.04
34	16.80	22.11	24.17	30.71	39.73	70.76	124.42
35	17.58	23.14	25.33	32.13	41.25	72.89	128.00
36	18.42	24.22	26.53	33.62	42.82	75.07	131.76
37	19.29	25.34	27.78	35.16	44.45	77.39	135.75
38	20.18	26.49	29.06	36.71	46.10	79.82	140.00
39	21.11	27.71	30.39	38.32	47.82	82.35	144.45
40	22.09	28.95	31.79	39.99	49.58	84.99	149.17
41	23.08	30.24	33.23	41.71	51.40	87.72	154.11
42	24.13	31.60	34.71	43.47	53.28	90.55	159.29
43	25.45	33.14	36.31	45.34	55.34	93.61	164.93
44	26.80	34.78	37.94	47.24	57.41	96.73	170.78
45	28.22	36.41	39.58	49.17	59.53	99.94	176.79
46	29.68	38.12	41.30	51.12	61.64	103.17	182.95
47	31.19	39.86	43.03	53.12	63.74	106.45	189.19
48	32.71	41.66	44.91	55.21	65.86	109.97	196.00
49	34.24	43.45	46.75	57.28	67.91	113.45	202.73
50	35.75	45.22	48.56	59.29	69.83	116.75	209.13
51	37.22	46.92	50.29	61.21	71.54	119.82	215.10
52	38.61	48.51	51.89	62.96	73.05	122.58	220.41
53	39.93	50.00	53.41	64.54	74.19	124.89	224.81
54	41.11	51.32	54.70	65.89	75.07	126.76	228.27
55	41.88	52.39	55.73	67.01	75.61	128.05	230.63
56	42.48	53.19	56.51	67.82	75.82	128.76	231.76
57	42.85	53.76	57.02	68.29	75.68	128.78	231.49
58	42.54	53.43	56.64	67.76	74.40	127.23	228.06
59	42.05	52.90	56.02	66.95	72.93	125.08	223.39
60	41.47	52.24	55.30	66.05	71.37	122.44	217.70
61	40.81	51.52	54.57	65.14	69.92	119.48	211.28
62	40.15	50.87	53.91	64.38	68.76	116.29	204.41

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.46	14.92	16.30	20.59	28.51	55.42	99.10
26	11.88	15.51	16.93	21.45	29.61	56.97	101.68
27	12.36	16.18	17.66	22.40	30.73	58.57	104.34
28	12.88	16.88	18.45	23.42	31.91	60.22	107.07
29	13.46	17.64	19.32	24.53	33.15	61.91	109.91
30	14.05	18.49	20.22	25.70	34.45	63.70	112.82
31	14.70	19.37	21.18	26.95	35.80	65.54	115.85
32	15.38	20.28	22.20	28.23	37.18	67.47	119.04
33	16.11	21.23	23.28	29.59	38.61	69.46	122.32
34	16.87	22.25	24.38	30.99	40.10	71.51	125.76
35	17.65	23.28	25.54	32.43	41.65	73.67	129.40
36	18.49	24.38	26.76	33.93	43.23	75.90	133.22
37	19.37	25.50	28.03	35.50	44.89	78.25	137.28
38	20.27	26.66	29.32	37.07	46.57	80.72	141.61
39	21.20	27.90	30.67	38.69	48.31	83.30	146.14
40	22.18	29.15	32.08	40.39	50.10	85.98	150.94
41	23.19	30.45	33.55	42.13	51.95	88.76	155.96
42	24.24	31.82	35.04	43.92	53.86	91.64	161.23
43	25.56	33.38	36.66	45.81	55.95	94.75	166.98
44	26.93	35.03	38.31	47.75	58.05	97.94	172.94
45	28.35	36.68	39.98	49.70	60.21	101.21	179.06
46	29.82	38.40	41.72	51.68	62.36	104.50	185.33
47	31.35	40.15	43.48	53.72	64.49	107.84	191.69
48	32.88	41.98	45.38	55.84	66.65	111.43	198.63
49	34.42	43.79	47.25	57.95	68.74	114.98	205.49
50	35.93	45.58	49.09	59.99	70.69	118.34	212.02
51	37.42	47.30	50.84	61.94	72.43	121.48	218.09
52	38.82	48.90	52.47	63.72	73.96	124.28	223.49
53	40.14	50.41	54.00	65.32	75.13	126.63	227.97
54	41.33	51.74	55.30	66.70	76.02	128.52	231.48
55	42.10	52.81	56.34	67.82	76.56	129.81	233.84
56	42.70	53.60	57.11	68.62	76.75	130.50	234.91
57	43.06	54.16	57.60	69.06	76.58	130.45	234.53
58	42.75	53.84	57.21	68.52	75.28	128.86	231.04
59	42.24	53.28	56.57	67.67	73.74	126.61	226.19
60	41.64	52.57	55.77	66.69	72.08	123.78	220.17
61	40.94	51.78	54.94	65.63	70.48	120.52	213.19
62	40.23	51.03	54.13	64.68	69.09	116.92	205.52

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.52	15.03	16.47	20.84	28.86	56.18	100.48
26	11.94	15.63	17.12	21.71	29.97	57.76	103.12
27	12.43	16.31	17.86	22.68	31.12	59.40	105.84
28	12.95	17.02	18.66	23.71	32.31	61.08	108.64
29	13.53	17.79	19.54	24.84	33.58	62.81	111.54
30	14.13	18.65	20.45	26.02	34.90	64.64	114.52
31	14.78	19.54	21.43	27.30	36.27	66.53	117.62
32	15.47	20.45	22.48	28.60	37.68	68.50	120.89
33	16.21	21.43	23.56	29.98	39.15	70.53	124.25
34	16.97	22.45	24.68	31.41	40.66	72.64	127.78
35	17.76	23.50	25.86	32.87	42.24	74.85	131.51
36	18.60	24.60	27.11	34.41	43.86	77.13	135.42
37	19.49	25.75	28.39	36.00	45.55	79.54	139.59
38	20.39	26.93	29.71	37.60	47.26	82.08	144.02
39	21.34	28.17	31.08	39.27	49.04	84.72	148.67
40	22.33	29.44	32.52	40.99	50.87	87.47	153.59
41	23.35	30.76	34.01	42.78	52.76	90.32	158.74
42	24.40	32.16	35.53	44.60	54.72	93.28	164.16
43	25.74	33.73	37.20	46.53	56.86	96.47	170.05
44	27.12	35.41	38.87	48.51	59.01	99.75	176.17
45	28.56	37.08	40.58	50.51	61.22	103.10	182.46
46	30.04	38.83	42.35	52.54	63.42	106.49	188.90
47	31.57	40.61	44.15	54.61	65.60	109.92	195.43
48	33.12	42.46	46.09	56.80	67.83	113.63	202.58
49	34.67	44.31	48.00	58.96	69.97	117.27	209.62
50	36.21	46.13	49.88	61.05	71.98	120.74	216.34
51	37.71	47.86	51.66	63.04	73.77	123.95	222.57
52	39.12	49.49	53.32	64.86	75.34	126.83	228.10
53	40.45	51.02	54.88	66.50	76.54	129.24	232.71
54	41.66	52.37	56.21	67.90	77.45	131.16	236.29
55	42.43	53.44	57.25	69.03	77.99	132.46	238.66
56	43.02	54.23	58.02	69.82	78.15	133.10	239.64
57	43.38	54.77	58.48	70.22	77.92	132.96	239.09
58	43.06	54.44	58.07	69.66	76.59	131.30	235.51
59	42.54	53.84	57.38	68.75	74.97	128.90	230.39
60	41.90	53.07	56.49	67.63	73.15	125.79	223.85
61	41.14	52.17	55.50	66.38	71.31	122.09	216.05
62	40.36	51.27	54.46	65.12	69.57	117.85	207.18

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	11.76	15.53	17.22	21.89	30.40	59.57	106.60
26	12.20	16.16	17.90	22.81	31.57	61.26	109.44
27	12.69	16.86	18.68	23.83	32.79	63.00	112.33
28	13.23	17.60	19.53	24.91	34.05	64.79	115.31
29	13.82	18.40	20.44	26.10	35.38	66.63	118.40
30	14.43	19.28	21.40	27.34	36.78	68.56	121.55
31	15.09	20.20	22.42	28.68	38.22	70.55	124.80
32	15.80	21.15	23.51	30.05	39.70	72.63	128.22
33	16.55	22.15	24.64	31.50	41.24	74.76	131.75
34	17.33	23.21	25.81	32.98	42.82	76.96	135.44
35	18.14	24.29	27.04	34.50	44.47	79.27	139.32
36	19.00	25.42	28.34	36.12	46.15	81.64	143.40
37	19.90	26.60	29.66	37.77	47.91	84.14	147.70
38	20.81	27.81	31.03	39.43	49.68	86.76	152.28
39	21.78	29.08	32.45	41.16	51.52	89.49	157.08
40	22.78	30.39	33.93	42.94	53.41	92.32	162.15
41	23.81	31.73	35.46	44.78	55.36	95.24	167.44
42	24.89	33.15	37.03	46.65	57.36	98.27	172.98
43	26.24	34.76	38.73	48.64	59.56	101.53	179.01
44	27.64	36.47	40.44	50.66	61.76	104.86	185.24
45	29.09	38.17	42.19	52.70	64.01	108.27	191.62
46	30.60	39.94	43.99	54.76	66.24	111.67	198.13
47	32.14	41.74	45.80	56.87	68.44	115.12	204.70
48	33.70	43.60	47.76	59.06	70.66	118.81	211.84
49	35.25	45.45	49.68	61.23	72.78	122.42	218.85
50	36.79	47.27	51.55	63.30	74.76	125.81	225.46
51	38.29	49.01	53.33	65.28	76.51	128.94	231.55
52	39.70	50.62	54.96	67.06	78.00	131.68	236.89
53	41.03	52.11	56.47	68.62	79.09	133.90	241.14
54	42.21	53.42	57.74	69.93	79.87	135.60	244.31
55	42.96	54.45	58.71	70.96	80.26	136.66	246.25
56	43.52	55.19	59.41	71.66	80.29	137.05	246.80
57	43.86	55.69	59.79	71.97	79.92	136.66	245.79
58	43.51	55.30	59.31	71.31	78.45	134.77	241.78
59	42.96	54.66	58.55	70.30	76.71	132.16	236.27
60	42.30	53.85	57.60	69.11	74.79	128.87	229.38
61	41.53	52.91	56.57	67.80	72.86	125.02	221.30
62	40.74	51.99	55.50	66.49	71.07	120.68	212.22

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.41	12.15	13.21	16.73	23.45	46.16	82.40
26	9.76	12.64	13.73	17.43	24.36	47.50	84.64
27	10.15	13.18	14.32	18.21	25.30	48.88	86.93
28	10.58	13.75	14.96	19.03	26.28	50.28	89.28
29	11.05	14.38	15.66	19.94	27.32	51.74	91.70
30	11.53	15.07	16.39	20.88	28.40	53.26	94.20
31	12.06	15.78	17.18	21.90	29.51	54.82	96.76
32	12.63	16.52	18.00	22.94	30.66	56.44	99.45
33	13.21	17.29	18.87	24.04	31.85	58.12	102.23
34	13.82	18.12	19.76	25.18	33.08	59.85	105.13
35	14.47	18.96	20.70	26.34	34.36	61.66	108.19
36	15.15	19.84	21.67	27.56	35.68	63.53	111.39
37	15.87	20.76	22.70	28.83	37.03	65.49	114.77
38	16.60	21.69	23.73	30.10	38.42	67.55	118.37
39	17.35	22.70	24.82	31.41	39.86	69.69	122.14
40	18.15	23.71	25.96	32.77	41.32	71.91	126.12
41	18.96	24.75	27.13	34.18	42.85	74.22	130.28
42	19.82	25.86	28.34	35.61	44.41	76.60	134.63
43	20.89	27.12	29.64	37.13	46.13	79.16	139.36
44	22.00	28.44	30.96	38.68	47.85	81.78	144.27
45	23.15	29.77	32.30	40.24	49.61	84.46	149.29
46	24.34	31.17	33.69	41.83	51.35	87.16	154.43
47	25.56	32.57	35.09	43.45	53.08	89.88	159.63
48	26.80	34.03	36.61	45.14	54.82	92.80	165.28
49	28.05	35.48	38.10	46.81	56.50	95.68	170.85
50	29.27	36.92	39.56	48.44	58.08	98.41	176.16
51	30.47	38.30	40.96	49.98	59.48	100.94	181.10
52	31.60	39.57	42.26	51.40	60.71	103.23	185.49
53	32.67	40.80	43.49	52.68	61.65	105.12	189.11
54	33.63	41.87	44.55	53.78	62.37	106.65	191.96
55	34.28	42.74	45.40	54.69	62.81	107.71	193.92
56	34.80	43.42	46.05	55.36	63.00	108.30	194.87
57	35.14	43.90	46.48	55.77	62.90	108.31	194.68
58	34.97	43.74	46.28	55.45	61.98	107.18	192.17
59	34.65	43.38	45.88	54.90	60.87	105.53	188.59
60	34.25	42.91	45.37	54.26	59.66	103.42	184.09
61	33.75	42.36	44.82	53.57	58.49	100.94	178.81
62	33.21	41.82	44.27	52.94	57.47	98.19	172.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.44	12.22	13.31	16.87	23.65	46.62	83.23
26	9.79	12.71	13.83	17.58	24.59	47.98	85.50
27	10.18	13.26	14.44	18.37	25.53	49.38	87.83
28	10.61	13.83	15.09	19.21	26.52	50.81	90.21
29	11.09	14.46	15.80	20.13	27.57	52.27	92.68
30	11.58	15.16	16.54	21.08	28.66	53.82	95.21
31	12.11	15.88	17.33	22.11	29.80	55.40	97.82
32	12.67	16.62	18.16	23.17	30.96	57.07	100.56
33	13.27	17.41	19.04	24.28	32.16	58.77	103.39
34	13.90	18.24	19.94	25.43	33.41	60.53	106.33
35	14.54	19.08	20.88	26.61	34.72	62.37	109.45
36	15.22	19.98	21.89	27.84	36.04	64.28	112.70
37	15.94	20.90	22.92	29.13	37.43	66.26	116.15
38	16.68	21.85	23.97	30.41	38.84	68.37	119.81
39	17.43	22.85	25.07	31.74	40.30	70.54	123.66
40	18.24	23.88	26.23	33.14	41.79	72.81	127.71
41	19.05	24.94	27.42	34.56	43.34	75.15	131.95
42	19.91	26.06	28.64	36.02	44.93	77.58	136.38
43	21.00	27.33	29.96	37.56	46.68	80.19	141.20
44	22.11	28.67	31.29	39.13	48.43	82.86	146.20
45	23.27	30.02	32.66	40.73	50.21	85.60	151.33
46	24.46	31.42	34.06	42.34	51.99	88.35	156.57
47	25.70	32.83	35.50	43.98	53.75	91.13	161.88
48	26.95	34.32	37.03	45.71	55.54	94.12	167.65
49	28.20	35.79	38.54	47.41	57.24	97.06	173.33
50	29.43	37.24	40.04	49.07	58.85	99.84	178.75
51	30.64	38.63	41.46	50.64	60.28	102.44	183.79
52	31.79	39.93	42.78	52.08	61.54	104.76	188.26
53	32.85	41.16	44.02	53.38	62.50	106.69	191.95
54	33.84	42.26	45.09	54.50	63.23	108.23	194.85
55	34.49	43.13	45.94	55.41	63.67	109.30	196.80
56	35.00	43.79	46.59	56.08	63.84	109.86	197.70
57	35.33	44.26	47.01	56.46	63.71	109.82	197.41
58	35.16	44.10	46.79	56.13	62.76	108.64	194.85
59	34.83	43.73	46.38	55.55	61.60	106.90	191.11
60	34.41	43.21	45.80	54.83	60.31	104.62	186.30
61	33.86	42.60	45.15	54.01	59.00	101.90	180.53
62	33.28	41.96	44.48	53.20	57.77	98.75	173.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.50	12.32	13.47	17.09	23.96	47.31	84.47
26	9.85	12.81	14.00	17.81	24.91	48.69	86.79
27	10.24	13.37	14.62	18.61	25.87	50.12	89.18
28	10.67	13.97	15.28	19.47	26.89	51.59	91.62
29	11.15	14.60	15.99	20.40	27.96	53.09	94.14
30	11.65	15.30	16.75	21.38	29.07	54.67	96.74
31	12.18	16.03	17.55	22.42	30.22	56.29	99.41
32	12.75	16.78	18.41	23.50	31.41	57.99	102.22
33	13.35	17.58	19.29	24.63	32.65	59.73	105.12
34	13.98	18.42	20.22	25.80	33.92	61.54	108.15
35	14.63	19.28	21.18	27.01	35.24	63.43	111.34
36	15.32	20.19	22.20	28.27	36.61	65.38	114.68
37	16.04	21.12	23.25	29.59	38.02	67.43	118.22
38	16.78	22.09	24.32	30.90	39.47	69.58	121.99
39	17.56	23.10	25.45	32.26	40.96	71.82	125.93
40	18.37	24.15	26.63	33.68	42.50	74.15	130.09
41	19.20	25.23	27.84	35.13	44.08	76.56	134.45
42	20.06	26.36	29.08	36.63	45.71	79.06	139.01
43	21.16	27.65	30.44	38.21	47.48	81.74	143.97
44	22.29	29.01	31.80	39.81	49.29	84.49	149.11
45	23.45	30.38	33.19	41.46	51.13	87.30	154.40
46	24.67	31.80	34.64	43.10	52.95	90.14	159.79
47	25.92	33.25	36.10	44.79	54.76	93.01	165.25
48	27.17	34.75	37.66	46.56	56.59	96.10	171.20
49	28.43	36.26	39.22	48.32	58.35	99.12	177.06
50	29.68	37.73	40.75	50.02	60.01	102.00	182.64
51	30.91	39.14	42.20	51.63	61.49	104.67	187.82
52	32.05	40.46	43.54	53.11	62.77	107.04	192.41
53	33.14	41.71	44.81	54.45	63.76	109.03	196.22
54	34.13	42.81	45.90	55.58	64.51	110.62	199.18
55	34.79	43.69	46.77	56.50	64.95	111.68	201.13
56	35.29	44.35	47.41	57.16	65.09	112.20	201.96
57	35.62	44.81	47.80	57.51	64.92	112.08	201.52
58	35.45	44.63	47.56	57.16	63.94	110.84	198.87
59	35.10	44.24	47.10	56.51	62.70	108.96	194.89
60	34.64	43.67	46.45	55.68	61.27	106.43	189.62
61	34.05	42.95	45.66	54.68	59.74	103.30	183.10
62	33.39	42.18	44.77	53.60	58.20	99.60	175.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.71	12.78	14.14	18.03	25.35	50.35	89.99
26	10.08	13.29	14.70	18.81	26.35	51.84	92.48
27	10.48	13.87	15.36	19.65	27.38	53.35	95.02
28	10.92	14.48	16.05	20.56	28.45	54.92	97.62
29	11.41	15.14	16.81	21.53	29.59	56.52	100.31
30	11.92	15.88	17.60	22.56	30.76	58.19	103.06
31	12.47	16.62	18.44	23.66	31.97	59.92	105.87
32	13.05	17.41	19.34	24.81	33.23	61.71	108.83
33	13.67	18.23	20.27	26.00	34.52	63.54	111.87
34	14.30	19.10	21.23	27.22	35.86	65.43	115.04
35	14.97	19.99	22.24	28.48	37.25	67.41	118.37
36	15.67	20.93	23.30	29.81	38.67	69.43	121.85
37	16.41	21.89	24.39	31.17	40.15	71.56	125.52
38	17.16	22.88	25.51	32.54	41.64	73.80	129.42
39	17.95	23.93	26.67	33.96	43.19	76.11	133.50
40	18.78	24.99	27.90	35.43	44.77	78.51	137.80
41	19.62	26.10	29.15	36.94	46.41	80.99	142.28
42	20.50	27.25	30.43	38.47	48.08	83.55	146.96
43	21.60	28.57	31.81	40.10	49.92	86.29	152.03
44	22.76	29.96	33.22	41.76	51.76	89.09	157.27
45	23.94	31.35	34.65	43.43	53.64	91.95	162.64
46	25.16	32.81	36.11	45.11	55.48	94.80	168.10
47	26.42	34.26	37.58	46.82	57.31	97.69	173.58
48	27.68	35.78	39.17	48.59	59.14	100.76	179.54
49	28.95	37.29	40.74	50.36	60.89	103.75	185.36
50	30.21	38.76	42.26	52.04	62.52	106.57	190.85
51	31.42	40.17	43.69	53.64	63.95	109.16	195.91
52	32.58	41.47	45.02	55.09	65.17	111.42	200.31
53	33.65	42.70	46.24	56.36	66.05	113.23	203.81
54	34.63	43.76	47.28	57.41	66.69	114.61	206.40
55	35.26	44.61	48.08	58.25	67.00	115.46	207.97
56	35.75	45.22	48.66	58.81	67.02	115.76	208.40
57	36.05	45.64	48.98	59.07	66.72	115.40	207.55
58	35.84	45.42	48.68	58.64	65.62	113.97	204.52
59	35.48	44.97	48.15	57.92	64.28	111.89	200.18
60	35.00	44.36	47.45	57.01	62.74	109.20	194.59
61	34.40	43.62	46.61	55.96	61.13	105.93	187.83
62	33.73	42.82	45.71	54.84	59.55	102.14	179.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.45	13.50	14.68	18.59	26.06	51.30	91.56
26	10.84	14.04	15.25	19.37	27.07	52.78	94.05
27	11.27	14.64	15.91	20.23	28.11	54.30	96.59
28	11.75	15.29	16.62	21.15	29.20	55.87	99.19
29	12.28	15.97	17.40	22.16	30.35	57.48	101.90
30	12.81	16.74	18.22	23.21	31.55	59.17	104.66
31	13.40	17.53	19.09	24.33	32.79	60.90	107.51
32	14.03	18.35	20.00	25.49	34.06	62.72	110.50
33	14.68	19.21	20.96	26.71	35.38	64.57	113.59
34	15.36	20.13	21.96	27.98	36.76	66.50	116.81
35	16.08	21.06	22.99	29.27	38.17	68.52	120.21
36	16.83	22.04	24.09	30.62	39.64	70.58	123.76
37	17.63	23.06	25.22	32.03	41.15	72.77	127.52
38	18.44	24.10	26.37	33.44	42.69	75.06	131.52
39	19.28	25.21	27.58	34.89	44.28	77.43	135.70
40	20.17	26.34	28.85	36.41	45.92	79.90	140.13
41	21.07	27.50	30.15	37.97	47.61	82.46	144.75
42	22.02	28.73	31.49	39.57	49.35	85.11	149.59
43	23.21	30.13	32.93	41.25	51.25	87.96	154.84
44	24.45	31.60	34.40	42.97	53.16	90.86	160.29
45	25.72	33.08	35.89	44.71	55.11	93.84	165.88
46	27.04	34.63	37.43	46.47	57.05	96.84	171.59
47	28.41	36.19	38.99	48.27	58.98	99.87	177.36
48	29.78	37.81	40.67	50.15	60.91	103.12	183.65
49	31.16	39.42	42.33	52.01	62.78	106.31	189.83
50	32.52	41.02	43.96	53.81	64.53	109.35	195.73
51	33.85	42.55	45.51	55.54	66.09	112.16	201.21
52	35.11	43.97	46.96	57.11	67.46	114.70	206.10
53	36.29	45.33	48.32	58.53	68.50	116.80	210.13
54	37.37	46.53	49.50	59.75	69.30	118.50	213.29
55	38.10	47.49	50.44	60.76	69.79	119.68	215.46
56	38.67	48.24	51.16	61.51	70.00	120.33	216.52
57	39.05	48.78	51.65	61.96	69.89	120.35	216.31
58	38.86	48.59	51.42	61.61	68.86	119.09	213.52
59	38.51	48.21	50.98	61.00	67.63	117.25	209.55
60	38.05	47.68	50.42	60.29	66.29	114.91	204.54
61	37.50	47.07	49.80	59.51	65.00	112.16	198.68
62	36.90	46.46	49.19	58.82	63.86	109.10	192.17

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.49	13.58	14.79	18.74	26.29	51.81	92.48
26	10.88	14.12	15.37	19.54	27.32	53.31	95.00
27	11.32	14.73	16.04	20.41	28.36	54.86	97.59
28	11.79	15.37	16.76	21.34	29.47	56.45	100.23
29	12.32	16.07	17.55	22.36	30.63	58.08	102.98
30	12.87	16.84	18.37	23.43	31.85	59.80	105.78
31	13.46	17.64	19.25	24.56	33.11	61.56	108.69
32	14.08	18.47	20.18	25.74	34.40	63.40	111.73
33	14.74	19.34	21.16	26.97	35.74	65.30	114.88
34	15.44	20.27	22.16	28.26	37.13	67.25	118.15
35	16.15	21.20	23.21	29.57	38.57	69.30	121.61
36	16.90	22.20	24.31	30.94	40.05	71.41	125.22
37	17.71	23.22	25.47	32.37	41.59	73.63	129.05
38	18.52	24.28	26.64	33.79	43.16	75.96	133.13
39	19.37	25.40	27.86	35.27	44.77	78.38	137.39
40	20.27	26.53	29.15	36.82	46.44	80.90	141.90
41	21.17	27.71	30.47	38.39	48.15	83.50	146.61
42	22.12	28.95	31.82	40.02	49.92	86.20	151.54
43	23.33	30.37	33.28	41.73	51.86	89.10	156.90
44	24.57	31.86	34.77	43.48	53.80	92.07	162.45
45	25.85	33.35	36.28	45.25	55.79	95.11	168.15
46	27.18	34.91	37.85	47.04	57.76	98.16	173.97
47	28.56	36.48	39.44	48.87	59.73	101.26	179.86
48	29.95	38.13	41.15	50.78	61.71	104.58	186.28
49	31.34	39.77	42.83	52.68	63.61	107.84	192.60
50	32.70	41.38	44.48	54.52	65.39	110.94	198.62
51	34.05	42.93	46.06	56.27	66.98	113.82	204.20
52	35.31	44.37	47.53	57.87	68.38	116.40	209.18
53	36.50	45.73	48.91	59.31	69.44	118.54	213.29
54	37.59	46.95	50.10	60.55	70.25	120.26	216.50
55	38.32	47.92	51.05	61.57	70.74	121.44	218.67
56	38.89	48.66	51.76	62.31	70.93	122.06	219.67
57	39.26	49.18	52.23	62.74	70.79	122.02	219.35
58	39.07	49.00	51.99	62.37	69.73	120.72	216.50
59	38.70	48.58	51.52	61.72	68.45	118.78	212.34
60	38.23	48.01	50.89	60.92	67.00	116.25	207.00
61	37.63	47.34	50.17	60.01	65.55	113.21	200.59
62	36.98	46.62	49.41	59.12	64.19	109.73	193.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.55	13.69	14.97	18.99	26.63	52.56	93.86
26	10.94	14.24	15.56	19.79	27.68	54.10	96.44
27	11.38	14.85	16.24	20.68	28.75	55.69	99.09
28	11.86	15.51	16.98	21.63	29.88	57.31	101.80
29	12.39	16.22	17.77	22.67	31.06	58.99	104.61
30	12.94	17.00	18.60	23.75	32.30	60.75	107.48
31	13.53	17.81	19.50	24.91	33.58	62.55	110.46
32	14.17	18.65	20.45	26.11	34.90	64.43	113.58
33	14.84	19.54	21.44	27.37	36.27	66.37	116.80
34	15.53	20.47	22.47	28.67	37.69	68.38	120.16
35	16.25	21.42	23.53	30.01	39.16	70.48	123.71
36	17.02	22.43	24.67	31.42	40.67	72.64	127.42
37	17.83	23.47	25.83	32.87	42.25	74.92	131.36
38	18.65	24.54	27.02	34.33	43.85	77.32	135.54
39	19.51	25.67	28.27	35.84	45.50	79.80	139.92
40	20.41	26.83	29.59	37.42	47.21	82.39	144.55
41	21.33	28.03	30.93	39.04	48.97	85.07	149.39
42	22.29	29.29	32.31	40.70	50.78	87.84	154.46
43	23.50	30.72	33.82	42.45	52.76	90.82	159.97
44	24.76	32.23	35.33	44.24	54.76	93.88	165.68
45	26.06	33.76	36.88	46.06	56.80	97.00	171.55
46	27.40	35.34	38.48	47.89	58.83	100.15	177.54
47	28.79	36.94	40.11	49.76	60.84	103.34	183.60
48	30.19	38.61	41.85	51.74	62.88	106.77	190.22
49	31.59	40.29	43.58	53.69	64.84	110.13	196.73
50	32.98	41.92	45.28	55.57	66.68	113.34	202.94
51	34.34	43.49	46.89	57.37	68.31	116.29	208.68
52	35.61	44.96	48.38	59.01	69.75	118.94	213.79
53	36.82	46.35	49.79	60.49	70.85	121.15	218.02
54	37.92	47.57	51.00	61.76	71.68	122.91	221.31
55	38.65	48.55	51.96	62.78	72.17	124.09	223.48
56	39.21	49.28	52.67	63.51	72.33	124.67	224.40
57	39.58	49.79	53.11	63.90	72.13	124.53	223.91
58	39.38	49.60	52.85	63.51	71.04	123.16	220.97
59	39.00	49.15	52.33	62.80	69.67	121.07	216.55
60	38.48	48.51	51.60	61.86	68.08	118.25	210.69
61	37.83	47.72	50.73	60.76	66.38	114.78	203.45
62	37.10	46.86	49.75	59.56	64.67	110.66	194.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.79	14.19	15.72	20.04	28.17	55.95	99.99
26	11.19	14.77	16.34	20.89	29.28	57.60	102.76
27	11.64	15.41	17.06	21.83	30.42	59.29	105.58
28	12.14	16.10	17.84	22.84	31.61	61.02	108.47
29	12.68	16.83	18.67	23.93	32.87	62.81	111.46
30	13.24	17.64	19.55	25.07	34.17	64.66	114.51
31	13.85	18.47	20.50	26.29	35.53	66.57	117.64
32	14.50	19.34	21.49	27.56	36.92	68.56	120.92
33	15.18	20.26	22.52	28.88	38.36	70.59	124.31
34	15.89	21.23	23.59	30.25	39.85	72.70	127.83
35	16.63	22.21	24.71	31.64	41.39	74.90	131.52
36	17.42	23.25	25.89	33.12	42.96	77.15	135.40
37	18.23	24.32	27.10	34.64	44.61	79.52	139.47
38	19.07	25.42	28.34	36.16	46.27	82.00	143.80
39	19.95	26.58	29.64	37.73	47.99	84.57	148.33
40	20.86	27.77	30.99	39.36	49.75	87.23	153.11
41	21.80	29.00	32.38	41.04	51.57	89.99	158.08
42	22.77	30.28	33.81	42.75	53.42	92.83	163.28
43	24.01	31.75	35.35	44.55	55.47	95.88	168.92
44	25.28	33.29	36.91	46.39	57.51	98.99	174.75
45	26.59	34.84	38.49	48.25	59.59	102.17	180.71
46	27.96	36.45	40.12	50.12	61.64	105.34	186.77
47	29.36	38.07	41.76	52.02	63.68	108.54	192.87
48	30.76	39.76	43.52	54.00	65.72	111.95	199.49
49	32.17	41.43	45.26	55.96	67.65	115.28	205.96
50	33.56	43.07	46.95	57.82	69.46	118.41	212.06
51	34.92	44.63	48.55	59.60	71.05	121.28	217.67
52	36.19	46.09	50.02	61.20	72.42	123.80	222.57
53	37.39	47.44	51.38	62.61	73.39	125.81	226.45
54	38.47	48.63	52.54	63.79	74.10	127.34	229.34
55	39.18	49.56	53.42	64.72	74.45	128.29	231.08
56	39.71	50.25	54.06	65.35	74.47	128.62	231.55
57	40.06	50.71	54.42	65.64	74.13	128.22	230.61
58	39.83	50.46	54.09	65.16	72.91	126.63	227.24
59	39.42	49.97	53.50	64.35	71.41	124.33	222.43
60	38.89	49.29	52.72	63.34	69.71	121.33	216.22
61	38.22	48.47	51.80	62.17	67.93	117.71	208.70
62	37.48	47.58	50.78	60.93	66.17	113.49	199.98

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.72	9.80	10.58	13.48	20.07	41.95	74.69
26	8.00	10.20	11.00	14.06	20.88	43.23	76.88
27	8.32	10.64	11.48	14.70	21.71	44.55	79.10
28	8.67	11.11	11.99	15.38	22.58	45.91	81.38
29	9.06	11.61	12.56	16.12	23.50	47.31	83.71
30	9.45	12.16	13.16	16.88	24.45	48.75	86.07
31	9.87	12.74	13.77	17.71	25.44	50.24	88.53
32	10.33	13.33	14.45	18.56	26.46	51.77	91.08
33	10.81	13.97	15.14	19.44	27.51	53.35	93.71
34	11.30	14.63	15.86	20.37	28.61	54.97	96.43
35	11.83	15.30	16.61	21.31	29.74	56.67	99.30
36	12.39	16.02	17.39	22.30	30.91	58.41	102.29
37	12.95	16.76	18.21	23.33	32.12	60.24	105.44
38	13.54	17.52	19.05	24.36	33.36	62.15	108.78
39	14.15	18.33	19.92	25.41	34.64	64.12	112.26
40	14.80	19.14	20.84	26.51	35.96	66.18	115.93
41	15.46	19.98	21.77	27.67	37.31	68.31	119.76
42	16.15	20.87	22.75	28.83	38.70	70.49	123.75
43	17.03	21.89	23.78	30.05	40.22	72.83	128.08
44	17.92	22.95	24.84	31.29	41.74	75.21	132.55
45	18.85	24.02	25.92	32.55	43.29	77.65	137.12
46	19.80	25.15	27.03	33.83	44.81	80.09	141.78
47	20.79	26.28	28.16	35.13	46.32	82.55	146.48
48	21.80	27.45	29.37	36.48	47.85	85.18	151.55
49	22.81	28.63	30.56	37.82	49.31	87.75	156.53
50	23.79	29.78	31.73	39.12	50.67	90.19	161.27
51	24.76	30.89	32.87	40.37	51.89	92.44	165.65
52	25.69	31.93	33.92	41.51	52.96	94.45	169.54
53	26.53	32.89	34.91	42.53	53.77	96.09	172.70
54	27.26	33.70	35.77	43.42	54.39	97.38	175.16
55	27.87	34.43	36.48	44.16	54.77	98.25	176.81
56	28.38	34.99	37.03	44.71	54.93	98.67	177.58
57	28.75	35.40	37.41	45.06	54.84	98.58	177.33
58	28.77	35.41	37.39	44.98	54.20	97.60	175.35
59	28.64	35.24	37.22	44.68	53.37	96.10	172.35
60	28.41	34.94	36.90	44.26	52.36	94.12	168.39
61	28.05	34.52	36.48	43.72	51.25	91.70	163.57
62	27.61	33.99	35.94	43.13	50.10	88.91	157.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.74	9.87	10.67	13.62	20.28	42.42	75.52
26	8.03	10.27	11.11	14.22	21.11	43.71	77.74
27	8.36	10.72	11.60	14.86	21.94	45.06	80.01
28	8.70	11.19	12.12	15.56	22.83	46.44	82.32
29	9.09	11.70	12.69	16.30	23.75	47.85	84.68
30	9.50	12.26	13.30	17.07	24.72	49.32	87.08
31	9.93	12.85	13.92	17.91	25.72	50.83	89.59
32	10.38	13.44	14.61	18.78	26.76	52.40	92.19
33	10.86	14.08	15.31	19.68	27.83	54.00	94.86
34	11.37	14.76	16.04	20.63	28.94	55.64	97.64
35	11.89	15.43	16.80	21.59	30.10	57.38	100.56
36	12.45	16.17	17.60	22.59	31.28	59.15	103.61
37	13.02	16.91	18.43	23.64	32.52	61.03	106.81
38	13.62	17.68	19.29	24.68	33.78	62.97	110.22
39	14.23	18.50	20.17	25.76	35.08	64.98	113.78
40	14.89	19.32	21.11	26.88	36.42	67.07	117.52
41	15.56	20.17	22.06	28.05	37.80	69.25	121.43
42	16.24	21.08	23.05	29.23	39.22	71.47	125.50
43	17.13	22.11	24.09	30.47	40.76	73.86	129.92
44	18.02	23.18	25.18	31.75	42.32	76.30	134.49
45	18.97	24.27	26.28	33.04	43.89	78.79	139.16
46	19.92	25.41	27.41	34.34	45.45	81.29	143.92
47	20.94	26.55	28.56	35.67	47.00	83.80	148.72
48	21.95	27.74	29.81	37.06	48.56	86.50	153.92
49	22.97	28.93	31.01	38.43	50.05	89.14	159.02
50	23.95	30.10	32.21	39.76	51.44	91.63	163.86
51	24.94	31.23	33.36	41.03	52.69	93.93	168.34
52	25.86	32.28	34.43	42.19	53.79	95.97	172.31
53	26.73	33.26	35.45	43.23	54.61	97.65	175.54
54	27.46	34.10	36.32	44.14	55.25	98.96	178.05
55	28.08	34.82	37.02	44.89	55.63	99.84	179.70
56	28.58	35.38	37.57	45.43	55.77	100.23	180.41
57	28.95	35.78	37.93	45.76	55.64	100.08	180.07
58	28.97	35.79	37.90	45.66	54.98	99.06	178.02
59	28.84	35.60	37.71	45.33	54.11	97.47	174.86
60	28.57	35.26	37.33	44.84	53.00	95.32	170.61
61	28.19	34.77	36.80	44.16	51.75	92.65	165.29
62	27.68	34.14	36.14	43.39	50.39	89.46	158.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.81	9.98	10.83	13.84	20.58	43.09	76.77
26	8.09	10.38	11.28	14.45	21.43	44.42	79.03
27	8.41	10.82	11.77	15.11	22.29	45.80	81.36
28	8.76	11.32	12.31	15.81	23.19	47.21	83.72
29	9.15	11.84	12.88	16.58	24.14	48.66	86.14
30	9.57	12.40	13.51	17.37	25.12	50.17	88.62
31	10.00	13.00	14.14	18.22	26.15	51.72	91.19
32	10.45	13.60	14.85	19.11	27.21	53.32	93.85
33	10.95	14.26	15.57	20.03	28.31	54.96	96.60
34	11.45	14.93	16.32	21.00	29.44	56.66	99.45
35	11.99	15.63	17.09	21.98	30.63	58.44	102.45
36	12.56	16.37	17.92	23.01	31.85	60.26	105.59
37	13.13	17.13	18.75	24.09	33.11	62.19	108.89
38	13.74	17.92	19.63	25.16	34.41	64.20	112.39
39	14.36	18.74	20.55	26.27	35.74	66.26	116.05
40	15.01	19.59	21.51	27.42	37.12	68.41	119.91
41	15.70	20.46	22.48	28.63	38.54	70.66	123.93
42	16.39	21.38	23.49	29.84	40.00	72.94	128.13
43	17.29	22.42	24.58	31.13	41.58	75.42	132.69
44	18.20	23.52	25.69	32.44	43.18	77.93	137.39
45	19.15	24.63	26.81	33.77	44.80	80.49	142.22
46	20.13	25.79	27.98	35.10	46.41	83.07	147.13
47	21.15	26.96	29.17	36.48	48.00	85.67	152.09
48	22.17	28.17	30.44	37.91	49.62	88.48	157.47
49	23.20	29.40	31.69	39.34	51.16	91.19	162.74
50	24.20	30.60	32.92	40.71	52.61	93.78	167.75
51	25.20	31.73	34.10	42.02	53.90	96.16	172.37
52	26.14	32.82	35.21	43.22	55.02	98.26	176.47
53	27.01	33.83	36.24	44.30	55.88	99.99	179.80
54	27.78	34.68	37.13	45.22	56.53	101.34	182.38
55	28.40	35.42	37.84	45.98	56.91	102.21	184.03
56	28.90	35.97	38.38	46.52	57.02	102.57	184.67
57	29.27	36.35	38.72	46.81	56.86	102.34	184.17
58	29.27	36.35	38.68	46.69	56.16	101.26	182.05
59	29.13	36.13	38.44	46.30	55.21	99.53	178.65
60	28.83	35.73	37.97	45.68	53.97	97.13	173.92
61	28.39	35.13	37.31	44.84	52.49	94.05	167.87
62	27.80	34.36	36.44	43.79	50.82	90.31	160.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.02	10.43	11.51	14.78	21.97	46.14	82.28
26	8.32	10.86	11.99	15.44	22.87	47.56	84.72
27	8.65	11.33	12.51	16.15	23.80	49.04	87.20
28	9.01	11.84	13.09	16.90	24.75	50.55	89.72
29	9.42	12.38	13.70	17.71	25.77	52.10	92.31
30	9.84	12.97	14.36	18.56	26.81	53.69	94.93
31	10.28	13.59	15.04	19.47	27.90	55.33	97.64
32	10.75	14.22	15.79	20.42	29.03	57.03	100.46
33	11.26	14.91	16.54	21.39	30.18	58.77	103.36
34	11.77	15.62	17.33	22.41	31.39	60.55	106.35
35	12.32	16.34	18.15	23.45	32.64	62.42	109.49
36	12.91	17.11	19.02	24.55	33.91	64.32	112.76
37	13.50	17.90	19.91	25.68	35.24	66.33	116.20
38	14.12	18.71	20.82	26.81	36.58	68.40	119.83
39	14.76	19.56	21.77	27.98	37.97	70.54	123.62
40	15.43	20.43	22.77	29.17	39.41	72.78	127.62
41	16.12	21.33	23.79	30.43	40.88	75.08	131.75
42	16.83	22.27	24.83	31.69	42.37	77.43	136.07
43	17.74	23.35	25.95	33.02	44.01	79.97	140.75
44	18.66	24.47	27.10	34.37	45.65	82.54	145.56
45	19.63	25.61	28.27	35.74	47.32	85.14	150.46
46	20.63	26.80	29.45	37.11	48.95	87.74	155.43
47	21.66	27.98	30.66	38.50	50.56	90.35	160.42
48	22.69	29.20	31.94	39.95	52.17	93.14	165.81
49	23.72	30.43	33.20	41.39	53.70	95.82	171.04
50	24.73	31.63	34.43	42.73	55.11	98.35	175.96
51	25.72	32.76	35.60	44.04	56.36	100.65	180.46
52	26.66	33.83	36.68	45.19	57.42	102.63	184.37
53	27.53	34.81	37.66	46.21	58.18	104.19	187.39
54	28.32	35.68	38.51	47.05	58.71	105.34	189.60
55	28.92	36.36	39.16	47.72	58.97	106.00	190.86
56	29.39	36.87	39.64	48.17	58.95	106.13	191.11
57	29.73	37.21	39.90	48.37	58.65	105.67	190.20
58	29.71	37.16	39.80	48.17	57.84	104.39	187.70
59	29.54	36.90	39.49	47.70	56.78	102.46	183.95
60	29.22	36.46	38.98	47.01	55.44	99.91	178.90
61	28.77	35.84	38.27	46.11	53.89	96.69	172.59
62	28.17	35.05	37.37	45.03	52.17	92.86	164.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.57	10.89	11.75	14.98	22.30	46.61	82.99
26	8.89	11.33	12.22	15.63	23.21	48.04	85.42
27	9.24	11.82	12.75	16.34	24.12	49.51	87.89
28	9.63	12.35	13.32	17.09	25.09	51.01	90.42
29	10.06	12.90	13.95	17.91	26.11	52.56	93.01
30	10.50	13.52	14.62	18.75	27.17	54.16	95.64
31	10.97	14.16	15.30	19.67	28.27	55.82	98.37
32	11.48	14.81	16.05	20.62	29.40	57.53	101.20
33	12.00	15.51	16.82	21.60	30.56	59.28	104.12
34	12.56	16.26	17.62	22.63	31.79	61.08	107.15
35	13.14	17.00	18.45	23.68	33.05	62.97	110.33
36	13.76	17.80	19.32	24.78	34.35	64.90	113.66
37	14.39	18.63	20.23	25.92	35.69	66.94	117.15
38	15.05	19.47	21.16	27.07	37.07	69.06	120.86
39	15.73	20.36	22.13	28.24	38.48	71.24	124.73
40	16.45	21.27	23.15	29.46	39.95	73.53	128.81
41	17.18	22.20	24.19	30.74	41.46	75.90	133.06
42	17.94	23.20	25.27	32.03	43.01	78.32	137.50
43	18.92	24.32	26.42	33.39	44.69	80.92	142.30
44	19.91	25.50	27.61	34.77	46.38	83.57	147.28
45	20.94	26.69	28.80	36.17	48.09	86.28	152.35
46	22.00	27.95	30.03	37.58	49.79	88.99	157.53
47	23.11	29.20	31.29	39.03	51.47	91.72	162.75
48	24.22	30.50	32.64	40.54	53.16	94.65	168.39
49	25.34	31.80	33.96	42.03	54.79	97.50	173.92
50	26.43	33.09	35.26	43.47	56.30	100.21	179.19
51	27.52	34.32	36.52	44.86	57.66	102.71	184.05
52	28.54	35.47	37.69	46.12	58.85	104.94	188.38
53	29.48	36.54	38.79	47.26	59.74	106.76	191.88
54	30.29	37.45	39.75	48.24	60.44	108.20	194.63
55	30.97	38.25	40.52	49.07	60.86	109.16	196.45
56	31.53	38.88	41.14	49.68	61.03	109.63	197.30
57	31.94	39.34	41.56	50.07	60.93	109.53	197.03
58	31.96	39.34	41.54	49.98	60.22	108.44	194.83
59	31.83	39.16	41.35	49.64	59.30	106.77	191.50
60	31.57	38.83	41.00	49.18	58.18	104.58	187.10
61	31.17	38.36	40.52	48.58	56.94	101.90	181.75
62	30.67	37.77	39.93	47.92	55.66	98.78	175.51

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.61	10.97	11.86	15.14	22.53	47.12	83.92
26	8.92	11.41	12.35	15.80	23.45	48.57	86.38
27	9.28	11.91	12.88	16.52	24.38	50.06	88.90
28	9.67	12.43	13.46	17.28	25.36	51.59	91.46
29	10.10	13.00	14.10	18.11	26.39	53.16	94.09
30	10.55	13.62	14.78	18.97	27.46	54.80	96.76
31	11.03	14.27	15.47	19.90	28.58	56.48	99.55
32	11.53	14.93	16.23	20.86	29.74	58.21	102.43
33	12.06	15.65	17.01	21.86	30.91	60.00	105.41
34	12.63	16.39	17.82	22.92	32.16	61.83	108.49
35	13.21	17.14	18.66	23.98	33.45	63.76	111.73
36	13.83	17.96	19.55	25.10	34.76	65.73	115.12
37	14.47	18.79	20.48	26.26	36.13	67.80	118.69
38	15.14	19.64	21.43	27.42	37.53	69.97	122.47
39	15.81	20.55	22.41	28.62	38.98	72.20	126.42
40	16.54	21.46	23.45	29.87	40.47	74.53	130.58
41	17.28	22.41	24.51	31.16	42.00	76.94	134.92
42	18.05	23.42	25.61	32.48	43.58	79.41	139.44
43	19.03	24.56	26.77	33.86	45.29	82.07	144.36
44	20.03	25.76	27.98	35.28	47.02	84.78	149.43
45	21.08	26.96	29.20	36.70	48.77	87.54	154.62
46	22.14	28.23	30.46	38.15	50.50	90.31	159.90
47	23.27	29.50	31.74	39.63	52.22	93.11	165.25
48	24.38	30.82	33.11	41.18	53.95	96.11	171.02
49	25.52	32.15	34.46	42.70	55.62	99.04	176.69
50	26.61	33.45	35.79	44.18	57.16	101.81	182.07
51	27.71	34.70	37.07	45.59	58.55	104.37	187.04
52	28.74	35.87	38.26	46.88	59.76	106.64	191.46
53	29.69	36.96	39.38	48.04	60.68	108.50	195.04
54	30.52	37.88	40.35	49.04	61.39	109.96	197.83
55	31.20	38.69	41.13	49.88	61.81	110.92	199.66
56	31.76	39.31	41.74	50.49	61.96	111.36	200.46
57	32.17	39.76	42.14	50.85	61.83	111.21	200.07
58	32.19	39.77	42.12	50.73	61.09	110.07	197.81
59	32.04	39.56	41.90	50.36	60.12	108.30	194.30
60	31.75	39.18	41.47	49.82	58.89	105.92	189.56
61	31.32	38.63	40.89	49.07	57.50	102.94	183.66
62	30.76	37.94	40.15	48.22	55.99	99.40	176.62

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.67	11.09	12.04	15.38	22.87	47.88	85.30
26	8.98	11.54	12.53	16.05	23.81	49.36	87.82
27	9.35	12.03	13.08	16.79	24.76	50.89	90.39
28	9.74	12.58	13.68	17.57	25.77	52.46	93.02
29	10.17	13.15	14.32	18.42	26.82	54.07	95.72
30	10.63	13.78	15.00	19.30	27.91	55.74	98.46
31	11.11	14.44	15.72	20.25	29.06	57.46	101.31
32	11.62	15.11	16.50	21.23	30.24	59.24	104.28
33	12.16	15.84	17.29	22.26	31.45	61.07	107.33
34	12.72	16.60	18.13	23.33	32.72	62.96	110.50
35	13.31	17.36	18.99	24.42	34.04	64.94	113.84
36	13.95	18.19	19.91	25.57	35.38	66.96	117.32
37	14.59	19.03	20.84	26.76	36.79	69.10	120.99
38	15.26	19.91	21.82	27.96	38.23	71.32	124.88
39	15.95	20.82	22.83	29.19	39.71	73.61	128.95
40	16.68	21.76	23.89	30.47	41.25	76.01	133.23
41	17.44	22.73	24.97	31.80	42.82	78.50	137.70
42	18.22	23.75	26.10	33.16	44.44	81.05	142.37
43	19.21	24.91	27.31	34.58	46.20	83.79	147.43
44	20.22	26.14	28.54	36.04	47.98	86.59	152.66
45	21.28	27.37	29.80	37.51	49.78	89.43	158.02
46	22.36	28.66	31.09	39.00	51.57	92.30	163.48
47	23.50	29.96	32.41	40.52	53.34	95.19	168.99
48	24.63	31.30	33.82	42.13	55.13	98.30	174.96
49	25.78	32.67	35.21	43.71	56.85	101.32	180.82
50	26.89	33.99	36.58	45.23	58.45	104.20	186.39
51	28.00	35.26	37.89	46.69	59.88	106.84	191.52
52	29.04	36.46	39.12	48.02	61.13	109.18	196.07
53	30.01	37.58	40.26	49.22	62.09	111.11	199.78
54	30.87	38.54	41.25	50.25	62.81	112.60	202.65
55	31.56	39.35	42.05	51.08	63.24	113.57	204.48
56	32.11	39.96	42.64	51.68	63.36	113.97	205.19
57	32.52	40.39	43.02	52.01	63.18	113.71	204.63
58	32.52	40.39	42.98	51.88	62.40	112.52	202.28
59	32.37	40.15	42.71	51.44	61.34	110.59	198.50
60	32.03	39.70	42.19	50.76	59.96	107.92	193.25
61	31.54	39.04	41.46	49.82	58.33	104.51	186.52
62	30.89	38.18	40.49	48.66	56.47	100.34	178.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.91	11.59	12.79	16.43	24.41	51.27	91.42
26	9.24	12.06	13.31	17.15	25.41	52.85	94.13
27	9.61	12.58	13.90	17.94	26.44	54.49	96.89
28	10.01	13.16	14.54	18.78	27.50	56.16	99.70
29	10.46	13.75	15.22	19.68	28.63	57.89	102.57
30	10.93	14.41	15.95	20.62	29.79	59.66	105.49
31	11.42	15.10	16.71	21.63	31.00	61.49	108.50
32	11.95	15.80	17.54	22.69	32.25	63.37	111.62
33	12.50	16.56	18.37	23.77	33.54	65.30	114.84
34	13.09	17.35	19.25	24.90	34.87	67.28	118.17
35	13.69	18.15	20.17	26.06	36.26	69.35	121.65
36	14.34	19.01	21.13	27.28	37.67	71.46	125.29
37	15.00	19.89	22.11	28.53	39.15	73.69	129.10
38	15.68	20.79	23.14	29.79	40.65	76.01	133.14
39	16.39	21.74	24.19	31.08	42.19	78.38	137.36
40	17.14	22.70	25.30	32.41	43.78	80.86	141.79
41	17.91	23.70	26.43	33.81	45.42	83.42	146.40
42	18.70	24.75	27.60	35.21	47.08	86.04	151.19
43	19.71	25.94	28.84	36.69	48.90	88.85	156.38
44	20.74	27.19	30.11	38.19	50.72	91.70	161.74
45	21.82	28.45	31.41	39.71	52.57	94.60	167.18
46	22.92	29.77	32.73	41.23	54.38	97.49	172.71
47	24.06	31.08	34.06	42.78	56.17	100.39	178.25
48	25.20	32.45	35.49	44.39	57.97	103.49	184.23
49	26.36	33.81	36.89	45.98	59.66	106.47	190.04
50	27.47	35.14	38.25	47.48	61.23	109.28	195.52
51	28.58	36.41	39.56	48.93	62.62	111.83	200.51
52	29.62	37.58	40.75	50.21	63.80	114.04	204.86
53	30.58	38.68	41.85	51.34	64.64	115.77	208.21
54	31.47	39.64	42.79	52.28	65.23	117.04	210.67
55	32.13	40.40	43.51	53.02	65.52	117.77	212.07
56	32.66	40.96	44.04	53.52	65.50	117.92	212.34
57	33.03	41.34	44.33	53.75	65.17	117.41	211.33
58	33.01	41.29	44.22	53.52	64.27	115.98	208.55
59	32.82	41.00	43.88	52.99	63.09	113.85	204.38
60	32.47	40.51	43.30	52.24	61.60	111.00	198.77
61	31.96	39.82	42.52	51.23	59.88	107.44	191.77
62	31.30	38.94	41.53	50.03	57.97	103.17	183.32

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.92	8.70	9.34	11.97	17.71	36.87	65.38
26	7.17	9.06	9.72	12.50	18.45	38.10	67.46
27	7.46	9.46	10.16	13.08	19.21	39.33	69.57
28	7.78	9.88	10.61	13.68	20.00	40.59	71.70
29	8.12	10.34	11.12	14.35	20.84	41.89	73.87
30	8.47	10.82	11.65	15.04	21.70	43.22	76.08
31	8.86	11.34	12.21	15.77	22.59	44.58	78.35
32	9.27	11.86	12.80	16.54	23.50	45.99	80.68
33	9.69	12.43	13.41	17.32	24.45	47.41	83.08
34	10.13	13.02	14.05	18.15	25.43	48.89	85.55
35	10.60	13.61	14.70	18.99	26.44	50.42	88.13
36	11.08	14.25	15.40	19.86	27.48	51.98	90.82
37	11.59	14.90	16.12	20.77	28.56	53.60	93.61
38	12.11	15.57	16.84	21.67	29.65	55.30	96.56
39	12.65	16.27	17.62	22.61	30.76	57.04	99.65
40	13.21	16.98	18.41	23.58	31.91	58.85	102.87
41	13.79	17.71	19.22	24.57	33.09	60.70	106.22
42	14.39	18.50	20.06	25.58	34.30	62.61	109.70
43	15.15	19.37	20.95	26.64	35.60	64.63	113.44
44	15.93	20.28	21.87	27.70	36.92	66.69	117.30
45	16.74	21.21	22.78	28.79	38.24	68.78	121.22
46	17.56	22.18	23.73	29.88	39.55	70.86	125.22
47	18.42	23.14	24.70	30.98	40.83	72.97	129.22
48	19.27	24.14	25.72	32.13	42.10	75.18	133.51
49	20.13	25.13	26.73	33.26	43.31	77.33	137.70
50	20.96	26.10	27.72	34.35	44.45	79.38	141.70
51	21.80	27.05	28.68	35.39	45.45	81.26	145.38
52	22.59	27.93	29.58	36.35	46.34	82.95	148.68
53	23.33	28.75	30.42	37.22	47.01	84.32	151.34
54	23.94	29.46	31.17	37.98	47.53	85.42	153.45
55	24.48	30.10	31.79	38.62	47.86	86.20	154.91
56	24.94	30.62	32.30	39.14	48.03	86.62	155.67
57	25.31	31.02	32.68	39.49	48.01	86.64	155.65
58	25.46	31.21	32.87	39.64	47.72	86.25	154.78
59	25.48	31.25	32.91	39.61	47.25	85.40	153.01
60	25.40	31.13	32.81	39.44	46.61	84.04	150.23
61	25.17	30.87	32.55	39.11	45.82	82.16	146.41
62	24.80	30.45	32.14	38.64	44.88	79.72	141.48

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.94	8.77	9.44	12.11	17.93	37.34	66.22
26	7.20	9.13	9.84	12.65	18.67	38.57	68.32
27	7.50	9.54	10.27	13.24	19.45	39.83	70.47
28	7.81	9.96	10.74	13.86	20.25	41.12	72.64
29	8.16	10.42	11.26	14.54	21.09	42.42	74.84
30	8.52	10.92	11.79	15.24	21.97	43.79	77.10
31	8.91	11.45	12.36	15.97	22.87	45.18	79.40
32	9.31	11.98	12.95	16.76	23.80	46.61	81.79
33	9.74	12.55	13.59	17.56	24.76	48.07	84.23
34	10.19	13.14	14.23	18.40	25.77	49.56	86.76
35	10.66	13.75	14.90	19.26	26.80	51.12	89.39
36	11.14	14.39	15.60	20.15	27.85	52.72	92.14
37	11.66	15.04	16.34	21.07	28.95	54.38	95.00
38	12.19	15.73	17.08	21.99	30.06	56.12	98.01
39	12.72	16.44	17.86	22.94	31.20	57.90	101.17
40	13.30	17.15	18.67	23.94	32.38	59.74	104.46
41	13.89	17.91	19.51	24.95	33.58	61.64	107.89
42	14.48	18.69	20.36	25.99	34.81	63.59	111.45
43	15.25	19.59	21.27	27.06	36.16	65.66	115.28
44	16.04	20.51	22.20	28.16	37.50	67.77	119.24
45	16.85	21.45	23.14	29.27	38.85	69.92	123.27
46	17.69	22.43	24.12	30.39	40.19	72.05	127.35
47	18.56	23.41	25.11	31.52	41.50	74.22	131.47
48	19.42	24.43	26.15	32.70	42.81	76.49	135.88
49	20.29	25.44	27.18	33.86	44.06	78.71	140.19
50	21.13	26.43	28.20	34.98	45.22	80.82	144.29
51	21.97	27.39	29.17	36.05	46.25	82.75	148.08
52	22.77	28.29	30.09	37.03	47.17	84.47	151.45
53	23.51	29.13	30.95	37.92	47.85	85.90	154.18
54	24.15	29.85	31.72	38.69	48.38	87.01	156.33
55	24.69	30.49	32.34	39.35	48.72	87.78	157.80
56	25.15	31.01	32.83	39.86	48.87	88.18	158.51
57	25.51	31.41	33.21	40.20	48.82	88.15	158.38
58	25.66	31.59	33.39	40.32	48.51	87.72	157.46
59	25.68	31.60	33.40	40.26	47.99	86.77	155.52
60	25.56	31.45	33.23	40.01	47.25	85.25	152.45
61	25.31	31.12	32.89	39.56	46.31	83.10	148.14
62	24.88	30.60	32.34	38.91	45.18	80.27	142.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.00	8.88	9.60	12.33	18.23	38.02	67.46
26	7.25	9.24	10.01	12.87	19.00	39.28	69.62
27	7.56	9.64	10.45	13.48	19.79	40.58	71.82
28	7.88	10.09	10.93	14.12	20.62	41.90	74.04
29	8.22	10.56	11.45	14.81	21.48	43.24	76.31
30	8.60	11.06	12.00	15.53	22.38	44.63	78.62
31	8.98	11.60	12.58	16.29	23.30	46.06	81.00
32	9.39	12.14	13.20	17.09	24.26	47.54	83.45
33	9.83	12.72	13.83	17.92	25.25	49.03	85.98
34	10.28	13.32	14.51	18.77	26.27	50.57	88.57
35	10.75	13.94	15.19	19.66	27.33	52.18	91.28
36	11.25	14.60	15.92	20.57	28.42	53.83	94.12
37	11.77	15.26	16.67	21.52	29.54	55.55	97.06
38	12.30	15.96	17.43	22.48	30.69	57.33	100.18
39	12.86	16.68	18.24	23.46	31.86	59.17	103.44
40	13.43	17.42	19.07	24.48	33.07	61.08	106.85
41	14.03	18.19	19.92	25.53	34.32	63.04	110.39
42	14.63	18.99	20.80	26.59	35.60	65.07	114.08
43	15.41	19.91	21.74	27.71	36.97	67.21	118.05
44	16.21	20.86	22.70	28.85	38.36	69.41	122.14
45	17.04	21.82	23.68	30.00	39.76	71.62	126.32
46	17.88	22.82	24.68	31.16	41.15	73.85	130.57
47	18.76	23.82	25.70	32.33	42.50	76.08	134.84
48	19.64	24.86	26.79	33.55	43.87	78.46	139.44
49	20.52	25.91	27.85	34.77	45.17	80.77	143.92
50	21.38	26.92	28.91	35.93	46.38	82.97	148.18
51	22.23	27.90	29.91	37.04	47.46	84.97	152.11
52	23.04	28.82	30.85	38.06	48.40	86.77	155.59
53	23.80	29.70	31.74	38.98	49.12	88.24	158.44
54	24.46	30.44	32.52	39.78	49.67	89.39	160.66
55	25.01	31.09	33.16	40.44	50.00	90.16	162.13
56	25.47	31.59	33.65	40.94	50.12	90.53	162.76
57	25.82	31.97	34.00	41.24	50.03	90.41	162.48
58	25.96	32.16	34.16	41.35	49.68	89.92	161.48
59	25.97	32.13	34.13	41.23	49.09	88.83	159.32
60	25.82	31.92	33.87	40.86	48.22	87.05	155.77
61	25.50	31.49	33.39	40.22	47.06	84.51	150.71
62	24.99	30.82	32.64	39.31	45.61	81.12	143.97

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.22	9.33	10.27	13.27	19.62	41.07	72.98
26	7.49	9.72	10.71	13.87	20.44	42.42	75.30
27	7.80	10.15	11.19	14.52	21.30	43.82	77.66
28	8.12	10.61	11.70	15.21	22.18	45.23	80.04
29	8.48	11.11	12.27	15.95	23.10	46.68	82.48
30	8.86	11.63	12.86	16.72	24.06	48.16	84.95
31	9.27	12.19	13.48	17.54	25.05	49.68	87.46
32	9.70	12.76	14.14	18.40	26.07	51.25	90.06
33	10.14	13.37	14.81	19.28	27.13	52.84	92.73
34	10.60	14.00	15.52	20.19	28.21	54.46	95.47
35	11.10	14.65	16.25	21.13	29.34	56.15	98.32
36	11.61	15.33	17.02	22.11	30.47	57.89	101.29
37	12.14	16.03	17.81	23.11	31.66	59.68	104.37
38	12.68	16.76	18.62	24.12	32.87	61.55	107.62
39	13.25	17.50	19.47	25.16	34.10	63.47	111.01
40	13.83	18.27	20.34	26.23	35.36	65.45	114.56
41	14.45	19.06	21.23	27.33	36.65	67.47	118.21
42	15.07	19.89	22.15	28.44	37.97	69.56	122.02
43	15.87	20.83	23.13	29.60	39.41	71.76	126.11
44	16.68	21.81	24.12	30.78	40.83	74.01	130.31
45	17.52	22.79	25.13	31.97	42.27	76.27	134.57
46	18.38	23.81	26.16	33.16	43.68	78.51	138.88
47	19.27	24.83	27.20	34.36	45.06	80.77	143.18
48	20.16	25.89	28.29	35.60	46.42	83.12	147.77
49	21.04	26.94	29.37	36.81	47.70	85.40	152.21
50	21.90	27.95	30.41	37.96	48.88	87.54	156.39
51	22.76	28.93	31.41	39.05	49.92	89.46	160.20
52	23.57	29.83	32.33	40.04	50.80	91.13	163.50
53	24.31	30.69	33.18	40.89	51.41	92.44	166.04
54	25.00	31.42	33.91	41.62	51.84	93.39	167.89
55	25.53	32.03	34.48	42.18	52.05	93.94	168.97
56	25.95	32.50	34.90	42.59	52.05	94.08	169.21
57	26.28	32.83	35.18	42.81	51.83	93.74	168.52
58	26.40	32.96	35.28	42.83	51.37	93.03	167.13
59	26.38	32.90	35.18	42.63	50.65	91.76	164.60
60	26.22	32.65	34.88	42.19	49.69	89.82	160.74
61	25.88	32.19	34.35	41.50	48.45	87.15	155.43
62	25.37	31.50	33.57	40.54	46.96	83.67	148.51

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.68	9.67	10.38	13.30	19.69	40.97	72.65
26	7.96	10.07	10.81	13.89	20.50	42.33	74.96
27	8.29	10.51	11.28	14.53	21.35	43.70	77.30
28	8.64	10.98	11.79	15.21	22.23	45.11	79.67
29	9.02	11.48	12.36	15.95	23.15	46.54	82.08
30	9.42	12.03	12.94	16.71	24.11	48.02	84.53
31	9.85	12.60	13.57	17.52	25.10	49.54	87.05
32	10.30	13.18	14.22	18.37	26.12	51.10	89.65
33	10.76	13.81	14.90	19.25	27.17	52.69	92.31
34	11.26	14.47	15.61	20.16	28.26	54.32	95.06
35	11.77	15.13	16.34	21.10	29.38	56.01	97.93
36	12.31	15.83	17.11	22.07	30.54	57.75	100.91
37	12.87	16.55	17.91	23.07	31.72	59.56	104.02
38	13.46	17.29	18.72	24.09	32.94	61.44	107.29
39	14.05	18.08	19.57	25.12	34.18	63.38	110.72
40	14.68	18.87	20.45	26.20	35.46	65.38	114.30
41	15.32	19.69	21.36	27.30	36.77	67.44	118.02
42	15.99	20.55	22.29	28.42	38.11	69.56	121.89
43	16.83	21.52	23.28	29.59	39.56	71.81	126.04
44	17.70	22.54	24.30	30.78	41.02	74.10	130.33
45	18.59	23.57	25.32	31.99	42.49	76.42	134.69
46	19.51	24.64	26.37	33.20	43.94	78.73	139.13
47	20.46	25.71	27.45	34.43	45.36	81.07	143.58
48	21.41	26.82	28.58	35.70	46.77	83.53	148.35
49	22.37	27.92	29.70	36.95	48.13	85.92	153.01
50	23.29	29.00	30.80	38.17	49.39	88.20	157.44
51	24.22	30.05	31.86	39.33	50.50	90.29	161.54
52	25.10	31.04	32.86	40.39	51.49	92.16	165.19
53	25.92	31.94	33.80	41.35	52.23	93.69	168.16
54	26.60	32.74	34.64	42.20	52.81	94.92	170.50
55	27.20	33.44	35.32	42.92	53.18	95.77	172.12
56	27.71	34.02	35.89	43.49	53.36	96.25	172.96
57	28.12	34.47	36.32	43.89	53.35	96.27	172.95
58	28.28	34.68	36.52	44.04	53.02	95.83	171.98
59	28.32	34.72	36.56	44.01	52.50	94.88	170.01
60	28.22	34.59	36.45	43.82	51.79	93.38	166.93
61	27.97	34.30	36.17	43.45	50.91	91.28	162.69
62	27.55	33.83	35.71	42.94	49.87	88.57	157.19

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.72	9.75	10.49	13.46	19.91	41.48	73.58
26	8.00	10.15	10.93	14.05	20.75	42.86	75.92
27	8.33	10.60	11.41	14.70	21.60	44.26	78.30
28	8.69	11.07	11.93	15.40	22.50	45.69	80.70
29	9.06	11.58	12.50	16.15	23.43	47.14	83.16
30	9.47	12.14	13.10	16.93	24.41	48.66	85.66
31	9.90	12.72	13.74	17.75	25.41	50.20	88.23
32	10.35	13.31	14.40	18.62	26.45	51.79	90.88
33	10.82	13.94	15.09	19.51	27.52	53.41	93.60
34	11.33	14.60	15.81	20.44	28.63	55.07	96.40
35	11.84	15.27	16.55	21.40	29.78	56.80	99.33
36	12.38	15.99	17.34	22.39	30.95	58.58	102.37
37	12.95	16.71	18.15	23.41	32.16	60.42	105.55
38	13.54	17.47	18.98	24.44	33.40	62.35	108.90
39	14.14	18.26	19.85	25.49	34.67	64.33	112.41
40	14.78	19.06	20.75	26.60	35.97	66.38	116.07
41	15.43	19.90	21.67	27.72	37.31	68.48	119.87
42	16.10	20.77	22.62	28.87	38.68	70.66	123.83
43	16.95	21.76	23.63	30.07	40.17	72.95	128.09
44	17.82	22.79	24.67	31.29	41.66	75.30	132.48
45	18.73	23.84	25.71	32.52	43.16	77.69	136.96
46	19.65	24.92	26.80	33.77	44.65	80.06	141.50
47	20.62	26.01	27.90	35.02	46.11	82.46	146.08
48	21.58	27.14	29.06	36.34	47.56	84.99	150.98
49	22.55	28.27	30.20	37.62	48.95	87.45	155.77
50	23.48	29.37	31.33	38.87	50.25	89.80	160.33
51	24.41	30.43	32.41	40.06	51.39	91.94	164.53
52	25.30	31.43	33.43	41.15	52.40	93.86	168.27
53	26.13	32.37	34.39	42.13	53.17	95.44	171.32
54	26.83	33.17	35.24	43.00	53.76	96.68	173.70
55	27.44	33.88	35.93	43.73	54.13	97.53	175.33
56	27.94	34.45	36.48	44.29	54.30	97.98	176.11
57	28.34	34.89	36.90	44.66	54.24	97.94	175.98
58	28.51	35.10	37.09	44.80	53.89	97.46	174.95
59	28.53	35.11	37.11	44.73	53.32	96.41	172.81
60	28.41	34.94	36.92	44.46	52.50	94.71	169.39
61	28.12	34.58	36.54	43.95	51.46	92.33	164.60
62	27.64	33.99	35.93	43.23	50.20	89.20	158.30

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.78	9.86	10.67	13.70	20.26	42.24	74.96
26	8.06	10.27	11.11	14.31	21.11	43.65	77.35
27	8.40	10.72	11.61	14.98	21.99	45.08	79.80
28	8.76	11.21	12.14	15.69	22.91	46.55	82.27
29	9.13	11.73	12.72	16.46	23.87	48.05	84.79
30	9.55	12.29	13.33	17.26	24.86	49.60	87.36
31	9.98	12.88	13.98	18.10	25.89	51.18	90.00
32	10.44	13.48	14.67	18.99	26.95	52.82	92.73
33	10.92	14.13	15.37	19.91	28.05	54.48	95.52
34	11.42	14.80	16.12	20.86	29.19	56.20	98.41
35	11.95	15.49	16.88	21.84	30.37	57.97	101.43
36	12.50	16.22	17.69	22.86	31.57	59.81	104.57
37	13.08	16.96	18.52	23.91	32.82	61.71	107.85
38	13.67	17.73	19.37	24.97	34.10	63.70	111.31
39	14.28	18.53	20.27	26.07	35.40	65.74	114.94
40	14.92	19.36	21.19	27.20	36.75	67.87	118.72
41	15.58	20.21	22.14	28.36	38.13	70.05	122.65
42	16.26	21.10	23.12	29.55	39.55	72.29	126.76
43	17.12	22.11	24.16	30.79	41.08	74.68	131.16
44	18.01	23.17	25.23	32.05	42.62	77.11	135.71
45	18.93	24.24	26.31	33.33	44.18	79.58	140.36
46	19.87	25.35	27.43	34.62	45.72	82.05	145.08
47	20.85	26.47	28.56	35.92	47.23	84.54	149.82
48	21.82	27.62	29.76	37.29	48.74	87.18	154.92
49	22.80	28.78	30.95	38.63	50.19	89.74	159.90
50	23.76	29.91	32.12	39.93	51.53	92.19	164.65
51	24.70	30.99	33.24	41.16	52.73	94.42	169.01
52	25.60	32.02	34.28	42.29	53.78	96.40	172.88
53	26.44	33.00	35.27	43.31	54.58	98.04	176.05
54	27.18	33.82	36.14	44.20	55.18	99.33	178.52
55	27.79	34.54	36.85	44.93	55.55	100.18	180.14
56	28.29	35.10	37.39	45.49	55.70	100.58	180.85
57	28.69	35.53	37.78	45.82	55.59	100.45	180.54
58	28.85	35.73	37.95	45.94	55.20	99.91	179.42
59	28.86	35.70	37.92	45.80	54.54	98.70	177.01
60	28.69	35.46	37.64	45.40	53.57	96.72	173.08
61	28.34	34.98	37.10	44.70	52.29	93.90	167.46
62	27.77	34.24	36.26	43.67	50.68	90.13	159.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.02	10.37	11.41	14.75	21.80	45.63	81.08
26	8.32	10.80	11.90	15.41	22.71	47.14	83.67
27	8.66	11.27	12.43	16.13	23.66	48.68	86.29
28	9.03	11.79	13.01	16.90	24.64	50.26	88.94
29	9.42	12.34	13.63	17.71	25.67	51.87	91.64
30	9.85	12.93	14.28	18.58	26.73	53.51	94.38
31	10.30	13.54	14.98	19.48	27.83	55.20	97.18
32	10.77	14.18	15.71	20.44	28.97	56.94	100.06
33	11.26	14.85	16.46	21.42	30.14	58.70	103.03
34	11.78	15.56	17.25	22.43	31.35	60.52	106.08
35	12.33	16.28	18.06	23.48	32.60	62.39	109.24
36	12.89	17.04	18.91	24.57	33.86	64.32	112.54
37	13.48	17.81	19.79	25.68	35.18	66.31	115.97
38	14.09	18.61	20.69	26.80	36.52	68.38	119.57
39	14.72	19.45	21.63	27.96	37.88	70.51	123.35
40	15.37	20.30	22.60	29.15	39.28	72.71	127.28
41	16.05	21.18	23.59	30.37	40.73	74.97	131.35
42	16.75	22.10	24.61	31.60	42.19	77.28	135.58
43	17.63	23.14	25.70	32.89	43.78	79.74	140.12
44	18.53	24.23	26.80	34.21	45.36	82.23	144.79
45	19.47	25.33	27.92	35.53	46.97	84.74	149.52
46	20.42	26.46	29.07	36.85	48.53	87.23	154.31
47	21.41	27.60	30.22	38.17	50.06	89.74	159.09
48	22.40	28.77	31.43	39.55	51.58	92.36	164.19
49	23.38	29.93	32.63	40.90	53.00	94.89	169.13
50	24.34	31.06	33.79	42.18	54.31	97.27	173.77
51	25.28	32.14	34.90	43.39	55.47	99.40	178.00
52	26.18	33.15	35.92	44.48	56.44	101.26	181.67
53	27.02	34.09	36.86	45.43	57.12	102.70	184.48
54	27.78	34.92	37.67	46.24	57.60	103.76	186.54
55	28.36	35.59	38.31	46.87	57.83	104.38	187.74
56	28.84	36.11	38.78	47.33	57.83	104.54	188.00
57	29.20	36.48	39.09	47.56	57.59	104.15	187.25
58	29.33	36.63	39.20	47.59	57.07	103.37	185.70
59	29.31	36.56	39.09	47.36	56.28	101.96	182.89
60	29.13	36.27	38.76	46.88	55.21	99.80	178.60
61	28.76	35.76	38.17	46.11	53.84	96.83	172.71
62	28.19	35.00	37.30	45.05	52.18	92.96	165.01

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.18	7.72	8.23	10.60	15.63	32.41	57.19
26	6.42	8.03	8.57	11.08	16.28	33.51	59.07
27	6.67	8.38	8.94	11.59	16.95	34.63	60.98
28	6.94	8.75	9.34	12.13	17.65	35.75	62.88
29	7.24	9.13	9.78	12.70	18.38	36.90	64.81
30	7.55	9.55	10.23	13.31	19.13	38.08	66.77
31	7.88	10.00	10.72	13.94	19.91	39.27	68.75
32	8.23	10.45	11.21	14.60	20.70	40.48	70.78
33	8.60	10.93	11.73	15.27	21.51	41.72	72.85
34	8.98	11.43	12.27	15.98	22.35	42.98	74.97
35	9.37	11.93	12.83	16.69	23.21	44.27	77.15
36	9.79	12.48	13.41	17.43	24.09	45.60	79.41
37	10.20	13.02	14.00	18.20	24.98	46.97	81.75
38	10.64	13.58	14.62	18.96	25.88	48.37	84.21
39	11.09	14.15	15.25	19.74	26.81	49.82	86.76
40	11.55	14.75	15.89	20.55	27.76	51.30	89.40
41	12.03	15.35	16.56	21.35	28.71	52.81	92.13
42	12.53	15.97	17.24	22.18	29.69	54.35	94.94
43	13.16	16.69	17.95	23.03	30.75	55.97	97.94
44	13.78	17.43	18.68	23.88	31.79	57.60	101.02
45	14.45	18.18	19.42	24.75	32.83	59.24	104.12
46	15.11	18.94	20.16	25.61	33.86	60.87	107.24
47	15.80	19.71	20.91	26.47	34.84	62.48	110.34
48	16.46	20.48	21.69	27.34	35.77	64.13	113.59
49	17.13	21.23	22.46	28.18	36.66	65.73	116.71
50	17.78	21.98	23.21	29.00	37.47	67.22	119.67
51	18.43	22.70	23.93	29.76	38.18	68.59	122.36
52	19.04	23.37	24.60	30.47	38.79	69.79	124.75
53	19.59	23.96	25.21	31.07	39.19	70.66	126.48
54	20.06	24.48	25.77	31.60	39.49	71.34	127.82
55	20.47	24.97	26.23	32.07	39.67	71.83	128.74
56	20.85	25.40	26.66	32.48	39.78	72.12	129.26
57	21.18	25.78	27.03	32.83	39.81	72.21	129.37
58	21.38	26.02	27.29	33.06	39.71	72.10	129.03
59	21.53	26.22	27.51	33.25	39.56	71.79	128.26
60	21.67	26.40	27.70	33.43	39.42	71.27	127.05
61	21.74	26.52	27.89	33.62	39.32	70.55	125.39
62	21.79	26.64	28.05	33.83	39.27	69.63	123.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.21	7.79	8.33	10.74	15.83	32.87	58.02
26	6.45	8.10	8.68	11.23	16.51	33.99	59.94
27	6.71	8.46	9.06	11.75	17.18	35.13	61.88
28	6.99	8.83	9.47	12.30	17.90	36.27	63.82
29	7.28	9.22	9.91	12.87	18.64	37.44	65.78
30	7.59	9.64	10.38	13.51	19.40	38.65	67.78
31	7.94	10.10	10.87	14.14	20.19	39.86	69.82
32	8.28	10.57	11.37	14.82	21.00	41.10	71.89
33	8.65	11.05	11.91	15.51	21.82	42.37	74.01
34	9.04	11.55	12.45	16.24	22.69	43.66	76.16
35	9.43	12.06	13.02	16.97	23.57	44.98	78.41
36	9.85	12.62	13.61	17.71	24.46	46.35	80.73
37	10.27	13.16	14.22	18.50	25.38	47.74	83.12
38	10.72	13.74	14.85	19.28	26.30	49.19	85.66
39	11.17	14.32	15.50	20.08	27.26	50.67	88.27
40	11.64	14.92	16.17	20.91	28.22	52.19	90.99
41	12.13	15.54	16.84	21.74	29.21	53.74	93.80
42	12.63	16.17	17.55	22.58	30.21	55.33	96.69
43	13.26	16.91	18.27	23.46	31.29	57.00	99.79
44	13.90	17.66	19.02	24.35	32.37	58.69	102.96
45	14.56	18.42	19.77	25.23	33.44	60.39	106.17
46	15.24	19.19	20.55	26.11	34.50	62.06	109.38
47	15.94	19.98	21.31	27.01	35.52	63.73	112.59
48	16.61	20.76	22.12	27.91	36.48	65.45	115.96
49	17.29	21.54	22.91	28.78	37.41	67.11	119.20
50	17.94	22.30	23.68	29.63	38.24	68.66	122.27
51	18.60	23.03	24.42	30.42	38.98	70.07	125.06
52	19.22	23.72	25.12	31.16	39.62	71.32	127.52
53	19.77	24.34	25.74	31.78	40.04	72.23	129.32
54	20.26	24.87	26.30	32.32	40.35	72.93	130.71
55	20.68	25.36	26.78	32.80	40.52	73.42	131.64
56	21.05	25.78	27.20	33.20	40.62	73.68	132.10
57	21.38	26.16	27.55	33.53	40.62	73.72	132.10
58	21.59	26.40	27.81	33.74	40.50	73.56	131.70
59	21.73	26.58	28.00	33.90	40.30	73.16	130.78
60	21.82	26.72	28.13	34.00	40.07	72.48	129.26
61	21.87	26.77	28.22	34.06	39.81	71.49	127.11
62	21.87	26.79	28.25	34.10	39.56	70.20	124.27

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.27	7.88	8.49	10.97	16.14	33.55	59.27
26	6.50	8.20	8.84	11.46	16.83	34.70	61.23
27	6.77	8.57	9.23	11.99	17.53	35.87	63.23
28	7.05	8.95	9.65	12.56	18.26	37.05	65.23
29	7.34	9.35	10.10	13.16	19.03	38.25	67.25
30	7.66	9.79	10.58	13.80	19.80	39.49	69.31
31	8.01	10.25	11.09	14.46	20.62	40.75	71.40
32	8.36	10.73	11.61	15.15	21.45	42.02	73.55
33	8.74	11.22	12.16	15.87	22.30	43.34	75.74
34	9.13	11.73	12.72	16.61	23.19	44.67	77.98
35	9.53	12.26	13.31	17.36	24.09	46.04	80.30
36	9.94	12.82	13.93	18.15	25.02	47.46	82.71
37	10.38	13.38	14.55	18.96	25.97	48.91	85.20
38	10.82	13.97	15.20	19.76	26.93	50.42	87.82
39	11.29	14.56	15.88	20.59	27.92	51.95	90.55
40	11.77	15.19	16.56	21.45	28.92	53.53	93.38
41	12.27	15.82	17.27	22.31	29.95	55.16	96.30
42	12.78	16.47	17.99	23.19	30.98	56.80	99.33
43	13.42	17.23	18.75	24.11	32.11	58.56	102.56
44	14.06	18.00	19.53	25.03	33.23	60.32	105.86
45	14.75	18.79	20.32	25.95	34.35	62.08	109.23
46	15.44	19.58	21.11	26.88	35.46	63.85	112.59
47	16.14	20.40	21.91	27.82	36.52	65.60	115.96
48	16.83	21.19	22.76	28.77	37.55	67.43	119.50
49	17.52	22.01	23.58	29.69	38.52	69.17	122.93
50	18.20	22.79	24.39	30.58	39.41	70.81	126.16
51	18.87	23.54	25.16	31.41	40.19	72.30	129.09
52	19.49	24.26	25.89	32.19	40.85	73.61	131.67
53	20.06	24.91	26.53	32.83	41.31	74.57	133.58
54	20.57	25.46	27.12	33.40	41.62	75.31	135.04
55	21.00	25.95	27.61	33.88	41.81	75.80	135.97
56	21.37	26.37	28.01	34.28	41.88	76.02	136.36
57	21.69	26.73	28.34	34.58	41.84	75.98	136.20
58	21.89	26.96	28.58	34.77	41.68	75.76	135.72
59	22.02	27.11	28.72	34.87	41.40	75.22	134.56
60	22.08	27.18	28.78	34.85	41.03	74.28	132.58
61	22.06	27.13	28.72	34.73	40.56	72.91	129.69
62	21.98	27.01	28.56	34.50	40.00	71.03	125.77

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.48	8.34	9.16	11.92	17.53	36.60	64.78
26	6.73	8.68	9.55	12.45	18.27	37.84	66.92
27	7.00	9.07	9.98	13.03	19.03	39.11	69.07
28	7.30	9.47	10.43	13.65	19.83	40.38	71.24
29	7.60	9.90	10.92	14.29	20.64	41.69	73.42
30	7.94	10.36	11.44	14.99	21.49	43.02	75.63
31	8.29	10.84	11.99	15.71	22.37	44.37	77.87
32	8.66	11.35	12.55	16.46	23.26	45.74	80.16
33	9.05	11.87	13.13	17.23	24.18	47.14	82.49
34	9.45	12.41	13.75	18.02	25.13	48.56	84.88
35	9.86	12.97	14.38	18.83	26.10	50.02	87.33
36	10.30	13.56	15.03	19.69	27.08	51.52	89.88
37	10.74	14.14	15.70	20.55	28.09	53.04	92.51
38	11.21	14.77	16.39	21.41	29.11	54.62	95.26
39	11.69	15.39	17.10	22.30	30.15	56.24	98.12
40	12.18	16.04	17.83	23.20	31.20	57.90	101.09
41	12.69	16.69	18.58	24.12	32.28	59.58	104.12
42	13.21	17.37	19.33	25.04	33.36	61.29	107.27
43	13.87	18.15	20.13	26.00	34.54	63.10	110.62
44	14.54	18.96	20.94	26.97	35.70	64.92	114.03
45	15.23	19.76	21.76	27.92	36.86	66.73	117.47
46	15.94	20.57	22.59	28.88	37.99	68.52	120.90
47	16.65	21.41	23.41	29.84	39.07	70.29	124.30
48	17.34	22.22	24.26	30.80	40.10	72.09	127.85
49	18.04	23.04	25.09	31.73	41.05	73.80	131.23
50	18.73	23.82	25.90	32.60	41.91	75.38	134.37
51	19.39	24.57	26.66	33.42	42.65	76.79	137.17
52	20.01	25.27	27.37	34.16	43.25	77.98	139.58
53	20.57	25.89	27.97	34.74	43.60	78.77	141.18
54	21.10	26.44	28.49	35.24	43.81	79.31	142.26
55	21.51	26.89	28.92	35.62	43.86	79.58	142.81
56	21.86	27.28	29.27	35.93	43.81	79.58	142.80
57	22.15	27.59	29.52	36.14	43.63	79.31	142.23
58	22.33	27.76	29.70	36.25	43.36	78.88	141.37
59	22.43	27.88	29.78	36.26	42.97	78.15	139.85
60	22.48	27.91	29.78	36.18	42.50	77.05	137.55
61	22.45	27.84	29.68	36.00	41.95	75.54	134.41
62	22.36	27.68	29.49	35.73	41.35	73.59	130.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.86	8.57	9.14	11.78	17.36	36.01	63.54
26	7.13	8.91	9.52	12.31	18.09	37.23	65.64
27	7.41	9.31	9.94	12.87	18.83	38.47	67.75
28	7.72	9.72	10.38	13.47	19.62	39.72	69.87
29	8.04	10.15	10.86	14.11	20.42	41.00	72.01
30	8.39	10.61	11.37	14.78	21.25	42.31	74.18
31	8.76	11.11	11.91	15.49	22.11	43.63	76.39
32	9.14	11.62	12.45	16.22	22.99	44.98	78.65
33	9.55	12.14	13.03	16.97	23.89	46.36	80.94
34	9.97	12.70	13.63	17.76	24.83	47.76	83.29
35	10.41	13.26	14.26	18.55	25.78	49.19	85.72
36	10.87	13.86	14.90	19.37	26.76	50.67	88.24
37	11.33	14.46	15.56	20.22	27.76	52.18	90.83
38	11.82	15.08	16.24	21.07	28.76	53.75	93.56
39	12.32	15.73	16.94	21.93	29.80	55.35	96.40
40	12.84	16.39	17.66	22.83	30.84	57.00	99.33
41	13.37	17.05	18.40	23.72	31.91	58.68	102.36
42	13.92	17.75	19.16	24.64	32.99	60.39	105.49
43	14.62	18.55	19.95	25.59	34.16	62.19	108.83
44	15.31	19.37	20.76	26.54	35.32	64.00	112.24
45	16.05	20.20	21.58	27.49	36.48	65.82	115.69
46	16.79	21.04	22.40	28.45	37.62	67.63	119.15
47	17.55	21.90	23.23	29.41	38.71	69.42	122.60
48	18.29	22.75	24.10	30.38	39.75	71.26	126.21
49	19.03	23.59	24.95	31.31	40.74	73.03	129.69
50	19.76	24.42	25.78	32.22	41.63	74.69	132.97
51	20.48	25.21	26.58	33.07	42.42	76.21	135.96
52	21.16	25.97	27.34	33.86	43.10	77.55	138.61
53	21.76	26.62	28.01	34.52	43.54	78.51	140.54
54	22.28	27.20	28.63	35.11	43.88	79.27	142.02
55	22.74	27.74	29.15	35.63	44.08	79.82	143.05
56	23.16	28.22	29.62	36.09	44.20	80.13	143.62
57	23.53	28.64	30.03	36.48	44.24	80.24	143.74
58	23.76	28.91	30.32	36.73	44.12	80.11	143.36
59	23.93	29.14	30.56	36.94	43.96	79.76	142.51
60	24.07	29.33	30.78	37.14	43.81	79.19	141.16
61	24.15	29.47	30.98	37.35	43.68	78.39	139.32
62	24.21	29.59	31.17	37.58	43.64	77.37	136.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.90	8.65	9.26	11.94	17.59	36.52	64.47
26	7.16	8.99	9.64	12.48	18.34	37.76	66.60
27	7.45	9.40	10.07	13.05	19.09	39.03	68.75
28	7.76	9.80	10.52	13.67	19.89	40.30	70.91
29	8.09	10.24	11.01	14.31	20.71	41.60	73.09
30	8.44	10.72	11.53	15.00	21.55	42.94	75.31
31	8.82	11.22	12.07	15.72	22.43	44.29	77.57
32	9.20	11.74	12.63	16.46	23.33	45.66	79.88
33	9.61	12.28	13.23	17.23	24.24	47.08	82.23
34	10.04	12.83	13.83	18.04	25.20	48.51	84.63
35	10.48	13.40	14.47	18.85	26.18	49.98	87.12
36	10.94	14.02	15.13	19.69	27.17	51.50	89.70
37	11.41	14.62	15.80	20.56	28.20	53.05	92.36
38	11.91	15.26	16.50	21.42	29.22	54.66	95.17
39	12.41	15.91	17.22	22.31	30.29	56.30	98.08
40	12.94	16.58	17.96	23.23	31.35	57.99	101.10
41	13.47	17.27	18.72	24.15	32.45	59.72	104.22
42	14.03	17.97	19.49	25.09	33.56	61.48	107.44
43	14.73	18.79	20.30	26.07	34.77	63.33	110.88
44	15.44	19.62	21.13	27.05	35.97	65.21	114.40
45	16.18	20.47	21.97	28.03	37.15	67.09	117.96
46	16.93	21.32	22.83	29.01	38.33	68.96	121.53
47	17.71	22.20	23.68	30.01	39.46	70.81	125.10
48	18.45	23.06	24.58	31.01	40.54	72.72	128.84
49	19.21	23.94	25.45	31.98	41.56	74.56	132.45
50	19.94	24.78	26.31	32.92	42.50	76.29	135.85
51	20.67	25.59	27.13	33.80	43.31	77.86	138.95
52	21.36	26.36	27.91	34.62	44.02	79.24	141.69
53	21.97	27.04	28.60	35.31	44.48	80.26	143.70
54	22.51	27.63	29.22	35.91	44.83	81.03	145.23
55	22.98	28.18	29.75	36.44	45.03	81.58	146.26
56	23.39	28.65	30.22	36.89	45.14	81.87	146.78
57	23.76	29.07	30.62	37.25	45.14	81.91	146.78
58	23.99	29.33	30.90	37.49	44.99	81.73	146.34
59	24.14	29.53	31.11	37.66	44.78	81.29	145.31
60	24.25	29.68	31.26	37.78	44.52	80.53	143.62
61	24.30	29.74	31.35	37.84	44.24	79.44	141.23
62	24.30	29.76	31.39	37.88	43.96	77.99	138.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.96	8.76	9.43	12.19	17.93	37.28	65.85
26	7.22	9.12	9.83	12.73	18.70	38.55	68.03
27	7.52	9.52	10.26	13.32	19.47	39.86	70.25
28	7.83	9.94	10.73	13.96	20.29	41.17	72.48
29	8.16	10.39	11.23	14.62	21.14	42.50	74.72
30	8.52	10.88	11.76	15.33	22.00	43.89	77.01
31	8.90	11.39	12.32	16.07	22.91	45.28	79.34
32	9.28	11.92	12.90	16.83	23.83	46.69	81.73
33	9.71	12.47	13.51	17.63	24.78	48.15	84.15
34	10.14	13.03	14.14	18.45	25.77	49.63	86.64
35	10.59	13.62	14.79	19.29	26.77	51.15	89.22
36	11.05	14.25	15.48	20.16	27.80	52.73	91.90
37	11.54	14.86	16.17	21.06	28.86	54.34	94.67
38	12.03	15.52	16.89	21.96	29.92	56.01	97.58
39	12.55	16.18	17.64	22.88	31.02	57.72	100.61
40	13.08	16.88	18.40	23.83	32.13	59.48	103.75
41	13.63	17.58	19.18	24.79	33.27	61.28	107.00
42	14.19	18.30	19.98	25.77	34.43	63.11	110.36
43	14.91	19.14	20.84	26.79	35.68	65.06	113.95
44	15.63	20.00	21.69	27.81	36.92	67.02	117.63
45	16.39	20.87	22.57	28.84	38.17	68.98	121.36
46	17.15	21.75	23.46	29.87	39.40	70.95	125.10
47	17.93	22.66	24.35	30.91	40.58	72.89	128.84
48	18.70	23.55	25.28	31.96	41.72	74.91	132.78
49	19.47	24.46	26.20	32.99	42.79	76.85	136.58
50	20.22	25.33	27.10	33.98	43.78	78.68	140.18
51	20.96	26.15	27.96	34.90	44.65	80.34	143.43
52	21.66	26.95	28.77	35.76	45.39	81.79	146.30
53	22.29	27.68	29.48	36.48	45.89	82.86	148.43
54	22.86	28.28	30.13	37.12	46.25	83.68	150.04
55	23.33	28.84	30.67	37.65	46.46	84.22	151.08
56	23.74	29.30	31.13	38.09	46.53	84.47	151.51
57	24.10	29.70	31.50	38.41	46.48	84.42	151.33
58	24.32	29.96	31.76	38.63	46.31	84.18	150.81
59	24.46	30.12	31.92	38.74	46.01	83.58	149.51
60	24.53	30.20	31.97	38.72	45.59	82.54	147.31
61	24.52	30.15	31.92	38.59	45.06	81.00	144.09
62	24.43	30.01	31.72	38.32	44.45	78.93	139.74

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.20	9.27	10.18	13.24	19.47	40.66	71.98
26	7.48	9.64	10.61	13.83	20.30	42.05	74.35
27	7.78	10.08	11.09	14.48	21.15	43.45	76.74
28	8.10	10.52	11.59	15.16	22.03	44.87	79.15
29	8.45	11.00	12.14	15.88	22.94	46.32	81.58
30	8.82	11.51	12.71	16.65	23.87	47.80	84.03
31	9.21	12.05	13.31	17.45	24.85	49.30	86.52
32	9.62	12.61	13.94	18.29	25.85	50.82	89.06
33	10.05	13.19	14.59	19.14	26.87	52.38	91.66
34	10.50	13.79	15.27	20.03	27.92	53.95	94.31
35	10.96	14.41	15.97	20.93	29.00	55.57	97.04
36	11.45	15.07	16.70	21.87	30.09	57.24	99.87
37	11.94	15.72	17.44	22.83	31.21	58.93	102.78
38	12.45	16.40	18.21	23.79	32.34	60.69	105.85
39	12.99	17.10	19.00	24.77	33.50	62.49	109.02
40	13.53	17.82	19.81	25.78	34.66	64.33	112.31
41	14.10	18.55	20.64	26.80	35.87	66.20	115.69
42	14.68	19.30	21.48	27.82	37.07	68.10	119.19
43	15.41	20.17	22.37	28.89	38.38	70.12	122.91
44	16.15	21.06	23.27	29.96	39.67	72.13	126.70
45	16.92	21.96	24.18	31.03	40.96	74.15	130.52
46	17.71	22.86	25.10	32.09	42.21	76.13	134.33
47	18.50	23.79	26.00	33.16	43.41	78.09	138.11
48	19.27	24.69	26.95	34.22	44.55	80.10	142.05
49	20.05	25.60	27.88	35.26	45.61	82.00	145.81
50	20.80	26.47	28.78	36.23	46.56	83.76	149.30
51	21.54	27.30	29.62	37.14	47.39	85.32	152.42
52	22.24	28.08	30.40	37.95	48.06	86.64	155.08
53	22.86	28.77	31.07	38.61	48.44	87.52	156.86
54	23.44	29.37	31.66	39.15	48.67	88.11	158.07
55	23.90	29.88	32.13	39.58	48.73	88.42	158.67
56	24.29	30.31	32.52	39.93	48.67	88.42	158.66
57	24.61	30.65	32.81	40.15	48.48	88.11	158.04
58	24.81	30.85	33.00	40.28	48.17	87.65	157.08
59	24.92	30.98	33.09	40.30	47.75	86.84	155.39
60	24.97	31.01	33.09	40.20	47.23	85.62	152.84
61	24.94	30.93	32.98	40.00	46.61	83.93	149.34
62	24.84	30.76	32.76	39.70	45.94	81.76	144.79

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.29	0.39	0.42	0.51	0.72	1.64	2.98
26	0.31	0.40	0.44	0.53	0.76	1.71	3.10
27	0.33	0.44	0.47	0.56	0.80	1.79	3.22
28	0.34	0.46	0.50	0.60	0.84	1.86	3.35
29	0.36	0.48	0.52	0.63	0.89	1.94	3.48
30	0.39	0.52	0.56	0.68	0.93	2.02	3.63
31	0.41	0.55	0.60	0.72	0.99	2.10	3.78
32	0.44	0.59	0.63	0.77	1.05	2.19	3.93
33	0.46	0.62	0.68	0.82	1.10	2.30	4.11
34	0.50	0.66	0.71	0.86	1.15	2.39	4.29
35	0.53	0.70	0.77	0.92	1.21	2.50	4.48
36	0.57	0.76	0.82	0.98	1.28	2.62	4.68
37	0.60	0.80	0.86	1.04	1.36	2.75	4.88
38	0.64	0.84	0.92	1.10	1.43	2.88	5.12
39	0.69	0.90	0.98	1.16	1.50	3.02	5.37
40	0.72	0.96	1.04	1.23	1.58	3.16	5.62
41	0.77	1.01	1.11	1.31	1.68	3.32	5.90
42	0.83	1.07	1.17	1.39	1.77	3.48	6.20
43	0.88	1.14	1.25	1.48	1.87	3.65	6.52
44	0.95	1.22	1.31	1.57	1.97	3.84	6.86
45	1.01	1.31	1.40	1.65	2.08	4.02	7.20
46	1.07	1.39	1.48	1.74	2.18	4.22	7.56
47	1.15	1.47	1.57	1.85	2.30	4.41	7.92
48	1.23	1.57	1.66	1.96	2.42	4.64	8.35
49	1.31	1.65	1.76	2.07	2.54	4.86	8.76
50	1.39	1.74	1.86	2.17	2.66	5.06	9.15
51	1.46	1.83	1.94	2.26	2.75	5.24	9.50
52	1.52	1.91	2.01	2.34	2.82	5.40	9.79
53	1.58	1.97	2.09	2.42	2.90	5.54	10.05
54	1.63	2.02	2.13	2.47	2.92	5.61	10.20
55	1.65	2.06	2.16	2.50	2.94	5.64	10.25
56	1.65	2.06	2.16	2.50	2.90	5.59	10.16
57	1.63	2.02	2.12	2.46	2.82	5.46	9.91
58	1.58	1.95	2.04	2.37	2.71	5.22	9.48
59	1.48	1.85	1.93	2.24	2.52	4.88	8.84
60	1.36	1.68	1.75	2.03	2.28	4.43	7.99
61	1.18	1.47	1.53	1.78	1.95	3.84	6.88
62	0.97	1.21	1.25	1.44	1.58	3.10	5.52

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.30	0.40	0.44	0.54	0.76	1.73	3.16
26	0.32	0.42	0.47	0.56	0.80	1.80	3.27
27	0.33	0.45	0.49	0.60	0.84	1.88	3.41
28	0.35	0.48	0.52	0.62	0.89	1.95	3.54
29	0.37	0.50	0.55	0.68	0.93	2.04	3.69
30	0.40	0.53	0.60	0.71	0.99	2.12	3.85
31	0.42	0.57	0.62	0.76	1.05	2.23	4.00
32	0.45	0.61	0.67	0.82	1.11	2.32	4.16
33	0.48	0.65	0.71	0.86	1.16	2.42	4.35
34	0.52	0.68	0.76	0.92	1.22	2.53	4.53
35	0.55	0.73	0.81	0.98	1.28	2.65	4.73
36	0.59	0.78	0.85	1.03	1.36	2.77	4.95
37	0.62	0.84	0.92	1.10	1.44	2.90	5.17
38	0.66	0.88	0.97	1.16	1.51	3.04	5.42
39	0.70	0.92	1.02	1.23	1.59	3.19	5.68
40	0.74	0.99	1.09	1.31	1.68	3.34	5.94
41	0.79	1.06	1.16	1.39	1.78	3.51	6.22
42	0.84	1.11	1.23	1.47	1.87	3.68	6.55
43	0.91	1.19	1.31	1.57	1.97	3.85	6.89
44	0.98	1.27	1.39	1.66	2.09	4.06	7.25
45	1.04	1.36	1.47	1.75	2.20	4.25	7.61
46	1.10	1.43	1.56	1.85	2.31	4.45	7.98
47	1.19	1.53	1.65	1.95	2.43	4.66	8.37
48	1.27	1.63	1.75	2.08	2.56	4.90	8.83
49	1.34	1.72	1.86	2.18	2.69	5.13	9.27
50	1.42	1.80	1.94	2.30	2.82	5.35	9.68
51	1.49	1.90	2.03	2.40	2.90	5.54	10.03
52	1.56	1.98	2.10	2.49	2.98	5.71	10.36
53	1.63	2.04	2.19	2.57	3.06	5.85	10.62
54	1.67	2.10	2.24	2.61	3.10	5.93	10.79
55	1.70	2.14	2.26	2.66	3.12	5.97	10.83
56	1.70	2.14	2.26	2.66	3.08	5.90	10.74
57	1.67	2.10	2.24	2.60	2.99	5.76	10.48
58	1.62	2.02	2.15	2.51	2.87	5.52	10.02
59	1.51	1.92	2.02	2.36	2.67	5.17	9.35
60	1.39	1.74	1.85	2.16	2.42	4.68	8.45
61	1.21	1.53	1.61	1.87	2.08	4.06	7.28
62	0.99	1.25	1.31	1.53	1.68	3.27	5.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.31	0.42	0.48	0.58	0.83	1.87	3.41
26	0.33	0.44	0.50	0.61	0.86	1.95	3.54
27	0.34	0.48	0.53	0.64	0.92	2.03	3.69
28	0.36	0.50	0.56	0.68	0.97	2.11	3.83
29	0.39	0.53	0.60	0.73	1.01	2.21	3.99
30	0.41	0.56	0.63	0.77	1.07	2.30	4.16
31	0.44	0.60	0.68	0.83	1.14	2.41	4.32
32	0.47	0.64	0.71	0.88	1.20	2.51	4.50
33	0.49	0.68	0.77	0.93	1.26	2.62	4.70
34	0.53	0.72	0.81	0.99	1.32	2.74	4.89
35	0.56	0.77	0.86	1.06	1.39	2.86	5.11
36	0.60	0.83	0.92	1.12	1.47	2.99	5.35
37	0.64	0.87	0.98	1.19	1.56	3.14	5.59
38	0.68	0.92	1.04	1.27	1.64	3.29	5.85
39	0.73	0.99	1.10	1.34	1.72	3.45	6.14
40	0.77	1.05	1.17	1.42	1.82	3.61	6.42
41	0.83	1.11	1.25	1.50	1.93	3.79	6.73
42	0.87	1.17	1.32	1.60	2.02	3.98	7.08
43	0.93	1.25	1.41	1.70	2.14	4.17	7.45
44	1.00	1.34	1.49	1.80	2.26	4.38	7.83
45	1.07	1.43	1.58	1.90	2.38	4.60	8.23
46	1.14	1.51	1.67	2.01	2.51	4.81	8.63
47	1.23	1.61	1.78	2.11	2.64	5.04	9.06
48	1.31	1.71	1.87	2.25	2.77	5.30	9.55
49	1.39	1.81	1.99	2.37	2.91	5.55	10.02
50	1.47	1.91	2.09	2.49	3.04	5.78	10.46
51	1.55	2.01	2.18	2.60	3.15	5.99	10.85
52	1.62	2.09	2.26	2.69	3.24	6.17	11.20
53	1.68	2.16	2.35	2.78	3.32	6.33	11.48
54	1.72	2.22	2.41	2.83	3.36	6.42	11.66
55	1.76	2.25	2.43	2.88	3.37	6.45	11.71
56	1.76	2.25	2.43	2.88	3.34	6.39	11.61
57	1.73	2.22	2.39	2.82	3.25	6.23	11.33
58	1.67	2.14	2.31	2.72	3.11	5.97	10.83
59	1.57	2.02	2.17	2.56	2.90	5.59	10.11
60	1.43	1.84	1.98	2.34	2.61	5.06	9.13
61	1.25	1.61	1.72	2.03	2.25	4.38	7.87
62	1.02	1.31	1.41	1.65	1.81	3.54	6.31

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.43	0.47	0.56	0.80	1.82	3.32
26	0.34	0.45	0.49	0.59	0.84	1.90	3.44
27	0.36	0.48	0.52	0.62	0.89	1.98	3.58
28	0.38	0.51	0.55	0.66	0.93	2.06	3.72
29	0.40	0.54	0.58	0.70	0.99	2.15	3.87
30	0.43	0.57	0.62	0.75	1.04	2.24	4.04
31	0.46	0.62	0.66	0.80	1.10	2.34	4.20
32	0.49	0.65	0.70	0.85	1.16	2.44	4.37
33	0.51	0.70	0.76	0.91	1.22	2.55	4.57
34	0.55	0.73	0.79	0.96	1.28	2.66	4.76
35	0.59	0.78	0.85	1.02	1.35	2.78	4.97
36	0.63	0.84	0.91	1.08	1.43	2.91	5.20
37	0.67	0.89	0.96	1.15	1.51	3.05	5.43
38	0.71	0.94	1.02	1.22	1.58	3.19	5.69
39	0.77	0.99	1.08	1.29	1.67	3.35	5.97
40	0.80	1.06	1.15	1.37	1.76	3.51	6.25
41	0.86	1.13	1.23	1.46	1.87	3.69	6.55
42	0.92	1.19	1.30	1.55	1.96	3.86	6.88
43	0.98	1.27	1.39	1.65	2.07	4.06	7.24
44	1.06	1.36	1.46	1.74	2.19	4.26	7.61
45	1.13	1.45	1.56	1.84	2.31	4.47	8.00
46	1.20	1.54	1.65	1.94	2.43	4.68	8.40
47	1.28	1.64	1.74	2.05	2.55	4.90	8.80
48	1.37	1.74	1.85	2.18	2.68	5.15	9.28
49	1.45	1.84	1.95	2.30	2.82	5.39	9.74
50	1.54	1.94	2.06	2.41	2.95	5.62	10.17
51	1.62	2.03	2.15	2.52	3.05	5.83	10.55
52	1.69	2.12	2.23	2.60	3.13	6.00	10.89
53	1.76	2.19	2.31	2.69	3.21	6.15	11.17
54	1.81	2.25	2.37	2.75	3.25	6.24	11.33
55	1.84	2.29	2.39	2.78	3.26	6.27	11.39
56	1.84	2.29	2.39	2.78	3.23	6.21	11.28
57	1.81	2.25	2.36	2.73	3.14	6.06	11.01
58	1.75	2.17	2.27	2.63	3.01	5.80	10.53
59	1.65	2.05	2.14	2.48	2.80	5.43	9.83
60	1.50	1.87	1.94	2.26	2.53	4.92	8.88
61	1.31	1.64	1.70	1.97	2.17	4.26	7.65
62	1.07	1.34	1.39	1.60	1.76	3.44	6.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.33	0.45	0.49	0.60	0.84	1.93	3.51
26	0.35	0.47	0.52	0.62	0.89	2.01	3.63
27	0.37	0.50	0.55	0.66	0.94	2.09	3.78
28	0.39	0.53	0.58	0.70	0.99	2.17	3.93
29	0.41	0.55	0.62	0.75	1.04	2.27	4.09
30	0.44	0.59	0.66	0.79	1.10	2.36	4.27
31	0.47	0.63	0.70	0.84	1.16	2.47	4.44
32	0.50	0.68	0.74	0.91	1.23	2.58	4.62
33	0.53	0.72	0.79	0.96	1.29	2.69	4.83
34	0.57	0.76	0.84	1.01	1.36	2.81	5.03
35	0.61	0.81	0.90	1.08	1.43	2.94	5.25
36	0.65	0.87	0.95	1.14	1.51	3.08	5.50
37	0.69	0.92	1.01	1.22	1.60	3.23	5.74
38	0.73	0.98	1.07	1.29	1.68	3.38	6.02
39	0.78	1.03	1.14	1.37	1.77	3.55	6.31
40	0.82	1.10	1.21	1.45	1.87	3.71	6.60
41	0.88	1.17	1.29	1.55	1.97	3.90	6.92
42	0.93	1.23	1.37	1.64	2.08	4.08	7.28
43	1.00	1.32	1.46	1.74	2.19	4.29	7.66
44	1.08	1.41	1.54	1.85	2.32	4.51	8.05
45	1.15	1.50	1.64	1.94	2.45	4.73	8.46
46	1.22	1.59	1.73	2.05	2.57	4.95	8.87
47	1.32	1.70	1.83	2.17	2.70	5.18	9.30
48	1.41	1.80	1.94	2.31	2.84	5.45	9.80
49	1.49	1.91	2.06	2.43	2.99	5.70	10.30
50	1.58	2.01	2.16	2.55	3.12	5.94	10.75
51	1.65	2.11	2.26	2.67	3.23	6.16	11.15
52	1.73	2.20	2.34	2.76	3.32	6.34	11.51
53	1.80	2.27	2.44	2.85	3.41	6.50	11.80
54	1.86	2.34	2.49	2.90	3.44	6.59	11.99
55	1.88	2.38	2.52	2.95	3.46	6.63	12.04
56	1.88	2.38	2.52	2.95	3.42	6.56	11.92
57	1.86	2.34	2.48	2.89	3.33	6.41	11.64
58	1.80	2.25	2.38	2.79	3.19	6.13	11.13
59	1.68	2.13	2.24	2.62	2.97	5.74	10.39
60	1.54	1.94	2.05	2.39	2.68	5.20	9.39
61	1.35	1.70	1.79	2.09	2.31	4.51	8.09
62	1.10	1.39	1.46	1.70	1.87	3.63	6.49

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.34	0.47	0.53	0.64	0.92	2.09	3.79
26	0.36	0.49	0.55	0.68	0.96	2.17	3.93
27	0.38	0.53	0.59	0.71	1.02	2.26	4.09
28	0.40	0.55	0.62	0.76	1.07	2.35	4.25
29	0.43	0.59	0.66	0.81	1.13	2.46	4.43
30	0.46	0.62	0.70	0.86	1.19	2.55	4.62
31	0.48	0.67	0.75	0.92	1.26	2.68	4.80
32	0.52	0.71	0.79	0.98	1.33	2.79	5.00
33	0.55	0.76	0.85	1.04	1.40	2.91	5.22
34	0.59	0.80	0.90	1.10	1.47	3.04	5.44
35	0.62	0.85	0.96	1.17	1.55	3.18	5.68
36	0.67	0.92	1.02	1.24	1.64	3.33	5.94
37	0.71	0.97	1.08	1.32	1.73	3.49	6.20
38	0.76	1.03	1.15	1.41	1.82	3.65	6.50
39	0.81	1.09	1.22	1.49	1.92	3.83	6.82
40	0.85	1.16	1.30	1.58	2.02	4.01	7.14
41	0.92	1.23	1.39	1.67	2.14	4.22	7.48
42	0.97	1.30	1.47	1.78	2.25	4.42	7.87
43	1.04	1.39	1.57	1.88	2.38	4.64	8.28
44	1.12	1.49	1.65	2.00	2.52	4.87	8.70
45	1.20	1.58	1.76	2.11	2.65	5.11	9.14
46	1.27	1.68	1.86	2.23	2.79	5.35	9.59
47	1.36	1.79	1.97	2.35	2.93	5.61	10.06
48	1.45	1.90	2.09	2.50	3.08	5.89	10.60
49	1.54	2.02	2.21	2.63	3.24	6.17	11.13
50	1.64	2.12	2.32	2.76	3.38	6.42	11.62
51	1.72	2.23	2.43	2.89	3.50	6.66	12.06
52	1.80	2.31	2.52	2.99	3.60	6.86	12.44
53	1.87	2.39	2.61	3.09	3.69	7.03	12.76
54	1.92	2.46	2.68	3.15	3.73	7.13	12.95
55	1.95	2.50	2.70	3.19	3.75	7.16	13.02
56	1.95	2.50	2.70	3.19	3.70	7.10	12.89
57	1.93	2.46	2.66	3.13	3.61	6.93	12.58
58	1.86	2.38	2.56	3.02	3.45	6.63	12.04
59	1.74	2.24	2.41	2.84	3.21	6.20	11.24
60	1.59	2.04	2.20	2.60	2.90	5.62	10.15
61	1.39	1.79	1.92	2.26	2.50	4.87	8.74
62	1.14	1.46	1.57	1.84	2.02	3.93	7.01

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.41	4.66	5.06	7.03	10.61	21.80	39.67
26	3.47	4.73	5.13	7.15	10.74	21.87	39.71
27	3.52	4.80	5.21	7.26	10.87	21.88	39.67
28	3.58	4.89	5.31	7.39	10.97	21.87	39.54
29	3.64	4.97	5.41	7.52	11.08	21.82	39.35
30	3.70	5.07	5.50	7.66	11.16	21.72	39.07
31	3.77	5.15	5.60	7.80	11.22	21.60	38.74
32	3.83	5.24	5.69	7.91	11.27	21.45	38.36
33	3.89	5.31	5.76	8.01	11.30	21.25	37.92
34	3.94	5.38	5.83	8.10	11.30	21.03	37.44
35	3.99	5.44	5.90	8.18	11.29	20.78	36.92
36	4.02	5.47	5.96	8.24	11.25	20.50	36.35
37	4.06	5.51	5.99	8.26	11.19	20.20	35.75
38	4.07	5.54	6.01	8.26	11.11	19.87	35.16
39	4.09	5.54	6.01	8.25	11.01	19.53	34.52
40	4.09	5.52	6.01	8.20	10.88	19.16	33.85
41	4.08	5.50	5.98	8.14	10.72	18.74	33.14
42	4.07	5.46	5.93	8.03	10.53	18.31	32.39
43	4.07	5.41	5.88	7.93	10.32	17.86	31.64
44	4.06	5.37	5.80	7.79	10.08	17.37	30.82
45	4.02	5.30	5.70	7.60	9.81	16.83	29.93
46	3.98	5.20	5.57	7.40	9.50	16.26	28.95
47	3.91	5.08	5.42	7.15	9.14	15.64	27.90
48	3.81	4.91	5.24	6.86	8.71	14.91	26.68
49	3.68	4.73	5.02	6.54	8.25	14.14	25.36
50	3.53	4.51	4.79	6.18	7.73	13.31	23.94
51	3.37	4.27	4.51	5.78	7.19	12.44	22.43
52	3.17	4.00	4.22	5.36	6.61	11.52	20.82
53	2.93	3.68	3.87	4.87	5.95	10.46	18.96
54	2.68	3.35	3.52	4.36	5.28	9.40	17.05
55	2.42	3.01	3.16	3.86	4.61	8.33	15.13
56	2.16	2.67	2.79	3.37	3.98	7.29	13.24
57	1.89	2.34	2.44	2.90	3.37	6.29	11.45
58	1.64	2.03	2.12	2.49	2.85	5.41	9.84
59	1.42	1.75	1.82	2.12	2.39	4.63	8.37
60	1.21	1.50	1.57	1.80	2.02	3.94	7.10
61	1.05	1.29	1.35	1.54	1.71	3.37	6.04
62	0.92	1.14	1.18	1.36	1.50	2.92	5.21

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.42	4.67	5.08	7.06	10.65	21.89	39.83
26	3.48	4.74	5.16	7.17	10.80	21.96	39.87
27	3.52	4.81	5.24	7.30	10.91	21.97	39.84
28	3.59	4.91	5.33	7.42	11.02	21.96	39.72
29	3.65	4.99	5.43	7.56	11.12	21.92	39.54
30	3.71	5.09	5.53	7.70	11.21	21.82	39.27
31	3.78	5.17	5.62	7.83	11.27	21.72	38.94
32	3.84	5.26	5.72	7.96	11.33	21.57	38.57
33	3.90	5.32	5.81	8.05	11.36	21.37	38.14
34	3.96	5.40	5.87	8.16	11.37	21.16	37.67
35	4.00	5.46	5.94	8.23	11.35	20.92	37.15
36	4.04	5.51	6.00	8.29	11.33	20.64	36.61
37	4.07	5.54	6.04	8.32	11.27	20.35	36.02
38	4.09	5.56	6.05	8.32	11.19	20.03	35.43
39	4.11	5.56	6.06	8.31	11.10	19.69	34.81
40	4.11	5.55	6.06	8.27	10.96	19.32	34.15
41	4.10	5.54	6.03	8.21	10.81	18.93	33.46
42	4.07	5.49	5.99	8.10	10.63	18.50	32.74
43	4.08	5.46	5.94	8.01	10.43	18.06	31.99
44	4.07	5.41	5.86	7.88	10.20	17.58	31.20
45	4.05	5.34	5.76	7.69	9.94	17.05	30.32
46	4.00	5.24	5.65	7.50	9.62	16.48	29.36
47	3.93	5.13	5.50	7.26	9.27	15.88	28.32
48	3.84	4.97	5.32	6.97	8.85	15.16	27.13
49	3.71	4.79	5.11	6.65	8.39	14.40	25.84
50	3.56	4.57	4.88	6.30	7.88	13.59	24.44
51	3.40	4.33	4.61	5.91	7.34	12.72	22.94
52	3.20	4.07	4.32	5.49	6.76	11.81	21.36
53	2.97	3.75	3.98	5.01	6.11	10.76	19.50
54	2.72	3.42	3.62	4.51	5.45	9.70	17.60
55	2.46	3.08	3.26	4.01	4.78	8.64	15.68
56	2.20	2.75	2.90	3.51	4.14	7.59	13.79
57	1.93	2.42	2.54	3.04	3.52	6.58	11.99
58	1.67	2.10	2.22	2.62	3.00	5.70	10.35
59	1.44	1.82	1.91	2.24	2.53	4.89	8.85
60	1.24	1.57	1.65	1.91	2.14	4.18	7.53
61	1.07	1.35	1.43	1.64	1.82	3.58	6.41
62	0.93	1.18	1.24	1.44	1.58	3.09	5.51

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.43	4.69	5.11	7.10	10.71	22.02	40.07
26	3.48	4.76	5.18	7.22	10.85	22.10	40.13
27	3.54	4.84	5.27	7.34	10.98	22.11	40.10
28	3.61	4.93	5.37	7.47	11.10	22.11	39.99
29	3.66	5.02	5.46	7.61	11.19	22.07	39.82
30	3.72	5.11	5.56	7.75	11.29	21.99	39.57
31	3.79	5.20	5.66	7.89	11.35	21.89	39.25
32	3.85	5.29	5.76	8.02	11.41	21.74	38.89
33	3.92	5.36	5.86	8.12	11.45	21.56	38.47
34	3.97	5.43	5.92	8.23	11.47	21.36	38.02
35	4.01	5.50	6.00	8.31	11.46	21.12	37.52
36	4.07	5.54	6.06	8.37	11.43	20.86	36.98
37	4.09	5.58	6.10	8.40	11.39	20.57	36.41
38	4.12	5.61	6.12	8.42	11.32	20.27	35.84
39	4.13	5.61	6.13	8.40	11.22	19.93	35.24
40	4.13	5.61	6.13	8.38	11.10	19.58	34.61
41	4.13	5.59	6.11	8.32	10.95	19.19	33.93
42	4.11	5.54	6.07	8.23	10.78	18.78	33.24
43	4.12	5.52	6.03	8.13	10.59	18.36	32.52
44	4.11	5.47	5.96	8.01	10.36	17.88	31.74
45	4.08	5.41	5.86	7.83	10.10	17.38	30.90
46	4.04	5.32	5.76	7.65	9.80	16.83	29.97
47	3.97	5.21	5.61	7.41	9.46	16.24	28.96
48	3.88	5.06	5.44	7.14	9.06	15.53	27.81
49	3.76	4.87	5.24	6.82	8.60	14.79	26.55
50	3.62	4.66	5.02	6.48	8.10	13.99	25.18
51	3.45	4.43	4.76	6.10	7.57	13.15	23.72
52	3.26	4.16	4.47	5.68	7.00	12.24	22.15
53	3.02	3.85	4.13	5.21	6.35	11.21	20.32
54	2.77	3.53	3.78	4.72	5.69	10.15	18.43
55	2.52	3.19	3.41	4.22	5.02	9.10	16.51
56	2.25	2.85	3.05	3.71	4.38	8.04	14.61
57	1.98	2.52	2.69	3.25	3.77	7.02	12.80
58	1.72	2.21	2.37	2.82	3.22	6.12	11.11
59	1.50	1.92	2.05	2.42	2.75	5.29	9.57
60	1.29	1.65	1.78	2.08	2.32	4.54	8.18
61	1.12	1.43	1.53	1.79	1.98	3.89	6.96
62	0.97	1.24	1.33	1.57	1.72	3.34	5.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.63	5.10	5.71	7.95	11.99	24.91	45.34
26	3.68	5.17	5.79	8.07	12.14	24.99	45.38
27	3.73	5.25	5.89	8.20	12.28	25.01	45.34
28	3.80	5.35	5.99	8.35	12.40	24.99	45.19
29	3.86	5.44	6.11	8.50	12.51	24.93	44.98
30	3.92	5.54	6.21	8.66	12.61	24.82	44.66
31	4.00	5.63	6.31	8.80	12.68	24.69	44.27
32	4.07	5.73	6.42	8.95	12.74	24.51	43.84
33	4.12	5.81	6.51	9.06	12.77	24.29	43.33
34	4.18	5.88	6.59	9.16	12.79	24.04	42.79
35	4.22	5.95	6.66	9.25	12.76	23.75	42.19
36	4.27	5.99	6.72	9.31	12.72	23.43	41.54
37	4.30	6.03	6.76	9.35	12.65	23.09	40.87
38	4.32	6.05	6.78	9.35	12.58	22.71	40.17
39	4.34	6.05	6.79	9.33	12.45	22.32	39.45
40	4.34	6.04	6.78	9.28	12.30	21.89	38.69
41	4.33	6.01	6.75	9.20	12.13	21.42	37.88
42	4.31	5.96	6.70	9.10	11.92	20.93	37.03
43	4.31	5.92	6.64	8.97	11.69	20.42	36.15
44	4.30	5.87	6.55	8.81	11.41	19.85	35.23
45	4.27	5.79	6.43	8.61	11.11	19.25	34.21
46	4.22	5.68	6.29	8.39	10.76	18.59	33.09
47	4.14	5.56	6.12	8.10	10.36	17.87	31.88
48	4.04	5.38	5.91	7.78	9.88	17.04	30.49
49	3.91	5.17	5.67	7.41	9.35	16.16	28.99
50	3.75	4.93	5.40	7.00	8.76	15.22	27.36
51	3.56	4.66	5.10	6.56	8.16	14.22	25.63
52	3.36	4.37	4.77	6.09	7.51	13.16	23.80
53	3.12	4.02	4.37	5.54	6.76	11.96	21.67
54	2.84	3.67	3.97	4.97	6.01	10.74	19.48
55	2.57	3.29	3.56	4.42	5.26	9.52	17.28
56	2.29	2.92	3.15	3.85	4.54	8.32	15.14
57	2.01	2.56	2.75	3.32	3.85	7.19	13.09
58	1.73	2.22	2.38	2.85	3.26	6.19	11.25
59	1.50	1.92	2.05	2.42	2.75	5.29	9.57
60	1.28	1.65	1.77	2.07	2.31	4.51	8.11
61	1.11	1.42	1.52	1.77	1.96	3.85	6.90
62	0.97	1.24	1.33	1.57	1.72	3.34	5.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.02	5.48	5.95	8.27	12.49	25.64	46.67
26	4.08	5.56	6.04	8.40	12.65	25.72	46.72
27	4.14	5.65	6.13	8.54	12.79	25.74	46.67
28	4.22	5.76	6.24	8.69	12.91	25.72	46.52
29	4.29	5.85	6.36	8.85	13.03	25.66	46.30
30	4.36	5.97	6.47	9.01	13.13	25.56	45.97
31	4.43	6.05	6.58	9.17	13.20	25.41	45.58
32	4.51	6.16	6.70	9.31	13.26	25.23	45.13
33	4.58	6.24	6.78	9.42	13.30	25.00	44.61
34	4.64	6.33	6.86	9.54	13.30	24.75	44.04
35	4.69	6.40	6.94	9.62	13.28	24.45	43.43
36	4.73	6.44	7.00	9.69	13.24	24.12	42.77
37	4.77	6.49	7.05	9.72	13.17	23.77	42.06
38	4.80	6.51	7.07	9.72	13.08	23.38	41.36
39	4.81	6.51	7.08	9.70	12.95	22.98	40.61
40	4.81	6.49	7.07	9.65	12.80	22.54	39.83
41	4.80	6.47	7.03	9.57	12.61	22.05	38.99
42	4.78	6.42	6.98	9.45	12.39	21.54	38.11
43	4.78	6.37	6.92	9.33	12.14	21.01	37.22
44	4.77	6.32	6.82	9.16	11.86	20.43	36.26
45	4.73	6.23	6.71	8.94	11.55	19.81	35.21
46	4.68	6.12	6.56	8.70	11.18	19.13	34.06
47	4.59	5.98	6.38	8.42	10.75	18.39	32.82
48	4.48	5.78	6.16	8.08	10.25	17.54	31.39
49	4.33	5.56	5.90	7.69	9.70	16.63	29.84
50	4.15	5.30	5.63	7.27	9.09	15.66	28.17
51	3.96	5.02	5.32	6.80	8.46	14.63	26.39
52	3.72	4.71	4.97	6.30	7.77	13.55	24.50
53	3.45	4.33	4.56	5.73	7.00	12.31	22.31
54	3.15	3.94	4.14	5.14	6.21	11.05	20.06
55	2.84	3.54	3.71	4.55	5.43	9.80	17.79
56	2.54	3.14	3.28	3.96	4.68	8.57	15.58
57	2.23	2.75	2.87	3.41	3.96	7.40	13.47
58	1.93	2.39	2.49	2.93	3.35	6.37	11.57
59	1.66	2.06	2.14	2.49	2.82	5.45	9.85
60	1.43	1.77	1.84	2.11	2.37	4.64	8.35
61	1.23	1.52	1.58	1.81	2.01	3.97	7.10
62	1.07	1.34	1.39	1.60	1.76	3.44	6.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.03	5.50	5.98	8.31	12.53	25.75	46.86
26	4.09	5.58	6.06	8.44	12.70	25.83	46.91
27	4.14	5.67	6.16	8.58	12.84	25.85	46.87
28	4.22	5.77	6.27	8.73	12.96	25.84	46.73
29	4.29	5.87	6.39	8.90	13.09	25.78	46.52
30	4.36	5.98	6.50	9.06	13.19	25.68	46.20
31	4.44	6.08	6.62	9.21	13.26	25.55	45.81
32	4.51	6.19	6.73	9.36	13.33	25.37	45.37
33	4.58	6.27	6.83	9.48	13.37	25.14	44.87
34	4.66	6.35	6.91	9.59	13.38	24.90	44.32
35	4.71	6.42	6.99	9.68	13.36	24.60	43.71
36	4.75	6.48	7.06	9.75	13.32	24.29	43.07
37	4.79	6.52	7.10	9.79	13.26	23.94	42.37
38	4.81	6.55	7.12	9.79	13.17	23.57	41.69
39	4.83	6.55	7.13	9.78	13.05	23.17	40.96
40	4.83	6.53	7.13	9.73	12.90	22.74	40.18
41	4.82	6.51	7.09	9.66	12.72	22.26	39.36
42	4.80	6.46	7.05	9.54	12.50	21.76	38.51
43	4.80	6.42	6.99	9.42	12.27	21.24	37.63
44	4.80	6.37	6.90	9.27	11.99	20.68	36.70
45	4.76	6.28	6.78	9.05	11.69	20.06	35.67
46	4.71	6.17	6.64	8.82	11.32	19.40	34.54
47	4.63	6.04	6.47	8.54	10.90	18.67	33.32
48	4.51	5.85	6.26	8.20	10.41	17.84	31.92
49	4.36	5.63	6.01	7.82	9.86	16.94	30.40
50	4.19	5.37	5.74	7.41	9.27	15.98	28.75
51	4.00	5.10	5.43	6.95	8.63	14.97	26.99
52	3.77	4.79	5.09	6.46	7.96	13.90	25.12
53	3.49	4.41	4.68	5.89	7.19	12.66	22.94
54	3.19	4.03	4.26	5.30	6.41	11.40	20.71
55	2.89	3.63	3.84	4.72	5.62	10.16	18.44
56	2.59	3.23	3.41	4.13	4.88	8.92	16.22
57	2.27	2.84	2.99	3.57	4.14	7.74	14.11
58	1.97	2.47	2.60	3.09	3.53	6.71	12.17
59	1.70	2.14	2.24	2.63	2.98	5.76	10.41
60	1.46	1.84	1.94	2.24	2.52	4.92	8.86
61	1.27	1.58	1.67	1.93	2.14	4.22	7.54
62	1.10	1.39	1.46	1.70	1.87	3.63	6.49

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.04	5.52	6.01	8.35	12.60	25.91	47.14
26	4.10	5.61	6.10	8.49	12.77	26.00	47.21
27	4.16	5.69	6.20	8.63	12.92	26.02	47.18
28	4.24	5.80	6.32	8.79	13.05	26.01	47.04
29	4.30	5.90	6.43	8.96	13.17	25.97	46.85
30	4.38	6.02	6.55	9.13	13.28	25.87	46.55
31	4.46	6.12	6.66	9.28	13.36	25.75	46.17
32	4.53	6.22	6.78	9.43	13.43	25.58	45.75
33	4.60	6.31	6.89	9.56	13.47	25.36	45.26
34	4.67	6.39	6.97	9.68	13.49	25.12	44.72
35	4.73	6.47	7.06	9.77	13.48	24.84	44.14
36	4.78	6.52	7.13	9.85	13.45	24.53	43.51
37	4.81	6.56	7.17	9.89	13.39	24.21	42.84
38	4.84	6.60	7.20	9.91	13.31	23.84	42.17
39	4.86	6.60	7.22	9.89	13.20	23.45	41.47
40	4.86	6.59	7.22	9.86	13.06	23.04	40.72
41	4.86	6.57	7.19	9.79	12.88	22.58	39.93
42	4.83	6.52	7.15	9.68	12.68	22.10	39.10
43	4.84	6.49	7.09	9.57	12.45	21.60	38.25
44	4.83	6.44	7.01	9.42	12.19	21.04	37.35
45	4.80	6.36	6.90	9.21	11.89	20.45	36.35
46	4.75	6.26	6.77	8.99	11.54	19.80	35.26
47	4.67	6.13	6.61	8.72	11.13	19.10	34.07
48	4.57	5.95	6.40	8.40	10.65	18.28	32.72
49	4.42	5.73	6.16	8.03	10.11	17.41	31.23
50	4.25	5.48	5.90	7.62	9.52	16.46	29.62
51	4.06	5.21	5.60	7.17	8.91	15.47	27.90
52	3.83	4.90	5.26	6.69	8.24	14.41	26.06
53	3.56	4.53	4.86	6.12	7.47	13.19	23.90
54	3.26	4.15	4.44	5.54	6.70	11.94	21.67
55	2.96	3.76	4.02	4.96	5.91	10.70	19.42
56	2.65	3.35	3.59	4.37	5.16	9.46	17.19
57	2.33	2.97	3.17	3.82	4.43	8.26	15.05
58	2.03	2.60	2.78	3.32	3.79	7.20	13.08
59	1.76	2.25	2.41	2.85	3.23	6.22	11.26
60	1.52	1.94	2.09	2.45	2.74	5.34	9.62
61	1.31	1.67	1.80	2.10	2.33	4.58	8.19
62	1.14	1.46	1.57	1.84	2.02	3.93	7.01

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.27	5.99	6.71	9.35	14.11	29.30	53.34
26	4.33	6.08	6.81	9.50	14.29	29.40	53.39
27	4.39	6.18	6.93	9.65	14.45	29.42	53.34
28	4.47	6.29	7.05	9.82	14.59	29.40	53.16
29	4.54	6.40	7.18	10.01	14.72	29.33	52.91
30	4.62	6.52	7.30	10.19	14.84	29.21	52.54
31	4.70	6.63	7.43	10.36	14.92	29.05	52.09
32	4.78	6.74	7.56	10.52	14.99	28.84	51.58
33	4.85	6.83	7.66	10.66	15.02	28.57	50.98
34	4.92	6.92	7.75	10.78	15.04	28.28	50.34
35	4.97	7.00	7.84	10.88	15.01	27.94	49.63
36	5.02	7.05	7.91	10.96	14.97	27.57	48.88
37	5.06	7.09	7.96	10.99	14.89	27.17	48.07
38	5.09	7.12	7.98	11.00	14.79	26.73	47.26
39	5.10	7.12	7.99	10.97	14.65	26.26	46.41
40	5.10	7.10	7.98	10.92	14.48	25.76	45.52
41	5.10	7.08	7.94	10.83	14.26	25.20	44.56
42	5.07	7.01	7.88	10.70	14.02	24.62	43.56
43	5.07	6.97	7.81	10.55	13.75	24.02	42.53
44	5.06	6.91	7.70	10.37	13.43	23.36	41.44
45	5.02	6.81	7.57	10.13	13.08	22.64	40.24
46	4.96	6.69	7.40	9.86	12.66	21.87	38.93
47	4.88	6.54	7.21	9.54	12.19	21.02	37.51
48	4.75	6.33	6.95	9.15	11.62	20.05	35.88
49	4.59	6.08	6.67	8.72	10.99	19.01	34.10
50	4.41	5.80	6.35	8.25	10.31	17.90	32.19
51	4.20	5.49	6.00	7.73	9.60	16.73	30.16
52	3.95	5.15	5.61	7.16	8.84	15.49	28.00
53	3.66	4.73	5.15	6.51	7.96	14.07	25.49
54	3.34	4.31	4.67	5.85	7.08	12.63	22.92
55	3.02	3.87	4.19	5.19	6.20	11.20	20.34
56	2.69	3.43	3.70	4.52	5.34	9.79	17.80
57	2.36	3.01	3.24	3.91	4.53	8.46	15.40
58	2.04	2.61	2.81	3.35	3.84	7.28	13.23
59	1.76	2.25	2.41	2.85	3.23	6.22	11.26
60	1.51	1.94	2.08	2.43	2.72	5.30	9.55
61	1.30	1.66	1.79	2.09	2.31	4.53	8.11
62	1.14	1.46	1.57	1.84	2.02	3.93	7.01

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.75	5.10	5.54	7.71	11.60	23.67	43.01
26	3.81	5.19	5.64	7.85	11.77	23.80	43.18
27	3.88	5.30	5.75	8.01	11.94	23.89	43.26
28	3.96	5.40	5.86	8.18	12.09	23.94	43.25
29	4.04	5.51	5.99	8.35	12.24	23.96	43.16
30	4.13	5.63	6.11	8.52	12.37	23.94	43.01
31	4.21	5.76	6.24	8.70	12.50	23.88	42.79
32	4.29	5.87	6.37	8.88	12.59	23.80	42.52
33	4.37	5.97	6.49	9.03	12.67	23.68	42.21
34	4.45	6.06	6.59	9.15	12.72	23.54	41.84
35	4.51	6.16	6.70	9.28	12.76	23.36	41.45
36	4.59	6.24	6.78	9.39	12.79	23.16	41.02
37	4.65	6.31	6.86	9.47	12.79	22.92	40.55
38	4.70	6.36	6.92	9.52	12.75	22.69	40.08
39	4.73	6.40	6.96	9.55	12.71	22.41	39.59
40	4.76	6.42	6.99	9.57	12.64	22.12	39.07
41	4.79	6.43	7.00	9.55	12.54	21.81	38.52
42	4.80	6.42	7.00	9.50	12.40	21.45	37.92
43	4.84	6.44	6.99	9.45	12.26	21.08	37.33
44	4.87	6.44	6.95	9.36	12.09	20.69	36.68
45	4.88	6.41	6.90	9.24	11.88	20.24	35.96
46	4.87	6.35	6.81	9.08	11.62	19.75	35.14
47	4.84	6.27	6.70	8.91	11.32	19.18	34.23
48	4.76	6.15	6.55	8.65	10.93	18.52	33.14
49	4.66	5.99	6.36	8.35	10.49	17.81	31.94
50	4.53	5.80	6.15	8.02	10.00	17.01	30.59
51	4.38	5.56	5.90	7.64	9.45	16.14	29.10
52	4.21	5.31	5.61	7.22	8.85	15.20	27.46
53	3.97	4.97	5.25	6.71	8.14	14.07	25.46
54	3.70	4.62	4.86	6.16	7.40	12.89	23.36
55	3.41	4.24	4.44	5.59	6.65	11.68	21.19
56	3.12	3.86	4.02	5.02	5.90	10.46	19.02
57	2.80	3.47	3.62	4.46	5.17	9.29	16.87
58	2.47	3.07	3.20	3.93	4.49	8.16	14.80
59	2.17	2.71	2.82	3.44	3.86	7.11	12.87
60	1.90	2.37	2.46	2.98	3.31	6.16	11.11
61	1.66	2.06	2.14	2.60	2.84	5.33	9.57
62	1.45	1.81	1.87	2.29	2.51	4.66	8.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.76	5.11	5.56	7.74	11.63	23.76	43.18
26	3.82	5.21	5.66	7.88	11.82	23.89	43.35
27	3.89	5.32	5.76	8.04	11.99	23.99	43.43
28	3.97	5.41	5.89	8.20	12.14	24.04	43.43
29	4.05	5.53	6.01	8.39	12.29	24.06	43.35
30	4.14	5.66	6.14	8.55	12.43	24.04	43.21
31	4.22	5.76	6.27	8.75	12.54	24.00	43.00
32	4.30	5.89	6.41	8.92	12.65	23.92	42.73
33	4.38	5.99	6.51	9.07	12.73	23.80	42.43
34	4.46	6.09	6.63	9.20	12.80	23.66	42.07
35	4.53	6.18	6.73	9.33	12.83	23.50	41.69
36	4.61	6.27	6.81	9.44	12.86	23.30	41.26
37	4.66	6.34	6.91	9.53	12.86	23.07	40.81
38	4.72	6.39	6.96	9.58	12.84	22.84	40.37
39	4.75	6.42	7.00	9.62	12.80	22.58	39.88
40	4.78	6.46	7.03	9.64	12.72	22.30	39.37
41	4.80	6.47	7.05	9.63	12.63	21.98	38.83
42	4.81	6.46	7.06	9.58	12.50	21.64	38.25
43	4.87	6.49	7.05	9.54	12.36	21.28	37.67
44	4.89	6.49	7.01	9.45	12.20	20.90	37.06
45	4.90	6.46	6.96	9.33	11.99	20.46	36.34
46	4.89	6.41	6.89	9.18	11.75	19.98	35.54
47	4.87	6.32	6.77	9.00	11.45	19.42	34.65
48	4.80	6.20	6.63	8.76	11.06	18.78	33.59
49	4.70	6.05	6.45	8.47	10.63	18.08	32.40
50	4.57	5.86	6.24	8.14	10.15	17.28	31.08
51	4.42	5.63	5.99	7.76	9.60	16.43	29.61
52	4.24	5.37	5.70	7.36	9.00	15.49	28.00
53	4.00	5.04	5.35	6.84	8.31	14.37	26.00
54	3.73	4.70	4.96	6.29	7.56	13.19	23.91
55	3.45	4.31	4.55	5.73	6.81	11.99	21.74
56	3.15	3.93	4.13	5.17	6.06	10.76	19.56
57	2.83	3.54	3.71	4.60	5.32	9.58	17.41
58	2.52	3.14	3.30	4.07	4.64	8.45	15.31
59	2.21	2.77	2.91	3.56	4.00	7.37	13.35
60	1.93	2.42	2.54	3.10	3.43	6.40	11.55
61	1.69	2.11	2.22	2.70	2.96	5.54	9.94
62	1.47	1.86	1.94	2.37	2.60	4.82	8.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.77	5.14	5.59	7.78	11.70	23.90	43.42
26	3.82	5.23	5.69	7.92	11.88	24.03	43.60
27	3.90	5.33	5.80	8.09	12.05	24.13	43.69
28	3.98	5.45	5.92	8.25	12.21	24.19	43.70
29	4.07	5.56	6.05	8.44	12.36	24.22	43.63
30	4.15	5.68	6.19	8.62	12.50	24.21	43.51
31	4.22	5.80	6.31	8.80	12.63	24.16	43.30
32	4.31	5.91	6.45	8.98	12.73	24.10	43.06
33	4.40	6.03	6.56	9.14	12.82	23.99	42.76
34	4.48	6.12	6.68	9.28	12.89	23.87	42.42
35	4.55	6.21	6.78	9.40	12.94	23.70	42.06
36	4.62	6.31	6.87	9.52	12.96	23.51	41.64
37	4.68	6.37	6.96	9.61	12.97	23.30	41.21
38	4.73	6.43	7.03	9.68	12.95	23.07	40.77
39	4.77	6.47	7.08	9.72	12.92	22.82	40.32
40	4.81	6.51	7.11	9.74	12.86	22.55	39.82
41	4.83	6.52	7.13	9.73	12.77	22.26	39.31
42	4.84	6.52	7.14	9.70	12.65	21.92	38.76
43	4.89	6.55	7.14	9.65	12.52	21.58	38.21
44	4.92	6.56	7.11	9.58	12.36	21.21	37.61
45	4.94	6.52	7.07	9.47	12.17	20.79	36.92
46	4.93	6.48	7.00	9.33	11.93	20.32	36.16
47	4.91	6.41	6.89	9.15	11.64	19.78	35.30
48	4.84	6.28	6.75	8.91	11.26	19.16	34.28
49	4.74	6.14	6.57	8.64	10.84	18.47	33.11
50	4.61	5.96	6.37	8.32	10.36	17.69	31.82
51	4.47	5.73	6.13	7.96	9.83	16.85	30.39
52	4.29	5.47	5.85	7.55	9.25	15.93	28.79
53	4.06	5.15	5.50	7.04	8.54	14.82	26.81
54	3.79	4.80	5.11	6.50	7.81	13.64	24.74
55	3.51	4.42	4.71	5.94	7.06	12.44	22.57
56	3.20	4.04	4.29	5.37	6.31	11.22	20.38
57	2.90	3.64	3.86	4.81	5.56	10.02	18.21
58	2.57	3.25	3.45	4.27	4.87	8.86	16.09
59	2.26	2.87	3.05	3.75	4.22	7.76	14.07
60	1.97	2.52	2.67	3.26	3.62	6.76	12.19
61	1.72	2.19	2.32	2.85	3.12	5.85	10.50
62	1.51	1.92	2.02	2.49	2.72	5.08	9.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.97	5.58	6.26	8.70	13.09	27.05	49.17
26	4.04	5.68	6.36	8.86	13.30	27.20	49.35
27	4.12	5.79	6.49	9.06	13.49	27.31	49.44
28	4.20	5.91	6.62	9.24	13.66	27.36	49.43
29	4.29	6.03	6.76	9.43	13.83	27.39	49.32
30	4.37	6.16	6.91	9.64	13.97	27.35	49.15
31	4.46	6.29	7.05	9.84	14.12	27.30	48.90
32	4.55	6.42	7.20	10.03	14.22	27.20	48.59
33	4.64	6.53	7.32	10.20	14.32	27.06	48.24
34	4.72	6.64	7.44	10.35	14.39	26.90	47.82
35	4.80	6.73	7.56	10.49	14.43	26.70	47.37
36	4.87	6.82	7.66	10.60	14.45	26.46	46.87
37	4.93	6.90	7.74	10.70	14.45	26.21	46.34
38	4.98	6.96	7.81	10.77	14.42	25.92	45.81
39	5.02	7.00	7.86	10.80	14.37	25.62	45.25
40	5.06	7.02	7.88	10.82	14.29	25.29	44.65
41	5.08	7.04	7.90	10.80	14.18	24.91	44.02
42	5.09	7.03	7.90	10.75	14.04	24.52	43.33
43	5.13	7.05	7.88	10.70	13.88	24.10	42.66
44	5.17	7.05	7.85	10.60	13.68	23.65	41.92
45	5.17	7.00	7.79	10.45	13.44	23.14	41.10
46	5.17	6.95	7.69	10.29	13.16	22.56	40.16
47	5.13	6.86	7.56	10.08	12.81	21.92	39.12
48	5.06	6.72	7.39	9.79	12.38	21.17	37.88
49	4.95	6.56	7.18	9.46	11.88	20.35	36.49
50	4.81	6.34	6.94	9.09	11.33	19.44	34.95
51	4.66	6.09	6.66	8.66	10.71	18.44	33.26
52	4.46	5.81	6.33	8.19	10.04	17.37	31.39
53	4.21	5.44	5.92	7.60	9.24	16.09	29.10
54	3.92	5.06	5.48	7.00	8.40	14.73	26.70
55	3.62	4.64	5.02	6.35	7.56	13.34	24.22
56	3.30	4.22	4.55	5.71	6.71	11.96	21.73
57	2.97	3.78	4.07	5.09	5.89	10.61	19.27
58	2.62	3.36	3.62	4.48	5.11	9.33	16.92
59	2.31	2.97	3.18	3.92	4.40	8.12	14.71
60	2.02	2.59	2.77	3.41	3.77	7.04	12.69
61	1.76	2.25	2.42	2.97	3.25	6.10	10.94
62	1.54	1.98	2.12	2.61	2.85	5.32	9.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.41	6.00	6.51	9.07	13.64	27.85	50.61
26	4.48	6.11	6.64	9.23	13.85	28.00	50.80
27	4.57	6.23	6.76	9.42	14.04	28.11	50.89
28	4.66	6.35	6.90	9.62	14.22	28.17	50.88
29	4.75	6.49	7.05	9.82	14.41	28.19	50.78
30	4.86	6.63	7.19	10.02	14.56	28.16	50.60
31	4.95	6.77	7.34	10.24	14.70	28.10	50.34
32	5.04	6.91	7.50	10.45	14.81	28.00	50.03
33	5.15	7.02	7.63	10.62	14.91	27.86	49.66
34	5.24	7.14	7.75	10.77	14.97	27.69	49.23
35	5.32	7.24	7.88	10.91	15.01	27.48	48.76
36	5.40	7.34	7.97	11.04	15.04	27.24	48.25
37	5.46	7.42	8.07	11.14	15.04	26.97	47.70
38	5.53	7.48	8.14	11.20	15.00	26.69	47.16
39	5.57	7.52	8.18	11.24	14.95	26.37	46.58
40	5.61	7.56	8.22	11.26	14.86	26.03	45.96
41	5.63	7.57	8.23	11.24	14.75	25.65	45.31
42	5.64	7.56	8.23	11.18	14.59	25.24	44.61
43	5.69	7.58	8.22	11.12	14.42	24.81	43.91
44	5.73	7.58	8.18	11.02	14.22	24.34	43.16
45	5.74	7.54	8.11	10.87	13.97	23.81	42.30
46	5.73	7.47	8.02	10.68	13.68	23.23	41.34
47	5.69	7.37	7.88	10.47	13.31	22.57	40.27
48	5.61	7.23	7.70	10.17	12.86	21.80	38.99
49	5.49	7.05	7.48	9.83	12.34	20.95	37.57
50	5.33	6.82	7.23	9.43	11.76	20.01	35.98
51	5.16	6.55	6.93	8.98	11.11	18.99	34.24
52	4.95	6.24	6.59	8.49	10.41	17.88	32.31
53	4.66	5.85	6.18	7.88	9.57	16.55	29.96
54	4.35	5.44	5.71	7.24	8.70	15.16	27.48
55	4.01	4.99	5.23	6.57	7.82	13.74	24.93
56	3.66	4.54	4.73	5.90	6.94	12.31	22.37
57	3.29	4.07	4.25	5.25	6.08	10.93	19.84
58	2.91	3.61	3.77	4.63	5.28	9.60	17.42
59	2.55	3.19	3.31	4.05	4.54	8.36	15.14
60	2.24	2.78	2.90	3.51	3.89	7.24	13.07
61	1.95	2.42	2.52	3.06	3.34	6.27	11.26
62	1.71	2.13	2.21	2.69	2.95	5.48	9.75

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.42	6.02	6.54	9.11	13.68	27.96	50.80
26	4.49	6.12	6.66	9.27	13.90	28.11	51.00
27	4.58	6.25	6.78	9.46	14.10	28.22	51.09
28	4.66	6.37	6.93	9.65	14.27	28.28	51.09
29	4.76	6.50	7.08	9.86	14.46	28.31	51.00
30	4.87	6.65	7.22	10.07	14.62	28.28	50.83
31	4.95	6.78	7.37	10.29	14.76	28.23	50.58
32	5.06	6.93	7.53	10.50	14.88	28.14	50.27
33	5.16	7.05	7.66	10.67	14.98	28.00	49.92
34	5.25	7.16	7.80	10.82	15.05	27.84	49.50
35	5.33	7.27	7.92	10.97	15.09	27.64	49.04
36	5.42	7.37	8.02	11.11	15.13	27.41	48.55
37	5.48	7.45	8.12	11.21	15.13	27.15	48.01
38	5.54	7.52	8.19	11.27	15.10	26.88	47.48
39	5.59	7.56	8.24	11.32	15.05	26.57	46.92
40	5.62	7.59	8.27	11.33	14.97	26.23	46.31
41	5.65	7.61	8.29	11.33	14.85	25.86	45.68
42	5.66	7.60	8.30	11.27	14.70	25.46	45.00
43	5.72	7.63	8.29	11.22	14.55	25.04	44.33
44	5.76	7.63	8.25	11.12	14.35	24.59	43.60
45	5.76	7.59	8.19	10.97	14.12	24.07	42.76
46	5.76	7.53	8.10	10.80	13.82	23.50	41.82
47	5.73	7.44	7.96	10.60	13.46	22.85	40.77
48	5.64	7.30	7.80	10.30	13.02	22.10	39.52
49	5.53	7.12	7.59	9.96	12.50	21.26	38.12
50	5.37	6.89	7.34	9.57	11.93	20.33	36.56
51	5.20	6.63	7.05	9.13	11.29	19.32	34.84
52	4.99	6.32	6.71	8.65	10.60	18.22	32.94
53	4.71	5.93	6.29	8.04	9.77	16.90	30.59
54	4.39	5.53	5.83	7.40	8.90	15.51	28.13
55	4.06	5.08	5.35	6.74	8.02	14.10	25.58
56	3.70	4.63	4.86	6.07	7.14	12.66	23.01
57	3.34	4.16	4.37	5.41	6.27	11.27	20.48
58	2.96	3.70	3.88	4.79	5.46	9.94	18.01
59	2.60	3.26	3.42	4.19	4.71	8.67	15.71
60	2.27	2.85	2.99	3.64	4.04	7.52	13.58
61	1.99	2.48	2.60	3.18	3.48	6.52	11.70
62	1.73	2.18	2.28	2.79	3.05	5.68	10.10

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.43	6.05	6.57	9.15	13.75	28.12	51.08
26	4.50	6.15	6.70	9.32	13.97	28.27	51.30
27	4.58	6.27	6.82	9.51	14.18	28.39	51.40
28	4.68	6.41	6.97	9.72	14.36	28.46	51.41
29	4.78	6.54	7.12	9.93	14.55	28.49	51.33
30	4.88	6.69	7.28	10.14	14.70	28.48	51.18
31	4.97	6.82	7.43	10.36	14.85	28.43	50.94
32	5.08	6.96	7.59	10.57	14.98	28.35	50.65
33	5.17	7.09	7.73	10.75	15.08	28.22	50.31
34	5.27	7.21	7.86	10.91	15.16	28.07	49.90
35	5.35	7.31	7.98	11.06	15.22	27.88	49.47
36	5.44	7.42	8.09	11.20	15.25	27.66	48.99
37	5.51	7.50	8.19	11.31	15.26	27.41	48.48
38	5.57	7.57	8.27	11.39	15.24	27.15	47.97
39	5.61	7.61	8.32	11.43	15.20	26.85	47.43
40	5.66	7.66	8.36	11.46	15.13	26.53	46.85
41	5.68	7.67	8.39	11.45	15.02	26.18	46.24
42	5.69	7.67	8.40	11.41	14.88	25.79	45.59
43	5.76	7.70	8.40	11.36	14.73	25.39	44.95
44	5.79	7.71	8.37	11.27	14.55	24.95	44.25
45	5.81	7.67	8.32	11.14	14.32	24.46	43.45
46	5.80	7.62	8.23	10.97	14.04	23.90	42.54
47	5.77	7.53	8.10	10.77	13.69	23.28	41.53
48	5.69	7.39	7.94	10.49	13.25	22.54	40.32
49	5.58	7.22	7.74	10.16	12.75	21.73	38.96
50	5.43	7.00	7.50	9.79	12.19	20.81	37.44
51	5.26	6.74	7.22	9.35	11.56	19.83	35.75
52	5.05	6.44	6.88	8.88	10.88	18.74	33.87
53	4.77	6.05	6.47	8.28	10.05	17.43	31.55
54	4.46	5.65	6.02	7.65	9.19	16.05	29.10
55	4.13	5.20	5.54	6.99	8.31	14.63	26.56
56	3.77	4.75	5.05	6.32	7.42	13.20	23.98
57	3.41	4.29	4.55	5.66	6.55	11.79	21.42
58	3.02	3.82	4.06	5.02	5.72	10.43	18.92
59	2.66	3.38	3.59	4.41	4.95	9.13	16.55
60	2.32	2.96	3.14	3.85	4.26	7.95	14.34
61	2.03	2.58	2.74	3.35	3.67	6.88	12.35
62	1.78	2.26	2.38	2.93	3.20	5.98	10.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.67	6.56	7.36	10.24	15.41	31.83	57.84
26	4.75	6.68	7.49	10.43	15.65	32.01	58.06
27	4.84	6.81	7.63	10.65	15.87	32.12	58.16
28	4.94	6.95	7.79	10.87	16.07	32.19	58.15
29	5.04	7.09	7.96	11.10	16.27	32.22	58.03
30	5.15	7.25	8.12	11.33	16.44	32.18	57.82
31	5.24	7.40	8.29	11.57	16.61	32.11	57.53
32	5.35	7.55	8.47	11.80	16.73	32.01	57.17
33	5.46	7.68	8.62	12.00	16.84	31.84	56.75
34	5.55	7.81	8.76	12.17	16.92	31.65	56.26
35	5.64	7.92	8.89	12.34	16.98	31.41	55.73
36	5.73	8.03	9.00	12.48	17.00	31.13	55.14
37	5.80	8.11	9.11	12.59	17.00	30.83	54.52
38	5.86	8.18	9.19	12.67	16.97	30.50	53.90
39	5.90	8.23	9.24	12.71	16.90	30.14	53.23
40	5.95	8.26	9.28	12.72	16.81	29.75	52.53
41	5.98	8.28	9.29	12.71	16.68	29.31	51.79
42	5.98	8.27	9.29	12.65	16.51	28.85	50.98
43	6.04	8.29	9.28	12.58	16.32	28.35	50.19
44	6.07	8.29	9.23	12.47	16.10	27.82	49.32
45	6.09	8.25	9.16	12.30	15.81	27.22	48.35
46	6.07	8.18	9.05	12.10	15.48	26.55	47.25
47	6.04	8.07	8.90	11.85	15.07	25.79	46.02
48	5.95	7.91	8.69	11.52	14.56	24.91	44.56
49	5.83	7.71	8.45	11.13	13.97	23.94	42.94
50	5.66	7.46	8.17	10.69	13.32	22.87	41.12
51	5.47	7.16	7.83	10.19	12.60	21.70	39.13
52	5.24	6.83	7.44	9.64	11.81	20.43	36.93
53	4.95	6.40	6.97	8.95	10.87	18.92	34.23
54	4.61	5.95	6.45	8.23	9.89	17.33	31.41
55	4.26	5.46	5.90	7.47	8.90	15.70	28.49
56	3.88	4.96	5.35	6.72	7.89	14.07	25.56
57	3.49	4.45	4.80	5.98	6.93	12.49	22.68
58	3.09	3.95	4.25	5.27	6.01	10.97	19.91
59	2.71	3.48	3.74	4.61	5.17	9.56	17.31
60	2.37	3.04	3.26	4.00	4.44	8.28	14.93
61	2.07	2.65	2.84	3.49	3.82	7.17	12.87
62	1.81	2.33	2.49	3.07	3.35	6.27	11.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.17	0.22	0.24	0.29	0.41	0.95	1.74
26	0.18	0.24	0.26	0.31	0.43	0.99	1.80
27	0.19	0.25	0.27	0.33	0.47	1.03	1.87
28	0.20	0.26	0.29	0.34	0.48	1.08	1.94
29	0.20	0.28	0.31	0.37	0.52	1.12	2.03
30	0.23	0.31	0.33	0.40	0.54	1.17	2.11
31	0.24	0.32	0.34	0.42	0.57	1.22	2.20
32	0.26	0.33	0.37	0.44	0.61	1.28	2.29
33	0.27	0.36	0.40	0.47	0.62	1.34	2.39
34	0.29	0.39	0.42	0.50	0.68	1.40	2.49
35	0.32	0.41	0.44	0.53	0.71	1.46	2.60
36	0.33	0.44	0.48	0.57	0.74	1.52	2.71
37	0.34	0.47	0.51	0.61	0.79	1.59	2.83
38	0.37	0.49	0.53	0.63	0.83	1.67	2.98
39	0.40	0.52	0.57	0.69	0.88	1.75	3.12
40	0.42	0.56	0.61	0.72	0.92	1.84	3.26
41	0.45	0.59	0.64	0.77	0.98	1.93	3.43
42	0.47	0.62	0.68	0.81	1.02	2.02	3.60
43	0.51	0.67	0.72	0.85	1.09	2.12	3.78
44	0.55	0.71	0.77	0.91	1.15	2.23	3.99
45	0.59	0.76	0.81	0.96	1.21	2.34	4.18
46	0.62	0.81	0.86	1.01	1.28	2.46	4.40
47	0.68	0.85	0.91	1.07	1.34	2.57	4.61
48	0.72	0.91	0.97	1.14	1.40	2.70	4.86
49	0.76	0.97	1.03	1.21	1.48	2.82	5.10
50	0.81	1.02	1.08	1.27	1.55	2.95	5.33
51	0.85	1.07	1.13	1.32	1.60	3.06	5.54
52	0.89	1.11	1.18	1.37	1.65	3.15	5.72
53	0.92	1.16	1.21	1.42	1.69	3.24	5.87
54	0.96	1.19	1.25	1.45	1.72	3.28	5.97
55	0.97	1.21	1.27	1.47	1.72	3.31	6.02
56	0.98	1.21	1.27	1.47	1.71	3.27	5.97
57	0.97	1.19	1.25	1.45	1.65	3.20	5.83
58	0.93	1.16	1.21	1.39	1.60	3.08	5.59
59	0.88	1.09	1.14	1.32	1.49	2.89	5.24
60	0.81	0.99	1.04	1.21	1.36	2.63	4.74
61	0.71	0.89	0.91	1.06	1.18	2.29	4.12
62	0.58	0.72	0.75	0.87	0.95	1.87	3.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.17	0.23	0.26	0.31	0.43	1.00	1.84
26	0.18	0.24	0.27	0.33	0.46	1.05	1.91
27	0.19	0.26	0.29	0.33	0.49	1.09	1.97
28	0.20	0.27	0.31	0.36	0.52	1.14	2.06
29	0.21	0.29	0.33	0.40	0.55	1.19	2.14
30	0.24	0.32	0.34	0.42	0.57	1.23	2.23
31	0.25	0.33	0.36	0.44	0.61	1.29	2.32
32	0.26	0.35	0.39	0.47	0.63	1.35	2.42
33	0.28	0.38	0.41	0.50	0.67	1.42	2.53
34	0.30	0.40	0.44	0.53	0.71	1.48	2.63
35	0.33	0.42	0.47	0.56	0.75	1.54	2.75
36	0.33	0.46	0.50	0.61	0.79	1.61	2.87
37	0.35	0.48	0.53	0.63	0.84	1.68	2.99
38	0.38	0.51	0.56	0.68	0.88	1.77	3.15
39	0.41	0.54	0.61	0.72	0.92	1.85	3.29
40	0.42	0.58	0.63	0.77	0.99	1.94	3.46
41	0.46	0.62	0.68	0.81	1.03	2.04	3.63
42	0.48	0.65	0.71	0.86	1.09	2.13	3.81
43	0.52	0.70	0.77	0.90	1.15	2.24	4.00
44	0.56	0.74	0.81	0.97	1.21	2.36	4.22
45	0.61	0.79	0.85	1.01	1.28	2.48	4.42
46	0.64	0.84	0.91	1.08	1.35	2.60	4.65
47	0.70	0.89	0.96	1.14	1.42	2.71	4.88
48	0.74	0.94	1.01	1.20	1.48	2.85	5.13
49	0.77	0.99	1.08	1.28	1.57	2.98	5.39
50	0.82	1.06	1.14	1.34	1.64	3.12	5.64
51	0.87	1.11	1.19	1.40	1.70	3.24	5.85
52	0.91	1.15	1.24	1.45	1.75	3.33	6.04
53	0.95	1.20	1.28	1.50	1.79	3.42	6.20
54	0.99	1.23	1.31	1.54	1.81	3.47	6.30
55	0.99	1.26	1.33	1.56	1.82	3.50	6.36
56	0.99	1.27	1.33	1.56	1.80	3.46	6.30
57	0.99	1.24	1.31	1.53	1.75	3.39	6.18
58	0.96	1.20	1.28	1.47	1.70	3.26	5.91
59	0.90	1.13	1.20	1.40	1.58	3.05	5.54
60	0.82	1.04	1.09	1.28	1.43	2.79	5.02
61	0.72	0.92	0.96	1.13	1.24	2.42	4.35
62	0.60	0.75	0.79	0.92	1.00	1.97	3.51

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.24	0.27	0.33	0.48	1.09	1.99
26	0.18	0.26	0.29	0.35	0.50	1.14	2.06
27	0.20	0.27	0.31	0.37	0.53	1.18	2.13
28	0.21	0.29	0.33	0.40	0.55	1.23	2.23
29	0.22	0.31	0.34	0.42	0.60	1.28	2.32
30	0.24	0.33	0.37	0.45	0.62	1.34	2.41
31	0.26	0.34	0.40	0.48	0.66	1.40	2.51
32	0.27	0.37	0.42	0.51	0.70	1.46	2.61
33	0.29	0.40	0.44	0.54	0.72	1.53	2.73
34	0.31	0.42	0.48	0.57	0.77	1.60	2.84
35	0.33	0.45	0.50	0.62	0.81	1.66	2.97
36	0.34	0.48	0.54	0.65	0.85	1.74	3.10
37	0.37	0.51	0.57	0.70	0.90	1.82	3.24
38	0.40	0.54	0.61	0.73	0.95	1.92	3.41
39	0.42	0.57	0.64	0.78	1.00	2.01	3.56
40	0.44	0.62	0.69	0.83	1.06	2.10	3.74
41	0.48	0.64	0.72	0.88	1.12	2.20	3.92
42	0.50	0.69	0.77	0.93	1.18	2.31	4.12
43	0.54	0.73	0.82	0.99	1.25	2.42	4.32
44	0.58	0.78	0.87	1.05	1.32	2.55	4.56
45	0.62	0.83	0.92	1.10	1.38	2.68	4.78
46	0.67	0.89	0.98	1.17	1.46	2.81	5.02
47	0.71	0.93	1.03	1.23	1.53	2.94	5.27
48	0.77	0.99	1.09	1.30	1.61	3.08	5.54
49	0.81	1.06	1.16	1.38	1.70	3.23	5.83
50	0.85	1.12	1.21	1.45	1.77	3.36	6.10
51	0.90	1.17	1.28	1.51	1.84	3.49	6.33
52	0.94	1.21	1.33	1.57	1.89	3.60	6.53
53	0.99	1.27	1.37	1.63	1.94	3.70	6.71
54	1.01	1.29	1.41	1.66	1.96	3.75	6.82
55	1.02	1.32	1.43	1.68	1.97	3.78	6.87
56	1.03	1.33	1.43	1.68	1.95	3.74	6.82
57	1.02	1.30	1.41	1.65	1.91	3.66	6.68
58	0.99	1.27	1.36	1.60	1.84	3.53	6.39
59	0.93	1.19	1.28	1.51	1.71	3.30	5.98
60	0.85	1.09	1.18	1.38	1.56	3.01	5.42
61	0.75	0.97	1.03	1.21	1.35	2.61	4.70
62	0.62	0.79	0.84	0.99	1.09	2.13	3.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.24	0.26	0.32	0.45	1.04	1.90
26	0.19	0.26	0.28	0.33	0.48	1.08	1.97
27	0.21	0.27	0.30	0.35	0.51	1.13	2.04
28	0.22	0.29	0.32	0.38	0.53	1.18	2.13
29	0.22	0.31	0.33	0.40	0.57	1.22	2.22
30	0.25	0.33	0.36	0.43	0.59	1.28	2.31
31	0.26	0.34	0.38	0.46	0.62	1.34	2.40
32	0.28	0.37	0.40	0.48	0.66	1.39	2.50
33	0.30	0.40	0.43	0.51	0.69	1.46	2.61
34	0.32	0.42	0.46	0.55	0.74	1.53	2.72
35	0.34	0.45	0.48	0.58	0.77	1.59	2.84
36	0.36	0.48	0.52	0.62	0.81	1.66	2.97
37	0.38	0.51	0.55	0.66	0.86	1.74	3.10
38	0.40	0.54	0.58	0.70	0.91	1.83	3.26
39	0.44	0.57	0.62	0.75	0.96	1.92	3.41
40	0.46	0.62	0.66	0.79	1.01	2.01	3.57
41	0.49	0.64	0.70	0.84	1.06	2.10	3.75
42	0.51	0.69	0.74	0.89	1.12	2.21	3.93
43	0.55	0.73	0.79	0.93	1.19	2.31	4.14
44	0.60	0.78	0.84	0.99	1.26	2.44	4.36
45	0.64	0.83	0.89	1.05	1.32	2.56	4.57
46	0.69	0.89	0.94	1.11	1.39	2.68	4.80
47	0.74	0.93	0.99	1.17	1.46	2.81	5.04
48	0.79	0.99	1.06	1.24	1.53	2.95	5.31
49	0.83	1.06	1.13	1.32	1.62	3.09	5.58
50	0.88	1.12	1.18	1.38	1.69	3.22	5.83
51	0.93	1.17	1.23	1.44	1.75	3.34	6.05
52	0.97	1.21	1.28	1.50	1.80	3.44	6.25
53	1.01	1.27	1.33	1.55	1.85	3.54	6.42
54	1.05	1.29	1.36	1.58	1.87	3.59	6.52
55	1.06	1.32	1.38	1.60	1.88	3.62	6.57
56	1.06	1.33	1.38	1.60	1.87	3.58	6.52
57	1.06	1.30	1.36	1.58	1.81	3.50	6.38
58	1.02	1.27	1.32	1.52	1.75	3.37	6.11
59	0.96	1.19	1.25	1.44	1.63	3.16	5.72
60	0.88	1.09	1.14	1.32	1.48	2.88	5.18
61	0.77	0.97	0.99	1.16	1.28	2.50	4.50
62	0.63	0.79	0.82	0.95	1.04	2.04	3.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.25	0.28	0.33	0.48	1.10	2.01
26	0.19	0.26	0.30	0.35	0.50	1.14	2.09
27	0.21	0.28	0.32	0.37	0.54	1.19	2.16
28	0.22	0.30	0.33	0.40	0.56	1.25	2.25
29	0.23	0.32	0.35	0.43	0.61	1.29	2.34
30	0.26	0.34	0.38	0.46	0.62	1.35	2.44
31	0.27	0.36	0.40	0.48	0.66	1.42	2.54
32	0.29	0.39	0.42	0.51	0.70	1.47	2.64
33	0.31	0.41	0.45	0.55	0.73	1.55	2.76
34	0.33	0.44	0.48	0.58	0.78	1.62	2.88
35	0.35	0.47	0.51	0.62	0.82	1.68	3.00
36	0.37	0.50	0.55	0.66	0.86	1.76	3.13
37	0.39	0.53	0.58	0.70	0.92	1.84	3.27
38	0.41	0.55	0.62	0.74	0.96	1.94	3.44
39	0.45	0.59	0.66	0.79	1.01	2.02	3.60
40	0.47	0.63	0.70	0.84	1.07	2.12	3.78
41	0.50	0.67	0.74	0.89	1.13	2.23	3.96
42	0.53	0.71	0.77	0.94	1.19	2.33	4.16
43	0.57	0.76	0.84	0.99	1.26	2.45	4.37
44	0.62	0.81	0.89	1.06	1.33	2.58	4.60
45	0.66	0.86	0.93	1.11	1.40	2.71	4.83
46	0.70	0.92	0.99	1.18	1.47	2.84	5.08
47	0.76	0.97	1.05	1.24	1.55	2.97	5.33
48	0.81	1.03	1.11	1.31	1.62	3.12	5.61
49	0.84	1.09	1.18	1.40	1.72	3.26	5.90
50	0.90	1.16	1.24	1.46	1.79	3.41	6.16
51	0.95	1.21	1.29	1.53	1.86	3.54	6.40
52	0.99	1.26	1.36	1.58	1.91	3.63	6.60
53	1.04	1.31	1.40	1.64	1.95	3.74	6.78
54	1.07	1.35	1.43	1.68	1.98	3.79	6.89
55	1.08	1.37	1.45	1.70	1.99	3.83	6.95
56	1.09	1.38	1.45	1.70	1.97	3.78	6.89
57	1.08	1.36	1.43	1.67	1.92	3.70	6.75
58	1.05	1.31	1.39	1.61	1.86	3.56	6.46
59	0.99	1.23	1.31	1.53	1.72	3.34	6.05
60	0.90	1.14	1.20	1.40	1.57	3.04	5.48
61	0.79	1.00	1.05	1.23	1.36	2.64	4.75
62	0.65	0.82	0.86	1.00	1.10	2.16	3.84

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.19	0.26	0.30	0.36	0.52	1.19	2.17
26	0.20	0.28	0.32	0.39	0.55	1.24	2.25
27	0.22	0.30	0.33	0.40	0.58	1.28	2.33
28	0.23	0.32	0.36	0.43	0.61	1.35	2.44
29	0.24	0.33	0.38	0.47	0.65	1.40	2.53
30	0.26	0.36	0.40	0.49	0.68	1.46	2.63
31	0.28	0.38	0.43	0.53	0.72	1.53	2.75
32	0.30	0.40	0.46	0.55	0.76	1.59	2.86
33	0.32	0.43	0.48	0.59	0.79	1.67	2.98
34	0.33	0.47	0.52	0.62	0.84	1.75	3.11
35	0.36	0.49	0.55	0.67	0.89	1.82	3.25
36	0.38	0.53	0.59	0.71	0.93	1.90	3.39
37	0.40	0.55	0.62	0.76	0.99	1.99	3.54
38	0.43	0.59	0.66	0.80	1.04	2.09	3.72
39	0.47	0.62	0.70	0.85	1.10	2.19	3.89
40	0.48	0.67	0.75	0.91	1.16	2.30	4.08
41	0.52	0.70	0.79	0.96	1.22	2.40	4.29
42	0.55	0.75	0.84	1.02	1.28	2.53	4.50
43	0.59	0.80	0.90	1.07	1.36	2.65	4.73
44	0.63	0.85	0.95	1.14	1.44	2.79	4.98
45	0.68	0.91	1.00	1.21	1.51	2.93	5.22
46	0.73	0.97	1.06	1.28	1.59	3.07	5.49
47	0.78	1.02	1.13	1.35	1.67	3.21	5.76
48	0.84	1.09	1.20	1.43	1.76	3.37	6.06
49	0.88	1.15	1.27	1.51	1.86	3.53	6.38
50	0.93	1.22	1.33	1.58	1.94	3.68	6.66
51	0.99	1.28	1.39	1.65	2.01	3.82	6.92
52	1.03	1.33	1.45	1.72	2.07	3.93	7.14
53	1.07	1.38	1.50	1.78	2.12	4.04	7.33
54	1.11	1.42	1.54	1.82	2.15	4.10	7.45
55	1.12	1.44	1.56	1.84	2.16	4.14	7.52
56	1.13	1.45	1.56	1.84	2.14	4.09	7.45
57	1.12	1.43	1.54	1.81	2.09	4.00	7.30
58	1.08	1.38	1.49	1.75	2.01	3.85	6.98
59	1.02	1.30	1.41	1.65	1.87	3.61	6.54
60	0.93	1.20	1.28	1.51	1.70	3.29	5.92
61	0.82	1.06	1.13	1.33	1.47	2.86	5.14
62	0.67	0.86	0.92	1.09	1.19	2.33	4.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.40	1.91	2.07	2.87	4.29	8.78	15.96
26	1.44	1.96	2.13	2.94	4.40	8.91	16.17
27	1.48	2.01	2.19	3.04	4.50	9.03	16.36
28	1.52	2.08	2.25	3.12	4.59	9.14	16.50
29	1.58	2.14	2.31	3.21	4.71	9.22	16.62
30	1.62	2.20	2.39	3.31	4.78	9.30	16.72
31	1.66	2.26	2.46	3.40	4.87	9.36	16.79
32	1.71	2.32	2.53	3.49	4.95	9.41	16.83
33	1.76	2.39	2.60	3.57	5.02	9.44	16.84
34	1.80	2.44	2.66	3.66	5.09	9.46	16.83
35	1.84	2.50	2.71	3.73	5.14	9.46	16.80
36	1.87	2.54	2.77	3.80	5.17	9.45	16.76
37	1.91	2.59	2.82	3.85	5.21	9.42	16.68
38	1.94	2.62	2.86	3.91	5.24	9.39	16.60
39	1.97	2.66	2.90	3.94	5.24	9.34	16.50
40	1.99	2.68	2.92	3.96	5.24	9.26	16.38
41	2.01	2.70	2.94	3.98	5.23	9.17	16.22
42	2.02	2.71	2.95	3.98	5.19	9.06	16.04
43	2.04	2.73	2.96	3.95	5.15	8.94	15.84
44	2.07	2.73	2.95	3.92	5.09	8.79	15.61
45	2.08	2.72	2.93	3.88	5.00	8.62	15.34
46	2.08	2.70	2.90	3.82	4.90	8.41	15.01
47	2.07	2.68	2.85	3.73	4.77	8.18	14.62
48	2.02	2.60	2.77	3.62	4.59	7.90	14.14
49	1.97	2.54	2.70	3.48	4.40	7.58	13.60
50	1.93	2.45	2.60	3.34	4.17	7.22	12.99
51	1.84	2.34	2.47	3.17	3.92	6.82	12.31
52	1.76	2.23	2.35	2.97	3.65	6.39	11.55
53	1.65	2.07	2.18	2.73	3.32	5.87	10.64
54	1.52	1.90	2.00	2.47	2.99	5.33	9.68
55	1.39	1.73	1.81	2.21	2.64	4.78	8.69
56	1.26	1.56	1.63	1.95	2.31	4.23	7.69
57	1.11	1.37	1.43	1.71	1.98	3.70	6.73
58	0.97	1.21	1.26	1.47	1.70	3.22	5.83
59	0.84	1.05	1.09	1.27	1.44	2.77	5.02
60	0.73	0.91	0.94	1.08	1.21	2.38	4.29
61	0.63	0.77	0.82	0.94	1.04	2.05	3.66
62	0.55	0.70	0.71	0.84	0.91	1.79	3.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.40	1.92	2.09	2.88	4.31	8.84	16.05
26	1.44	1.97	2.14	2.96	4.42	8.97	16.27
27	1.49	2.02	2.20	3.05	4.52	9.09	16.46
28	1.52	2.09	2.26	3.14	4.63	9.20	16.61
29	1.58	2.15	2.33	3.24	4.73	9.28	16.73
30	1.63	2.22	2.41	3.34	4.81	9.36	16.83
31	1.67	2.28	2.48	3.42	4.90	9.43	16.91
32	1.71	2.34	2.55	3.52	4.98	9.48	16.95
33	1.76	2.41	2.62	3.61	5.06	9.52	16.98
34	1.81	2.46	2.68	3.69	5.13	9.54	16.98
35	1.85	2.52	2.74	3.77	5.17	9.54	16.94
36	1.88	2.56	2.80	3.84	5.22	9.53	16.90
37	1.92	2.60	2.84	3.89	5.26	9.51	16.84
38	1.95	2.64	2.89	3.94	5.28	9.48	16.76
39	1.98	2.68	2.93	3.98	5.29	9.42	16.67
40	2.00	2.70	2.95	4.00	5.29	9.35	16.55
41	2.02	2.73	2.97	4.02	5.28	9.28	16.40
42	2.04	2.74	2.98	4.02	5.25	9.17	16.24
43	2.06	2.75	2.99	4.00	5.21	9.06	16.05
44	2.08	2.75	2.99	3.98	5.15	8.91	15.82
45	2.09	2.75	2.97	3.93	5.07	8.75	15.57
46	2.09	2.74	2.93	3.88	4.96	8.55	15.25
47	2.08	2.70	2.90	3.79	4.84	8.32	14.87
48	2.04	2.63	2.82	3.68	4.66	8.04	14.41
49	1.99	2.57	2.75	3.56	4.48	7.74	13.88
50	1.94	2.49	2.65	3.41	4.26	7.37	13.28
51	1.87	2.38	2.53	3.24	4.01	7.00	12.61
52	1.78	2.26	2.40	3.04	3.74	6.56	11.86
53	1.67	2.11	2.24	2.81	3.41	6.05	10.96
54	1.55	1.94	2.06	2.56	3.08	5.51	10.01
55	1.42	1.78	1.87	2.30	2.74	4.96	9.02
56	1.28	1.60	1.69	2.04	2.39	4.41	8.02
57	1.14	1.42	1.50	1.79	2.07	3.88	7.06
58	0.99	1.25	1.32	1.55	1.79	3.39	6.14
59	0.86	1.08	1.14	1.34	1.52	2.93	5.30
60	0.75	0.95	0.99	1.14	1.28	2.53	4.54
61	0.65	0.81	0.86	1.00	1.10	2.17	3.88
62	0.57	0.71	0.76	0.88	0.96	1.88	3.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.41	1.93	2.10	2.90	4.35	8.91	16.20
26	1.45	1.99	2.16	2.99	4.46	9.06	16.42
27	1.50	2.03	2.23	3.08	4.56	9.17	16.61
28	1.53	2.10	2.29	3.18	4.66	9.28	16.77
29	1.58	2.16	2.36	3.26	4.78	9.38	16.90
30	1.64	2.24	2.44	3.36	4.86	9.46	17.00
31	1.68	2.30	2.50	3.46	4.95	9.53	17.09
32	1.72	2.36	2.58	3.56	5.03	9.58	17.14
33	1.77	2.43	2.65	3.64	5.11	9.63	17.16
34	1.82	2.48	2.70	3.73	5.18	9.65	17.17
35	1.86	2.53	2.77	3.81	5.24	9.66	17.16
36	1.89	2.58	2.82	3.88	5.28	9.65	17.12
37	1.94	2.63	2.88	3.94	5.32	9.64	17.07
38	1.96	2.68	2.93	4.00	5.35	9.62	17.00
39	2.00	2.70	2.97	4.04	5.37	9.57	16.92
40	2.01	2.74	2.99	4.06	5.37	9.51	16.83
41	2.04	2.75	3.02	4.08	5.37	9.43	16.68
42	2.06	2.76	3.04	4.09	5.33	9.34	16.54
43	2.07	2.79	3.04	4.07	5.30	9.23	16.36
44	2.09	2.79	3.04	4.06	5.25	9.10	16.16
45	2.11	2.79	3.03	4.02	5.17	8.94	15.91
46	2.11	2.78	2.99	3.97	5.08	8.76	15.62
47	2.10	2.75	2.97	3.89	4.95	8.54	15.25
48	2.07	2.68	2.90	3.78	4.79	8.27	14.81
49	2.02	2.62	2.82	3.66	4.60	7.96	14.30
50	1.97	2.54	2.74	3.51	4.39	7.61	13.72
51	1.89	2.44	2.62	3.35	4.14	7.24	13.07
52	1.81	2.32	2.49	3.16	3.88	6.82	12.34
53	1.70	2.17	2.33	2.93	3.56	6.31	11.44
54	1.58	2.01	2.15	2.68	3.23	5.77	10.50
55	1.45	1.84	1.96	2.42	2.88	5.24	9.51
56	1.31	1.66	1.78	2.16	2.54	4.68	8.51
57	1.16	1.48	1.58	1.91	2.22	4.14	7.53
58	1.02	1.31	1.40	1.67	1.92	3.64	6.60
59	0.90	1.14	1.23	1.45	1.65	3.17	5.73
60	0.77	1.00	1.07	1.25	1.40	2.75	4.93
61	0.67	0.86	0.93	1.08	1.21	2.37	4.22
62	0.59	0.76	0.81	0.96	1.04	2.04	3.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.49	2.09	2.34	3.24	4.85	10.04	18.24
26	1.52	2.15	2.40	3.33	4.96	10.19	18.48
27	1.58	2.20	2.47	3.42	5.09	10.32	18.69
28	1.62	2.27	2.54	3.54	5.20	10.45	18.86
29	1.66	2.34	2.62	3.63	5.32	10.54	19.00
30	1.72	2.41	2.70	3.74	5.40	10.63	19.10
31	1.76	2.48	2.78	3.85	5.51	10.70	19.18
32	1.81	2.54	2.86	3.95	5.60	10.75	19.23
33	1.87	2.62	2.93	4.04	5.68	10.79	19.25
34	1.91	2.68	2.99	4.14	5.76	10.82	19.24
35	1.94	2.74	3.06	4.22	5.81	10.82	19.20
36	1.99	2.78	3.12	4.29	5.86	10.80	19.15
37	2.02	2.83	3.18	4.36	5.89	10.77	19.07
38	2.07	2.87	3.23	4.42	5.92	10.73	18.96
39	2.09	2.90	3.26	4.46	5.94	10.67	18.86
40	2.11	2.93	3.30	4.48	5.93	10.58	18.72
41	2.13	2.96	3.32	4.50	5.92	10.48	18.53
42	2.15	2.97	3.33	4.50	5.88	10.36	18.33
43	2.16	2.98	3.34	4.47	5.83	10.22	18.10
44	2.19	2.98	3.33	4.45	5.76	10.05	17.84
45	2.20	2.97	3.30	4.41	5.66	9.85	17.53
46	2.20	2.96	3.26	4.34	5.54	9.62	17.16
47	2.19	2.92	3.22	4.23	5.39	9.35	16.70
48	2.15	2.85	3.13	4.10	5.21	9.03	16.17
49	2.09	2.78	3.05	3.96	4.99	8.66	15.54
50	2.04	2.68	2.93	3.79	4.73	8.25	14.85
51	1.95	2.56	2.80	3.60	4.45	7.80	14.07
52	1.87	2.44	2.65	3.37	4.15	7.30	13.21
53	1.75	2.26	2.46	3.11	3.78	6.71	12.16
54	1.62	2.08	2.25	2.82	3.40	6.09	11.06
55	1.48	1.89	2.04	2.53	3.01	5.46	9.93
56	1.33	1.70	1.83	2.24	2.62	4.84	8.79
57	1.18	1.50	1.62	1.94	2.26	4.23	7.69
58	1.03	1.32	1.42	1.69	1.94	3.68	6.67
59	0.90	1.14	1.23	1.45	1.65	3.17	5.73
60	0.77	0.99	1.06	1.24	1.39	2.72	4.89
61	0.67	0.85	0.92	1.08	1.20	2.34	4.18
62	0.59	0.76	0.81	0.96	1.04	2.04	3.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.60	2.18	2.37	3.27	4.90	10.04	18.24
26	1.65	2.24	2.43	3.36	5.02	10.19	18.48
27	1.69	2.30	2.50	3.47	5.14	10.32	18.69
28	1.74	2.38	2.57	3.57	5.25	10.45	18.86
29	1.80	2.45	2.65	3.67	5.38	10.54	19.00
30	1.85	2.52	2.74	3.78	5.46	10.63	19.10
31	1.90	2.59	2.82	3.88	5.56	10.70	19.18
32	1.95	2.66	2.90	4.00	5.66	10.75	19.23
33	2.01	2.74	2.97	4.08	5.74	10.79	19.25
34	2.06	2.79	3.04	4.18	5.82	10.82	19.24
35	2.10	2.86	3.10	4.27	5.87	10.82	19.20
36	2.14	2.90	3.17	4.35	5.91	10.80	19.15
37	2.18	2.96	3.22	4.41	5.96	10.77	19.07
38	2.23	3.00	3.26	4.46	5.98	10.73	18.96
39	2.25	3.04	3.31	4.51	5.99	10.67	18.86
40	2.27	3.06	3.34	4.52	5.98	10.58	18.72
41	2.30	3.09	3.36	4.54	5.98	10.48	18.53
42	2.31	3.10	3.37	4.54	5.93	10.36	18.33
43	2.33	3.12	3.38	4.51	5.88	10.22	18.10
44	2.36	3.12	3.37	4.49	5.82	10.05	17.84
45	2.38	3.11	3.34	4.44	5.71	9.85	17.53
46	2.38	3.09	3.31	4.36	5.60	9.62	17.16
47	2.36	3.05	3.26	4.27	5.45	9.35	16.70
48	2.31	2.97	3.17	4.14	5.24	9.03	16.17
49	2.25	2.90	3.09	3.99	5.02	8.66	15.54
50	2.20	2.80	2.97	3.81	4.77	8.25	14.85
51	2.10	2.68	2.82	3.62	4.48	7.80	14.07
52	2.01	2.54	2.68	3.39	4.17	7.30	13.21
53	1.88	2.37	2.49	3.12	3.79	6.71	12.16
54	1.74	2.17	2.28	2.82	3.41	6.09	11.06
55	1.59	1.98	2.07	2.53	3.02	5.46	9.93
56	1.43	1.78	1.86	2.24	2.63	4.84	8.79
57	1.27	1.57	1.64	1.95	2.26	4.23	7.69
58	1.11	1.37	1.43	1.68	1.94	3.68	6.67
59	0.96	1.20	1.25	1.44	1.65	3.17	5.73
60	0.84	1.04	1.07	1.23	1.38	2.72	4.89
61	0.72	0.89	0.93	1.07	1.19	2.34	4.18
62	0.63	0.79	0.82	0.95	1.04	2.04	3.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.60	2.19	2.38	3.29	4.93	10.10	18.35
26	1.65	2.25	2.45	3.38	5.05	10.25	18.59
27	1.70	2.31	2.52	3.48	5.17	10.38	18.81
28	1.74	2.38	2.59	3.59	5.29	10.52	18.98
29	1.80	2.46	2.67	3.70	5.41	10.61	19.12
30	1.86	2.53	2.75	3.81	5.50	10.70	19.24
31	1.91	2.60	2.83	3.91	5.60	10.78	19.32
32	1.95	2.68	2.91	4.02	5.69	10.83	19.37
33	2.02	2.75	2.99	4.12	5.78	10.88	19.40
34	2.07	2.81	3.05	4.22	5.86	10.90	19.40
35	2.11	2.88	3.12	4.30	5.91	10.90	19.36
36	2.15	2.92	3.19	4.38	5.97	10.89	19.32
37	2.19	2.97	3.25	4.44	6.01	10.87	19.25
38	2.24	3.02	3.30	4.51	6.04	10.83	19.15
39	2.26	3.05	3.34	4.55	6.05	10.77	19.05
40	2.28	3.09	3.37	4.57	6.05	10.69	18.92
41	2.31	3.12	3.40	4.59	6.04	10.60	18.74
42	2.33	3.12	3.41	4.59	6.00	10.48	18.56
43	2.35	3.14	3.41	4.57	5.95	10.35	18.34
44	2.38	3.14	3.41	4.55	5.89	10.19	18.08
45	2.39	3.14	3.39	4.50	5.79	10.00	17.79
46	2.39	3.12	3.35	4.44	5.68	9.78	17.43
47	2.38	3.09	3.31	4.34	5.54	9.51	16.99
48	2.33	3.01	3.22	4.21	5.33	9.20	16.46
49	2.27	2.94	3.14	4.07	5.12	8.84	15.86
50	2.22	2.84	3.03	3.89	4.87	8.43	15.18
51	2.13	2.72	2.90	3.70	4.58	7.99	14.41
52	2.03	2.59	2.75	3.48	4.28	7.50	13.56
53	1.91	2.41	2.56	3.20	3.90	6.91	12.53
54	1.77	2.23	2.35	2.92	3.52	6.29	11.43
55	1.62	2.03	2.14	2.62	3.12	5.68	10.30
56	1.46	1.83	1.93	2.33	2.74	5.04	9.16
57	1.29	1.62	1.71	2.04	2.37	4.44	8.06
58	1.14	1.43	1.50	1.77	2.04	3.87	7.02
59	0.99	1.24	1.31	1.53	1.74	3.34	6.05
60	0.85	1.08	1.14	1.31	1.47	2.89	5.19
61	0.74	0.92	0.99	1.14	1.26	2.48	4.44
62	0.65	0.82	0.86	1.00	1.10	2.16	3.84

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.61	2.20	2.40	3.32	4.97	10.19	18.52
26	1.65	2.27	2.46	3.41	5.10	10.35	18.76
27	1.71	2.32	2.54	3.52	5.21	10.48	18.98
28	1.75	2.40	2.61	3.63	5.33	10.61	19.17
29	1.80	2.47	2.69	3.73	5.46	10.72	19.32
30	1.87	2.55	2.78	3.85	5.55	10.82	19.43
31	1.92	2.62	2.86	3.95	5.66	10.89	19.53
32	1.96	2.69	2.95	4.07	5.76	10.96	19.59
33	2.02	2.77	3.03	4.16	5.84	11.00	19.62
34	2.08	2.83	3.09	4.26	5.92	11.04	19.62
35	2.12	2.90	3.17	4.36	5.98	11.04	19.61
36	2.16	2.95	3.23	4.44	6.04	11.04	19.57
37	2.21	3.01	3.29	4.51	6.08	11.02	19.51
38	2.24	3.05	3.34	4.57	6.12	10.99	19.43
39	2.28	3.09	3.39	4.61	6.13	10.94	19.34
40	2.30	3.12	3.42	4.64	6.13	10.87	19.23
41	2.33	3.15	3.45	4.66	6.13	10.78	19.07
42	2.35	3.16	3.47	4.67	6.10	10.67	18.89
43	2.37	3.19	3.48	4.66	6.05	10.55	18.69
44	2.39	3.19	3.48	4.64	6.00	10.40	18.46
45	2.41	3.19	3.46	4.59	5.90	10.22	18.18
46	2.41	3.18	3.42	4.53	5.80	10.01	17.85
47	2.40	3.14	3.39	4.44	5.66	9.76	17.42
48	2.36	3.07	3.31	4.32	5.47	9.45	16.92
49	2.31	3.00	3.23	4.18	5.26	9.10	16.34
50	2.25	2.90	3.12	4.01	5.02	8.70	15.68
51	2.16	2.79	2.99	3.83	4.73	8.27	14.93
52	2.07	2.66	2.84	3.61	4.44	7.80	14.10
53	1.94	2.48	2.67	3.34	4.07	7.21	13.08
54	1.80	2.30	2.46	3.06	3.69	6.60	11.99
55	1.65	2.10	2.24	2.76	3.29	5.98	10.87
56	1.50	1.90	2.03	2.47	2.90	5.35	9.72
57	1.33	1.69	1.81	2.18	2.53	4.73	8.61
58	1.17	1.50	1.60	1.91	2.19	4.16	7.54
59	1.02	1.31	1.41	1.65	1.88	3.62	6.55
60	0.89	1.14	1.22	1.43	1.60	3.13	5.63
61	0.77	0.99	1.06	1.24	1.37	2.70	4.82
62	0.67	0.86	0.92	1.09	1.19	2.33	4.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.70	2.38	2.68	3.70	5.54	11.48	20.85
26	1.74	2.46	2.75	3.80	5.68	11.64	21.12
27	1.80	2.52	2.82	3.92	5.81	11.80	21.36
28	1.85	2.60	2.90	4.04	5.94	11.94	21.55
29	1.90	2.68	2.99	4.15	6.07	12.05	21.71
30	1.96	2.75	3.09	4.28	6.18	12.15	21.83
31	2.02	2.83	3.18	4.39	6.29	12.23	21.92
32	2.07	2.90	3.26	4.51	6.40	12.29	21.97
33	2.13	2.99	3.35	4.62	6.49	12.33	21.99
34	2.18	3.05	3.42	4.73	6.57	12.36	21.98
35	2.23	3.12	3.50	4.83	6.64	12.36	21.95
36	2.27	3.18	3.57	4.91	6.70	12.34	21.89
37	2.31	3.24	3.63	4.99	6.73	12.31	21.80
38	2.36	3.28	3.69	5.05	6.77	12.26	21.67
39	2.39	3.32	3.73	5.10	6.78	12.19	21.55
40	2.41	3.35	3.77	5.12	6.78	12.09	21.39
41	2.44	3.38	3.79	5.14	6.77	11.98	21.18
42	2.46	3.39	3.80	5.14	6.71	11.84	20.95
43	2.47	3.41	3.81	5.11	6.66	11.68	20.69
44	2.50	3.41	3.80	5.09	6.59	11.48	20.39
45	2.52	3.40	3.78	5.03	6.47	11.26	20.04
46	2.52	3.38	3.73	4.95	6.34	10.99	19.62
47	2.50	3.34	3.68	4.84	6.17	10.69	19.09
48	2.46	3.26	3.58	4.69	5.95	10.32	18.47
49	2.39	3.18	3.48	4.52	5.70	9.90	17.76
50	2.33	3.06	3.35	4.33	5.41	9.42	16.97
51	2.24	2.93	3.19	4.11	5.09	8.91	16.08
52	2.13	2.78	3.03	3.85	4.74	8.35	15.09
53	2.00	2.59	2.82	3.55	4.31	7.66	13.90
54	1.85	2.38	2.58	3.22	3.88	6.96	12.65
55	1.69	2.16	2.33	2.89	3.44	6.25	11.34
56	1.52	1.94	2.09	2.55	3.00	5.54	10.05
57	1.35	1.72	1.85	2.23	2.59	4.84	8.79
58	1.18	1.50	1.62	1.93	2.22	4.21	7.62
59	1.02	1.31	1.41	1.65	1.88	3.62	6.55
60	0.89	1.14	1.21	1.42	1.59	3.11	5.59
61	0.77	0.98	1.06	1.23	1.36	2.68	4.78
62	0.67	0.86	0.92	1.09	1.19	2.33	4.14

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.51	2.06	2.24	3.10	4.60	9.37	17.02
26	1.57	2.13	2.30	3.18	4.73	9.55	17.29
27	1.60	2.19	2.38	3.29	4.87	9.70	17.54
28	1.65	2.25	2.46	3.41	4.98	9.84	17.76
29	1.72	2.34	2.53	3.51	5.11	9.98	17.95
30	1.77	2.42	2.62	3.63	5.22	10.08	18.11
31	1.83	2.50	2.71	3.74	5.33	10.20	18.25
32	1.88	2.57	2.80	3.86	5.45	10.29	18.37
33	1.94	2.65	2.88	3.98	5.54	10.37	18.46
34	2.01	2.72	2.95	4.08	5.64	10.43	18.53
35	2.07	2.79	3.04	4.17	5.73	10.49	18.59
36	2.11	2.86	3.12	4.29	5.80	10.52	18.64
37	2.16	2.93	3.18	4.36	5.88	10.55	18.66
38	2.21	2.99	3.24	4.44	5.93	10.57	18.68
39	2.25	3.04	3.30	4.51	5.98	10.57	18.67
40	2.30	3.09	3.35	4.57	6.01	10.56	18.65
41	2.33	3.12	3.40	4.61	6.02	10.53	18.60
42	2.36	3.16	3.42	4.64	6.03	10.48	18.54
43	2.41	3.19	3.47	4.66	6.04	10.44	18.46
44	2.45	3.24	3.49	4.67	6.02	10.35	18.37
45	2.48	3.25	3.49	4.66	5.98	10.25	18.22
46	2.50	3.26	3.49	4.65	5.93	10.11	18.01
47	2.52	3.26	3.48	4.59	5.83	9.94	17.74
48	2.50	3.24	3.44	4.52	5.70	9.71	17.39
49	2.48	3.18	3.38	4.42	5.54	9.45	16.96
50	2.45	3.12	3.31	4.29	5.34	9.14	16.43
51	2.38	3.04	3.20	4.14	5.11	8.78	15.82
52	2.31	2.92	3.09	3.97	4.85	8.36	15.11
53	2.21	2.77	2.92	3.72	4.51	7.82	14.17
54	2.09	2.60	2.74	3.46	4.16	7.25	13.16
55	1.94	2.43	2.53	3.18	3.78	6.66	12.08
56	1.80	2.23	2.33	2.90	3.41	6.05	10.97
57	1.64	2.02	2.11	2.61	3.01	5.43	9.86
58	1.46	1.82	1.89	2.32	2.66	4.83	8.76
59	1.30	1.62	1.69	2.06	2.31	4.25	7.71
60	1.14	1.43	1.49	1.81	2.01	3.73	6.72
61	1.01	1.26	1.30	1.58	1.74	3.24	5.83
62	0.88	1.09	1.14	1.39	1.52	2.83	5.02

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.51	2.07	2.25	3.12	4.63	9.42	17.11
26	1.57	2.13	2.31	3.19	4.76	9.60	17.40
27	1.61	2.19	2.38	3.30	4.89	9.75	17.64
28	1.65	2.27	2.47	3.42	5.02	9.90	17.86
29	1.72	2.35	2.55	3.54	5.15	10.04	18.06
30	1.78	2.43	2.63	3.66	5.25	10.15	18.22
31	1.83	2.50	2.73	3.77	5.37	10.26	18.37
32	1.89	2.59	2.81	3.89	5.47	10.36	18.50
33	1.95	2.67	2.90	4.00	5.58	10.45	18.59
34	2.01	2.74	2.97	4.11	5.68	10.51	18.67
35	2.07	2.81	3.05	4.21	5.76	10.57	18.74
36	2.12	2.87	3.13	4.31	5.84	10.60	18.78
37	2.17	2.94	3.20	4.40	5.92	10.63	18.81
38	2.22	3.00	3.26	4.47	5.98	10.66	18.84
39	2.25	3.05	3.34	4.55	6.02	10.67	18.84
40	2.31	3.11	3.38	4.60	6.06	10.66	18.82
41	2.34	3.14	3.42	4.66	6.07	10.64	18.79
42	2.38	3.18	3.46	4.68	6.09	10.59	18.74
43	2.43	3.22	3.50	4.72	6.10	10.55	18.67
44	2.46	3.26	3.54	4.73	6.08	10.47	18.59
45	2.50	3.28	3.54	4.72	6.05	10.38	18.45
46	2.52	3.30	3.55	4.71	6.00	10.25	18.25
47	2.53	3.29	3.53	4.66	5.91	10.08	18.00
48	2.52	3.26	3.48	4.58	5.78	9.86	17.65
49	2.50	3.21	3.43	4.49	5.62	9.60	17.23
50	2.46	3.15	3.36	4.36	5.43	9.30	16.73
51	2.41	3.07	3.26	4.22	5.21	8.95	16.12
52	2.33	2.96	3.15	4.04	4.95	8.54	15.42
53	2.24	2.82	2.98	3.79	4.60	8.00	14.49
54	2.11	2.65	2.80	3.55	4.25	7.43	13.47
55	1.97	2.47	2.60	3.26	3.87	6.85	12.42
56	1.82	2.27	2.39	2.98	3.49	6.22	11.30
57	1.65	2.07	2.17	2.68	3.11	5.61	10.18
58	1.49	1.86	1.95	2.40	2.75	5.00	9.07
59	1.32	1.65	1.74	2.13	2.40	4.41	7.99
60	1.16	1.46	1.54	1.88	2.08	3.87	6.99
61	1.02	1.28	1.35	1.65	1.80	3.36	6.05
62	0.90	1.12	1.18	1.44	1.58	2.93	5.21

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.52	2.08	2.26	3.13	4.66	9.50	17.26
26	1.58	2.15	2.33	3.23	4.80	9.69	17.54
27	1.62	2.21	2.41	3.34	4.93	9.83	17.79
28	1.66	2.29	2.50	3.45	5.05	9.99	18.02
29	1.72	2.37	2.57	3.56	5.18	10.14	18.22
30	1.79	2.44	2.66	3.69	5.30	10.25	18.39
31	1.84	2.52	2.75	3.80	5.42	10.37	18.55
32	1.90	2.60	2.84	3.92	5.53	10.46	18.69
33	1.96	2.68	2.93	4.04	5.64	10.55	18.79
34	2.02	2.75	3.00	4.15	5.74	10.62	18.88
35	2.08	2.82	3.09	4.25	5.83	10.69	18.95
36	2.13	2.90	3.18	4.36	5.90	10.73	19.01
37	2.19	2.97	3.24	4.45	5.98	10.76	19.04
38	2.23	3.03	3.30	4.53	6.05	10.80	19.09
39	2.27	3.08	3.37	4.60	6.10	10.82	19.10
40	2.31	3.13	3.42	4.66	6.13	10.82	19.10
41	2.36	3.18	3.48	4.72	6.16	10.80	19.07
42	2.38	3.21	3.51	4.75	6.18	10.75	19.03
43	2.44	3.26	3.56	4.79	6.20	10.73	18.98
44	2.48	3.30	3.59	4.80	6.19	10.66	18.92
45	2.52	3.32	3.60	4.80	6.15	10.57	18.79
46	2.54	3.34	3.61	4.79	6.11	10.45	18.61
47	2.56	3.34	3.59	4.75	6.02	10.30	18.37
48	2.55	3.31	3.56	4.68	5.90	10.08	18.05
49	2.53	3.26	3.51	4.59	5.75	9.83	17.65
50	2.50	3.20	3.44	4.47	5.56	9.54	17.16
51	2.44	3.13	3.34	4.33	5.33	9.20	16.58
52	2.37	3.02	3.24	4.16	5.09	8.79	15.88
53	2.26	2.88	3.06	3.92	4.75	8.26	14.97
54	2.14	2.71	2.89	3.67	4.40	7.70	13.97
55	2.01	2.53	2.69	3.39	4.02	7.12	12.91
56	1.86	2.33	2.49	3.11	3.64	6.49	11.79
57	1.69	2.13	2.26	2.81	3.25	5.87	10.66
58	1.51	1.92	2.05	2.53	2.88	5.25	9.52
59	1.35	1.72	1.82	2.24	2.53	4.65	8.42
60	1.20	1.51	1.62	1.98	2.19	4.09	7.37
61	1.05	1.33	1.42	1.73	1.90	3.56	6.38
62	0.91	1.15	1.23	1.51	1.65	3.09	5.48

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.61	2.25	2.53	3.49	5.21	10.71	19.45
26	1.65	2.32	2.60	3.60	5.35	10.91	19.76
27	1.70	2.39	2.68	3.72	5.50	11.08	20.05
28	1.76	2.47	2.77	3.85	5.63	11.25	20.29
29	1.82	2.56	2.87	3.98	5.77	11.40	20.51
30	1.88	2.64	2.96	4.10	5.90	11.53	20.70
31	1.94	2.73	3.05	4.23	6.04	11.65	20.86
32	2.01	2.81	3.16	4.36	6.15	11.76	21.00
33	2.07	2.90	3.25	4.50	6.27	11.84	21.10
34	2.13	2.97	3.34	4.61	6.38	11.92	21.18
35	2.19	3.05	3.42	4.72	6.48	11.99	21.25
36	2.24	3.12	3.51	4.84	6.56	12.02	21.30
37	2.30	3.20	3.59	4.94	6.64	12.06	21.32
38	2.34	3.26	3.66	5.02	6.71	12.07	21.35
39	2.38	3.32	3.73	5.10	6.76	12.08	21.34
40	2.44	3.37	3.78	5.17	6.80	12.06	21.31
41	2.47	3.41	3.84	5.22	6.81	12.04	21.26
42	2.50	3.45	3.87	5.25	6.82	11.98	21.19
43	2.56	3.49	3.92	5.28	6.83	11.92	21.10
44	2.60	3.54	3.94	5.30	6.81	11.83	21.00
45	2.63	3.56	3.95	5.29	6.78	11.71	20.82
46	2.66	3.57	3.95	5.26	6.71	11.55	20.58
47	2.68	3.56	3.92	5.21	6.61	11.36	20.28
48	2.66	3.54	3.89	5.12	6.47	11.10	19.87
49	2.63	3.48	3.82	5.02	6.27	10.80	19.38
50	2.60	3.41	3.73	4.88	6.06	10.45	18.78
51	2.53	3.32	3.62	4.70	5.80	10.03	18.08
52	2.46	3.19	3.48	4.50	5.51	9.56	17.27
53	2.34	3.04	3.30	4.22	5.12	8.94	16.19
54	2.21	2.85	3.09	3.93	4.72	8.29	15.03
55	2.07	2.65	2.87	3.62	4.29	7.61	13.81
56	1.91	2.44	2.63	3.30	3.87	6.91	12.54
57	1.73	2.22	2.38	2.97	3.43	6.20	11.26
58	1.56	1.99	2.14	2.66	3.03	5.52	10.01
59	1.38	1.77	1.90	2.34	2.64	4.86	8.81
60	1.21	1.57	1.68	2.07	2.29	4.26	7.68
61	1.07	1.37	1.47	1.81	1.98	3.70	6.65
62	0.93	1.20	1.28	1.58	1.73	3.24	5.75

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.73	2.35	2.56	3.54	5.26	10.71	19.45
26	1.79	2.43	2.62	3.63	5.41	10.91	19.76
27	1.83	2.50	2.71	3.76	5.56	11.08	20.05
28	1.89	2.58	2.81	3.89	5.69	11.25	20.29
29	1.96	2.68	2.90	4.01	5.84	11.40	20.51
30	2.02	2.76	2.99	4.15	5.97	11.53	20.70
31	2.09	2.85	3.10	4.28	6.10	11.65	20.86
32	2.16	2.94	3.19	4.42	6.22	11.76	21.00
33	2.23	3.03	3.29	4.54	6.34	11.84	21.10
34	2.29	3.11	3.37	4.66	6.45	11.92	21.18
35	2.36	3.19	3.47	4.77	6.55	11.99	21.25
36	2.41	3.26	3.56	4.89	6.63	12.02	21.30
37	2.47	3.34	3.63	4.99	6.71	12.06	21.32
38	2.53	3.41	3.70	5.07	6.78	12.07	21.35
39	2.57	3.47	3.78	5.16	6.83	12.08	21.34
40	2.62	3.53	3.83	5.22	6.86	12.06	21.31
41	2.67	3.56	3.88	5.27	6.88	12.04	21.26
42	2.69	3.61	3.92	5.30	6.89	11.98	21.19
43	2.75	3.65	3.96	5.33	6.90	11.92	21.10
44	2.80	3.70	4.00	5.34	6.88	11.83	21.00
45	2.83	3.71	4.00	5.33	6.84	11.71	20.82
46	2.86	3.73	4.00	5.31	6.78	11.55	20.58
47	2.88	3.72	3.98	5.25	6.67	11.36	20.28
48	2.86	3.70	3.93	5.17	6.52	11.10	19.87
49	2.83	3.63	3.86	5.05	6.33	10.80	19.38
50	2.80	3.56	3.78	4.91	6.11	10.45	18.78
51	2.73	3.47	3.66	4.73	5.84	10.03	18.08
52	2.65	3.34	3.53	4.53	5.54	9.56	17.27
53	2.53	3.17	3.34	4.25	5.16	8.94	16.19
54	2.38	2.97	3.12	3.95	4.75	8.29	15.03
55	2.23	2.77	2.90	3.63	4.32	7.61	13.81
56	2.06	2.54	2.67	3.31	3.89	6.91	12.54
57	1.87	2.31	2.41	2.98	3.44	6.20	11.26
58	1.67	2.08	2.16	2.66	3.04	5.52	10.01
59	1.49	1.85	1.93	2.35	2.65	4.86	8.81
60	1.31	1.64	1.70	2.07	2.29	4.26	7.68
61	1.15	1.43	1.49	1.81	1.99	3.70	6.65
62	1.00	1.25	1.30	1.59	1.74	3.24	5.75

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.73	2.36	2.57	3.56	5.29	10.77	19.55
26	1.79	2.44	2.64	3.65	5.44	10.97	19.88
27	1.84	2.51	2.73	3.78	5.59	11.14	20.16
28	1.89	2.60	2.82	3.91	5.73	11.32	20.42
29	1.96	2.68	2.91	4.04	5.88	11.48	20.64
30	2.03	2.77	3.01	4.18	6.00	11.60	20.83
31	2.09	2.86	3.12	4.30	6.13	11.73	21.00
32	2.16	2.96	3.21	4.44	6.26	11.84	21.14
33	2.24	3.04	3.31	4.58	6.38	11.93	21.25
34	2.30	3.12	3.40	4.70	6.49	12.00	21.34
35	2.37	3.20	3.49	4.80	6.59	12.07	21.41
36	2.42	3.28	3.58	4.93	6.68	12.12	21.46
37	2.48	3.36	3.66	5.02	6.77	12.15	21.50
38	2.53	3.43	3.73	5.11	6.83	12.18	21.53
39	2.58	3.48	3.81	5.20	6.88	12.19	21.53
40	2.63	3.55	3.86	5.26	6.93	12.18	21.52
41	2.68	3.59	3.92	5.32	6.94	12.16	21.47
42	2.71	3.63	3.95	5.35	6.96	12.10	21.42
43	2.77	3.68	4.00	5.39	6.97	12.06	21.34
44	2.82	3.72	4.04	5.40	6.95	11.97	21.24
45	2.85	3.75	4.04	5.39	6.92	11.86	21.08
46	2.88	3.77	4.05	5.38	6.86	11.71	20.86
47	2.90	3.76	4.03	5.32	6.76	11.52	20.57
48	2.88	3.73	3.99	5.24	6.61	11.26	20.17
49	2.85	3.67	3.92	5.13	6.42	10.97	19.69
50	2.82	3.60	3.85	4.99	6.20	10.63	19.11
51	2.75	3.51	3.72	4.82	5.95	10.23	18.43
52	2.67	3.38	3.60	4.62	5.65	9.75	17.62
53	2.55	3.22	3.41	4.34	5.26	9.14	16.56
54	2.41	3.03	3.19	4.05	4.86	8.49	15.40
55	2.25	2.82	2.97	3.73	4.43	7.82	14.19
56	2.09	2.60	2.74	3.41	4.00	7.11	12.91
57	1.89	2.37	2.48	3.07	3.55	6.41	11.63
58	1.70	2.12	2.24	2.75	3.14	5.71	10.37
59	1.50	1.89	1.99	2.44	2.75	5.03	9.13
60	1.33	1.67	1.76	2.15	2.38	4.43	7.98
61	1.17	1.47	1.54	1.88	2.06	3.85	6.91
62	1.02	1.28	1.35	1.65	1.80	3.35	5.96

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.74	2.38	2.59	3.58	5.33	10.86	19.72
26	1.80	2.46	2.67	3.69	5.48	11.07	20.05
27	1.85	2.53	2.75	3.81	5.63	11.24	20.34
28	1.90	2.61	2.85	3.94	5.77	11.41	20.60
29	1.97	2.70	2.94	4.07	5.92	11.58	20.83
30	2.04	2.79	3.04	4.22	6.05	11.71	21.02
31	2.10	2.88	3.14	4.35	6.20	11.84	21.20
32	2.17	2.97	3.25	4.49	6.32	11.96	21.36
33	2.24	3.06	3.34	4.62	6.44	12.06	21.47
34	2.31	3.14	3.43	4.74	6.56	12.14	21.57
35	2.38	3.23	3.53	4.86	6.66	12.21	21.66
36	2.44	3.31	3.63	4.98	6.75	12.26	21.72
37	2.50	3.40	3.70	5.09	6.84	12.30	21.76
38	2.54	3.46	3.78	5.17	6.91	12.34	21.82
39	2.60	3.52	3.85	5.26	6.97	12.36	21.82
40	2.65	3.58	3.92	5.33	7.01	12.36	21.82
41	2.69	3.63	3.97	5.39	7.04	12.34	21.80
42	2.73	3.67	4.01	5.43	7.06	12.29	21.75
43	2.79	3.72	4.07	5.47	7.08	12.26	21.69
44	2.83	3.77	4.10	5.49	7.07	12.18	21.62
45	2.88	3.79	4.11	5.49	7.03	12.08	21.47
46	2.90	3.82	4.12	5.47	6.98	11.94	21.27
47	2.92	3.81	4.10	5.43	6.88	11.77	21.00
48	2.91	3.78	4.07	5.35	6.75	11.52	20.63
49	2.89	3.73	4.01	5.24	6.56	11.24	20.18
50	2.85	3.66	3.93	5.11	6.35	10.90	19.62
51	2.79	3.58	3.82	4.95	6.10	10.51	18.95
52	2.70	3.45	3.70	4.75	5.81	10.05	18.15
53	2.59	3.29	3.50	4.48	5.43	9.44	17.11
54	2.45	3.10	3.30	4.19	5.02	8.80	15.96
55	2.29	2.90	3.08	3.87	4.59	8.13	14.75
56	2.12	2.67	2.84	3.55	4.16	7.42	13.47
57	1.93	2.44	2.59	3.21	3.71	6.71	12.18
58	1.73	2.19	2.34	2.89	3.29	6.00	10.89
59	1.54	1.96	2.09	2.56	2.89	5.31	9.63
60	1.36	1.73	1.85	2.26	2.51	4.67	8.42
61	1.20	1.52	1.62	1.98	2.17	4.07	7.30
62	1.04	1.32	1.41	1.73	1.89	3.53	6.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.84	2.57	2.89	4.00	5.95	12.24	22.23
26	1.89	2.66	2.97	4.11	6.12	12.47	22.59
27	1.94	2.74	3.06	4.25	6.28	12.66	22.91
28	2.01	2.82	3.17	4.39	6.43	12.86	23.19
29	2.08	2.92	3.27	4.54	6.60	13.03	23.44
30	2.15	3.02	3.38	4.69	6.75	13.17	23.65
31	2.22	3.12	3.49	4.84	6.90	13.31	23.84
32	2.29	3.21	3.61	4.99	7.03	13.44	24.00
33	2.36	3.31	3.71	5.14	7.17	13.53	24.12
34	2.43	3.40	3.81	5.27	7.29	13.61	24.21
35	2.50	3.48	3.92	5.39	7.40	13.70	24.29
36	2.56	3.57	4.01	5.53	7.50	13.74	24.34
37	2.62	3.66	4.10	5.64	7.59	13.78	24.37
38	2.68	3.73	4.18	5.74	7.66	13.80	24.40
39	2.73	3.79	4.26	5.83	7.73	13.81	24.38
40	2.78	3.85	4.32	5.90	7.77	13.79	24.36
41	2.82	3.90	4.38	5.97	7.79	13.75	24.30
42	2.86	3.94	4.43	6.00	7.80	13.68	24.22
43	2.92	4.00	4.47	6.04	7.81	13.63	24.12
44	2.97	4.04	4.51	6.05	7.79	13.52	24.00
45	3.01	4.07	4.51	6.05	7.74	13.38	23.80
46	3.04	4.08	4.51	6.01	7.67	13.21	23.52
47	3.05	4.07	4.49	5.96	7.55	12.98	23.17
48	3.04	4.04	4.44	5.85	7.39	12.68	22.71
49	3.01	3.98	4.36	5.73	7.17	12.34	22.15
50	2.97	3.89	4.27	5.57	6.93	11.94	21.46
51	2.90	3.79	4.14	5.37	6.63	11.47	20.67
52	2.81	3.65	3.99	5.14	6.29	10.92	19.73
53	2.68	3.47	3.77	4.83	5.85	10.22	18.51
54	2.53	3.26	3.53	4.50	5.39	9.48	17.18
55	2.36	3.03	3.27	4.14	4.91	8.70	15.78
56	2.18	2.78	3.01	3.77	4.43	7.89	14.34
57	1.98	2.53	2.72	3.40	3.92	7.09	12.87
58	1.78	2.27	2.45	3.04	3.46	6.31	11.45
59	1.58	2.02	2.17	2.68	3.02	5.55	10.07
60	1.39	1.79	1.92	2.36	2.61	4.87	8.78
61	1.22	1.57	1.68	2.07	2.26	4.23	7.60
62	1.06	1.36	1.47	1.81	1.98	3.70	6.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.20	0.26	0.28	0.35	0.49	1.14	2.06
26	0.20	0.28	0.30	0.36	0.52	1.18	2.14
27	0.22	0.29	0.33	0.39	0.55	1.23	2.23
28	0.24	0.31	0.33	0.41	0.58	1.28	2.31
29	0.26	0.33	0.36	0.44	0.61	1.34	2.41
30	0.27	0.36	0.39	0.46	0.64	1.39	2.50
31	0.29	0.38	0.40	0.49	0.68	1.45	2.61
32	0.31	0.40	0.44	0.52	0.72	1.52	2.72
33	0.33	0.44	0.47	0.56	0.76	1.58	2.83
34	0.34	0.46	0.50	0.60	0.80	1.65	2.96
35	0.36	0.48	0.52	0.63	0.84	1.72	3.09
36	0.40	0.52	0.56	0.67	0.89	1.81	3.22
37	0.42	0.55	0.60	0.72	0.93	1.89	3.37
38	0.45	0.59	0.63	0.76	0.99	1.99	3.53
39	0.47	0.62	0.68	0.81	1.05	2.09	3.70
40	0.50	0.66	0.71	0.85	1.10	2.18	3.87
41	0.53	0.70	0.77	0.92	1.15	2.29	4.07
42	0.57	0.74	0.82	0.96	1.21	2.39	4.28
43	0.61	0.79	0.86	1.01	1.29	2.52	4.50
44	0.66	0.84	0.92	1.08	1.36	2.65	4.73
45	0.70	0.90	0.97	1.15	1.43	2.77	4.96
46	0.75	0.96	1.02	1.21	1.50	2.90	5.21
47	0.79	1.01	1.08	1.27	1.58	3.04	5.47
48	0.84	1.07	1.15	1.35	1.67	3.20	5.76
49	0.91	1.14	1.21	1.43	1.74	3.35	6.05
50	0.96	1.21	1.28	1.49	1.83	3.49	6.31
51	0.99	1.27	1.33	1.56	1.89	3.63	6.56
52	1.06	1.31	1.39	1.63	1.94	3.73	6.77
53	1.10	1.36	1.44	1.67	2.00	3.83	6.94
54	1.13	1.40	1.47	1.71	2.02	3.88	7.05
55	1.14	1.42	1.50	1.73	2.02	3.90	7.09
56	1.14	1.43	1.49	1.73	2.02	3.86	7.03
57	1.13	1.40	1.47	1.70	1.96	3.78	6.86
58	1.09	1.36	1.42	1.63	1.87	3.62	6.57
59	1.03	1.28	1.33	1.55	1.74	3.39	6.13
60	0.94	1.16	1.22	1.41	1.58	3.07	5.55
61	0.83	1.02	1.07	1.23	1.36	2.67	4.80
62	0.68	0.84	0.87	1.00	1.10	2.16	3.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.20	0.27	0.30	0.36	0.52	1.20	2.18
26	0.21	0.29	0.32	0.39	0.55	1.24	2.26
27	0.23	0.31	0.34	0.41	0.59	1.30	2.35
28	0.25	0.33	0.35	0.44	0.61	1.36	2.45
29	0.26	0.35	0.38	0.47	0.64	1.42	2.54
30	0.28	0.37	0.40	0.49	0.68	1.47	2.65
31	0.30	0.40	0.43	0.52	0.72	1.53	2.76
32	0.32	0.41	0.46	0.55	0.76	1.61	2.88
33	0.33	0.45	0.49	0.60	0.80	1.68	2.99
34	0.35	0.48	0.52	0.62	0.84	1.75	3.12
35	0.37	0.50	0.55	0.68	0.89	1.82	3.26
36	0.40	0.53	0.60	0.70	0.94	1.92	3.41
37	0.43	0.57	0.62	0.76	0.99	2.01	3.56
38	0.46	0.61	0.67	0.81	1.05	2.10	3.74
39	0.48	0.64	0.70	0.85	1.11	2.20	3.92
40	0.52	0.68	0.76	0.91	1.16	2.31	4.09
41	0.55	0.73	0.81	0.97	1.23	2.42	4.30
42	0.59	0.77	0.85	1.01	1.28	2.53	4.52
43	0.62	0.83	0.92	1.07	1.37	2.66	4.75
44	0.68	0.88	0.96	1.15	1.44	2.80	5.00
45	0.71	0.92	1.01	1.21	1.52	2.93	5.25
46	0.76	0.99	1.07	1.28	1.59	3.07	5.51
47	0.81	1.06	1.14	1.35	1.68	3.21	5.79
48	0.86	1.12	1.22	1.43	1.77	3.38	6.09
49	0.92	1.19	1.28	1.51	1.85	3.54	6.40
50	0.99	1.26	1.35	1.58	1.94	3.69	6.68
51	1.02	1.31	1.40	1.65	2.01	3.84	6.93
52	1.07	1.36	1.46	1.72	2.06	3.94	7.15
53	1.13	1.41	1.51	1.77	2.11	4.05	7.34
54	1.15	1.46	1.55	1.81	2.14	4.10	7.45
55	1.17	1.47	1.58	1.84	2.15	4.12	7.49
56	1.17	1.48	1.57	1.84	2.13	4.08	7.44
57	1.15	1.46	1.55	1.80	2.08	4.00	7.25
58	1.12	1.41	1.49	1.72	1.98	3.83	6.95
59	1.06	1.32	1.40	1.64	1.85	3.58	6.48
60	0.97	1.21	1.28	1.49	1.68	3.25	5.87
61	0.84	1.06	1.13	1.31	1.44	2.82	5.08
62	0.69	0.87	0.92	1.07	1.16	2.29	4.07

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.21	0.28	0.33	0.40	0.56	1.29	2.35
26	0.22	0.31	0.34	0.42	0.60	1.35	2.45
27	0.24	0.33	0.36	0.44	0.63	1.40	2.54
28	0.26	0.34	0.38	0.48	0.67	1.47	2.65
29	0.27	0.36	0.41	0.51	0.70	1.53	2.75
30	0.28	0.39	0.44	0.53	0.74	1.59	2.86
31	0.31	0.42	0.46	0.56	0.78	1.65	2.98
32	0.33	0.44	0.49	0.60	0.83	1.73	3.11
33	0.34	0.48	0.53	0.64	0.86	1.81	3.24
34	0.36	0.50	0.56	0.68	0.92	1.89	3.37
35	0.39	0.53	0.60	0.73	0.97	1.97	3.53
36	0.42	0.56	0.63	0.77	1.02	2.08	3.69
37	0.44	0.60	0.68	0.83	1.07	2.16	3.85
38	0.48	0.64	0.71	0.87	1.14	2.27	4.04
39	0.50	0.68	0.76	0.92	1.20	2.38	4.23
40	0.53	0.72	0.81	0.99	1.26	2.49	4.43
41	0.56	0.77	0.86	1.05	1.33	2.61	4.65
42	0.60	0.81	0.92	1.10	1.39	2.74	4.88
43	0.65	0.86	0.98	1.16	1.48	2.88	5.14
44	0.70	0.92	1.03	1.24	1.56	3.03	5.40
45	0.74	0.99	1.09	1.31	1.65	3.17	5.68
46	0.79	1.05	1.15	1.39	1.72	3.32	5.96
47	0.84	1.11	1.23	1.46	1.82	3.48	6.26
48	0.90	1.18	1.31	1.55	1.92	3.66	6.58
49	0.96	1.25	1.37	1.64	2.01	3.83	6.92
50	1.01	1.32	1.45	1.71	2.10	4.00	7.22
51	1.06	1.39	1.50	1.79	2.17	4.14	7.50
52	1.12	1.43	1.57	1.87	2.24	4.26	7.73
53	1.16	1.49	1.63	1.92	2.29	4.37	7.94
54	1.20	1.54	1.66	1.96	2.32	4.44	8.05
55	1.21	1.55	1.69	1.99	2.33	4.45	8.10
56	1.21	1.56	1.68	1.99	2.31	4.42	8.04
57	1.20	1.54	1.65	1.94	2.25	4.32	7.84
58	1.15	1.49	1.60	1.87	2.15	4.14	7.52
59	1.09	1.39	1.50	1.78	2.01	3.87	7.01
60	0.99	1.28	1.38	1.62	1.81	3.51	6.34
61	0.87	1.12	1.21	1.42	1.56	3.05	5.49
62	0.71	0.92	0.99	1.15	1.27	2.47	4.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.22	0.29	0.32	0.39	0.55	1.26	2.29
26	0.23	0.32	0.33	0.40	0.58	1.31	2.38
27	0.25	0.33	0.36	0.43	0.62	1.36	2.47
28	0.26	0.34	0.37	0.46	0.64	1.43	2.57
29	0.28	0.37	0.40	0.49	0.68	1.49	2.68
30	0.30	0.40	0.43	0.51	0.71	1.55	2.78
31	0.33	0.42	0.45	0.55	0.76	1.61	2.90
32	0.34	0.44	0.48	0.58	0.80	1.69	3.02
33	0.36	0.48	0.52	0.62	0.84	1.76	3.15
34	0.38	0.51	0.55	0.66	0.89	1.84	3.28
35	0.40	0.54	0.58	0.70	0.93	1.92	3.43
36	0.44	0.57	0.62	0.74	0.99	2.02	3.58
37	0.47	0.62	0.66	0.80	1.04	2.10	3.75
38	0.50	0.65	0.70	0.84	1.10	2.21	3.92
39	0.52	0.69	0.75	0.90	1.16	2.31	4.11
40	0.55	0.73	0.79	0.95	1.22	2.42	4.30
41	0.59	0.78	0.85	1.01	1.28	2.54	4.52
42	0.63	0.82	0.91	1.06	1.35	2.66	4.75
43	0.68	0.88	0.96	1.13	1.43	2.80	5.00
44	0.73	0.94	1.01	1.21	1.51	2.94	5.25
45	0.77	0.99	1.07	1.28	1.59	3.08	5.52
46	0.83	1.06	1.14	1.35	1.67	3.23	5.79
47	0.88	1.13	1.21	1.41	1.76	3.38	6.08
48	0.94	1.20	1.28	1.50	1.86	3.56	6.40
49	1.00	1.27	1.35	1.58	1.94	3.72	6.72
50	1.06	1.35	1.43	1.65	2.03	3.88	7.01
51	1.11	1.41	1.48	1.73	2.10	4.03	7.30
52	1.17	1.45	1.54	1.80	2.16	4.14	7.52
53	1.22	1.51	1.60	1.86	2.22	4.25	7.72
54	1.25	1.56	1.64	1.90	2.24	4.31	7.83
55	1.27	1.58	1.66	1.93	2.25	4.33	7.88
56	1.27	1.58	1.65	1.93	2.24	4.29	7.81
57	1.25	1.56	1.63	1.88	2.18	4.20	7.62
58	1.21	1.51	1.58	1.81	2.08	4.02	7.30
59	1.14	1.42	1.48	1.72	1.94	3.77	6.81
60	1.05	1.29	1.36	1.57	1.76	3.41	6.17
61	0.92	1.14	1.19	1.37	1.51	2.97	5.33
62	0.75	0.93	0.97	1.12	1.22	2.40	4.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.23	0.30	0.33	0.40	0.58	1.33	2.42
26	0.24	0.33	0.35	0.43	0.62	1.38	2.52
27	0.26	0.34	0.38	0.46	0.65	1.44	2.61
28	0.27	0.36	0.39	0.48	0.68	1.50	2.72
29	0.29	0.39	0.42	0.52	0.71	1.58	2.82
30	0.31	0.41	0.45	0.55	0.76	1.64	2.94
31	0.33	0.44	0.48	0.58	0.80	1.70	3.07
32	0.35	0.46	0.51	0.62	0.84	1.79	3.19
33	0.37	0.50	0.55	0.66	0.89	1.87	3.33
34	0.39	0.53	0.58	0.70	0.94	1.94	3.47
35	0.41	0.55	0.62	0.75	0.99	2.02	3.63
36	0.45	0.59	0.66	0.78	1.05	2.13	3.78
37	0.48	0.63	0.70	0.84	1.10	2.23	3.96
38	0.51	0.68	0.74	0.90	1.16	2.33	4.15
39	0.54	0.71	0.78	0.95	1.23	2.45	4.35
40	0.57	0.76	0.84	1.00	1.29	2.56	4.55
41	0.61	0.81	0.90	1.07	1.36	2.68	4.78
42	0.65	0.85	0.95	1.13	1.43	2.81	5.02
43	0.70	0.92	1.01	1.20	1.52	2.96	5.28
44	0.75	0.98	1.06	1.28	1.60	3.11	5.55
45	0.79	1.03	1.13	1.35	1.69	3.26	5.83
46	0.84	1.10	1.20	1.43	1.77	3.41	6.12
47	0.90	1.17	1.27	1.50	1.87	3.57	6.43
48	0.96	1.24	1.36	1.58	1.96	3.76	6.77
49	1.03	1.32	1.42	1.68	2.05	3.93	7.11
50	1.09	1.40	1.50	1.75	2.16	4.10	7.42
51	1.14	1.46	1.56	1.84	2.23	4.26	7.71
52	1.20	1.50	1.62	1.91	2.29	4.38	7.95
53	1.25	1.57	1.68	1.96	2.35	4.50	8.16
54	1.28	1.62	1.72	2.02	2.38	4.56	8.28
55	1.30	1.64	1.75	2.04	2.38	4.58	8.32
56	1.30	1.65	1.74	2.04	2.37	4.54	8.26
57	1.28	1.62	1.72	2.00	2.31	4.44	8.06
58	1.24	1.57	1.65	1.92	2.20	4.25	7.73
59	1.17	1.47	1.56	1.82	2.05	3.98	7.20
60	1.07	1.35	1.43	1.65	1.87	3.61	6.52
61	0.93	1.18	1.25	1.45	1.60	3.13	5.64
62	0.77	0.97	1.02	1.19	1.29	2.54	4.52

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.24	0.32	0.36	0.44	0.62	1.43	2.61
26	0.25	0.34	0.38	0.47	0.67	1.50	2.72
27	0.26	0.36	0.40	0.49	0.70	1.56	2.82
28	0.28	0.38	0.42	0.53	0.74	1.63	2.94
29	0.30	0.40	0.46	0.56	0.77	1.70	3.05
30	0.32	0.43	0.48	0.59	0.82	1.77	3.18
31	0.34	0.47	0.51	0.62	0.87	1.84	3.32
32	0.36	0.48	0.55	0.67	0.92	1.93	3.45
33	0.38	0.53	0.59	0.71	0.96	2.02	3.60
34	0.40	0.55	0.62	0.76	1.02	2.10	3.75
35	0.43	0.59	0.66	0.81	1.07	2.19	3.92
36	0.47	0.62	0.70	0.85	1.14	2.31	4.09
37	0.49	0.67	0.75	0.92	1.19	2.40	4.29
38	0.53	0.71	0.79	0.97	1.26	2.53	4.49
39	0.55	0.75	0.84	1.03	1.33	2.65	4.70
40	0.59	0.80	0.90	1.09	1.40	2.76	4.92
41	0.62	0.85	0.96	1.16	1.48	2.90	5.17
42	0.67	0.90	1.02	1.22	1.55	3.04	5.43
43	0.72	0.96	1.08	1.29	1.65	3.19	5.71
44	0.77	1.03	1.14	1.38	1.73	3.36	6.00
45	0.82	1.09	1.21	1.46	1.83	3.52	6.31
46	0.88	1.16	1.28	1.54	1.92	3.69	6.62
47	0.93	1.23	1.36	1.62	2.02	3.86	6.95
48	0.99	1.31	1.45	1.72	2.13	4.07	7.31
49	1.06	1.39	1.52	1.82	2.23	4.25	7.68
50	1.13	1.47	1.61	1.90	2.33	4.44	8.02
51	1.18	1.54	1.67	1.99	2.41	4.60	8.33
52	1.24	1.59	1.74	2.07	2.48	4.73	8.59
53	1.29	1.65	1.80	2.13	2.54	4.86	8.82
54	1.33	1.71	1.85	2.18	2.58	4.93	8.95
55	1.35	1.72	1.87	2.21	2.59	4.95	9.00
56	1.35	1.73	1.87	2.21	2.56	4.91	8.93
57	1.33	1.71	1.84	2.16	2.50	4.80	8.71
58	1.28	1.65	1.78	2.09	2.38	4.59	8.35
59	1.21	1.55	1.67	1.97	2.23	4.30	7.79
60	1.11	1.42	1.53	1.80	2.02	3.90	7.05
61	0.97	1.24	1.34	1.58	1.73	3.39	6.10
62	0.79	1.02	1.09	1.28	1.41	2.75	4.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.09	2.85	3.10	4.29	6.46	13.26	24.11
26	2.13	2.90	3.15	4.37	6.56	13.36	24.25
27	2.17	2.97	3.22	4.48	6.67	13.44	24.33
28	2.22	3.03	3.28	4.57	6.77	13.47	24.36
29	2.27	3.10	3.37	4.67	6.86	13.50	24.34
30	2.31	3.17	3.44	4.78	6.94	13.50	24.29
31	2.37	3.24	3.51	4.88	7.00	13.49	24.18
32	2.41	3.30	3.57	4.97	7.07	13.44	24.04
33	2.46	3.36	3.64	5.06	7.11	13.38	23.87
34	2.51	3.41	3.70	5.13	7.15	13.29	23.66
35	2.54	3.46	3.77	5.19	7.16	13.19	23.43
36	2.57	3.50	3.81	5.25	7.16	13.08	23.17
37	2.61	3.54	3.85	5.29	7.16	12.93	22.89
38	2.63	3.56	3.87	5.32	7.15	12.78	22.60
39	2.65	3.57	3.89	5.32	7.11	12.60	22.28
40	2.66	3.58	3.90	5.32	7.05	12.41	21.93
41	2.66	3.58	3.90	5.29	6.96	12.20	21.57
42	2.66	3.56	3.87	5.25	6.87	11.96	21.16
43	2.67	3.56	3.86	5.19	6.76	11.70	20.74
44	2.67	3.54	3.82	5.11	6.63	11.43	20.28
45	2.66	3.50	3.77	5.02	6.47	11.11	19.76
46	2.65	3.46	3.70	4.91	6.29	10.78	19.19
47	2.61	3.38	3.62	4.75	6.06	10.40	18.56
48	2.54	3.28	3.50	4.58	5.81	9.95	17.81
49	2.47	3.17	3.37	4.36	5.51	9.47	16.99
50	2.38	3.04	3.22	4.14	5.18	8.95	16.10
51	2.27	2.88	3.05	3.90	4.85	8.40	15.14
52	2.16	2.72	2.87	3.63	4.47	7.81	14.12
53	2.00	2.51	2.63	3.31	4.04	7.11	12.89
54	1.82	2.28	2.41	2.97	3.60	6.41	11.62
55	1.66	2.06	2.16	2.65	3.16	5.70	10.36
56	1.49	1.83	1.92	2.32	2.74	5.02	9.10
57	1.30	1.62	1.67	2.01	2.32	4.34	7.90
58	1.13	1.40	1.47	1.72	1.97	3.75	6.81
59	0.98	1.21	1.26	1.47	1.66	3.22	5.81
60	0.84	1.05	1.08	1.25	1.40	2.74	4.94
61	0.72	0.91	0.93	1.07	1.19	2.35	4.21
62	0.63	0.79	0.83	0.95	1.04	2.04	3.63

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.10	2.86	3.12	4.31	6.49	13.32	24.23
26	2.13	2.91	3.17	4.40	6.60	13.42	24.37
27	2.17	2.97	3.23	4.51	6.71	13.50	24.46
28	2.22	3.04	3.30	4.59	6.80	13.54	24.49
29	2.27	3.12	3.38	4.70	6.89	13.58	24.46
30	2.32	3.18	3.46	4.81	6.98	13.58	24.42
31	2.37	3.26	3.53	4.91	7.05	13.56	24.32
32	2.42	3.32	3.60	5.01	7.11	13.53	24.19
33	2.47	3.37	3.67	5.09	7.15	13.47	24.02
34	2.52	3.42	3.72	5.17	7.19	13.38	23.82
35	2.55	3.47	3.79	5.23	7.21	13.28	23.60
36	2.58	3.52	3.84	5.29	7.22	13.17	23.35
37	2.62	3.56	3.87	5.32	7.22	13.03	23.06
38	2.64	3.57	3.91	5.36	7.20	12.88	22.79
39	2.66	3.60	3.92	5.37	7.16	12.72	22.48
40	2.67	3.61	3.92	5.36	7.11	12.53	22.14
41	2.67	3.61	3.93	5.34	7.03	12.31	21.78
42	2.67	3.60	3.92	5.31	6.94	12.09	21.38
43	2.68	3.58	3.91	5.25	6.84	11.84	20.98
44	2.68	3.56	3.86	5.17	6.71	11.57	20.52
45	2.67	3.53	3.81	5.08	6.56	11.26	20.03
46	2.67	3.48	3.75	4.97	6.37	10.94	19.47
47	2.62	3.41	3.67	4.82	6.16	10.56	18.86
48	2.57	3.32	3.56	4.66	5.90	10.13	18.13
49	2.49	3.21	3.42	4.45	5.61	9.65	17.33
50	2.40	3.08	3.27	4.22	5.29	9.14	16.45
51	2.30	2.92	3.12	3.99	4.95	8.59	15.50
52	2.17	2.76	2.93	3.71	4.58	8.01	14.48
53	2.02	2.55	2.71	3.40	4.15	7.32	13.26
54	1.86	2.33	2.48	3.07	3.71	6.62	12.00
55	1.68	2.11	2.24	2.75	3.26	5.91	10.74
56	1.52	1.88	2.00	2.42	2.85	5.22	9.49
57	1.33	1.66	1.75	2.10	2.43	4.54	8.27
58	1.15	1.45	1.53	1.80	2.07	3.94	7.16
59	1.00	1.26	1.32	1.56	1.76	3.40	6.13
60	0.86	1.09	1.14	1.32	1.49	2.90	5.24
61	0.73	0.94	0.99	1.14	1.27	2.49	4.46
62	0.65	0.83	0.87	1.01	1.10	2.16	3.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.11	2.87	3.12	4.34	6.53	13.41	24.39
26	2.14	2.92	3.19	4.43	6.64	13.52	24.54
27	2.18	2.98	3.26	4.53	6.75	13.60	24.63
28	2.23	3.06	3.33	4.63	6.86	13.64	24.68
29	2.28	3.12	3.41	4.73	6.94	13.68	24.66
30	2.32	3.20	3.48	4.85	7.03	13.69	24.62
31	2.38	3.26	3.56	4.95	7.11	13.68	24.53
32	2.43	3.33	3.63	5.05	7.16	13.64	24.41
33	2.48	3.40	3.70	5.13	7.22	13.60	24.25
34	2.52	3.46	3.77	5.21	7.26	13.52	24.06
35	2.57	3.49	3.83	5.28	7.29	13.42	23.86
36	2.60	3.55	3.87	5.35	7.30	13.32	23.61
37	2.63	3.58	3.92	5.39	7.30	13.18	23.35
38	2.66	3.61	3.96	5.42	7.28	13.04	23.07
39	2.67	3.63	3.97	5.44	7.25	12.89	22.78
40	2.68	3.64	3.98	5.43	7.20	12.70	22.46
41	2.69	3.64	3.99	5.41	7.13	12.50	22.11
42	2.69	3.63	3.97	5.39	7.05	12.28	21.73
43	2.70	3.63	3.97	5.33	6.94	12.05	21.35
44	2.71	3.62	3.93	5.26	6.81	11.79	20.91
45	2.70	3.58	3.88	5.17	6.67	11.49	20.43
46	2.68	3.54	3.82	5.07	6.50	11.17	19.90
47	2.66	3.47	3.74	4.93	6.29	10.81	19.30
48	2.60	3.38	3.63	4.76	6.05	10.39	18.59
49	2.52	3.26	3.52	4.57	5.76	9.92	17.81
50	2.43	3.14	3.37	4.36	5.44	9.42	16.96
51	2.32	2.99	3.22	4.12	5.11	8.88	16.03
52	2.22	2.83	3.03	3.85	4.74	8.31	15.03
53	2.06	2.62	2.82	3.54	4.31	7.63	13.82
54	1.89	2.41	2.59	3.22	3.88	6.93	12.58
55	1.72	2.18	2.34	2.89	3.44	6.22	11.32
56	1.56	1.96	2.10	2.56	3.02	5.54	10.05
57	1.37	1.73	1.86	2.24	2.60	4.85	8.83
58	1.19	1.52	1.64	1.94	2.23	4.23	7.70
59	1.04	1.32	1.43	1.68	1.91	3.67	6.64
60	0.89	1.15	1.23	1.44	1.62	3.15	5.68
61	0.77	0.99	1.06	1.25	1.37	2.71	4.86
62	0.68	0.87	0.92	1.09	1.20	2.33	4.15

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.22	3.12	3.49	4.85	7.30	15.15	27.56
26	2.26	3.17	3.56	4.95	7.42	15.27	27.71
27	2.31	3.24	3.63	5.06	7.54	15.36	27.81
28	2.35	3.32	3.71	5.17	7.66	15.39	27.84
29	2.40	3.39	3.80	5.28	7.75	15.44	27.82
30	2.46	3.47	3.88	5.41	7.85	15.44	27.76
31	2.51	3.54	3.97	5.51	7.92	15.42	27.64
32	2.56	3.61	4.04	5.62	7.99	15.36	27.47
33	2.61	3.67	4.12	5.71	8.04	15.29	27.28
34	2.66	3.73	4.18	5.81	8.08	15.19	27.05
35	2.70	3.78	4.25	5.87	8.10	15.07	26.79
36	2.73	3.83	4.30	5.94	8.10	14.94	26.49
37	2.77	3.86	4.34	5.98	8.10	14.78	26.15
38	2.79	3.89	4.37	6.01	8.08	14.60	25.83
39	2.81	3.92	4.39	6.02	8.03	14.41	25.47
40	2.82	3.92	4.40	6.01	7.96	14.19	25.06
41	2.82	3.92	4.40	5.98	7.88	13.94	24.65
42	2.82	3.91	4.37	5.95	7.78	13.67	24.17
43	2.82	3.89	4.36	5.88	7.66	13.38	23.71
44	2.83	3.86	4.31	5.79	7.51	13.06	23.16
45	2.82	3.83	4.25	5.68	7.33	12.70	22.58
46	2.81	3.78	4.17	5.56	7.13	12.32	21.94
47	2.77	3.70	4.07	5.39	6.88	11.89	21.21
48	2.70	3.59	3.95	5.19	6.59	11.38	20.35
49	2.62	3.47	3.80	4.96	6.25	10.82	19.42
50	2.52	3.32	3.63	4.71	5.88	10.23	18.41
51	2.41	3.15	3.45	4.43	5.50	9.59	17.31
52	2.28	2.97	3.23	4.12	5.08	8.91	16.13
53	2.12	2.74	2.97	3.77	4.59	8.13	14.73
54	1.94	2.50	2.72	3.39	4.10	7.32	13.29
55	1.76	2.25	2.44	3.02	3.60	6.51	11.84
56	1.58	2.01	2.17	2.65	3.12	5.73	10.40
57	1.38	1.77	1.89	2.30	2.66	4.96	9.03
58	1.20	1.53	1.65	1.97	2.26	4.29	7.78
59	1.04	1.32	1.43	1.68	1.91	3.67	6.64
60	0.89	1.14	1.22	1.43	1.60	3.12	5.64
61	0.77	0.99	1.06	1.23	1.36	2.68	4.80
62	0.68	0.87	0.92	1.09	1.20	2.33	4.15

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.46	3.35	3.64	5.05	7.60	15.60	28.37
26	2.51	3.41	3.70	5.15	7.73	15.72	28.53
27	2.55	3.48	3.78	5.27	7.85	15.80	28.63
28	2.60	3.56	3.86	5.38	7.96	15.85	28.66
29	2.67	3.64	3.96	5.50	8.07	15.88	28.64
30	2.72	3.72	4.05	5.62	8.17	15.88	28.57
31	2.78	3.81	4.13	5.74	8.25	15.87	28.45
32	2.83	3.88	4.21	5.85	8.32	15.81	28.28
33	2.90	3.95	4.29	5.95	8.37	15.74	28.08
34	2.95	4.01	4.36	6.04	8.40	15.64	27.84
35	2.99	4.07	4.43	6.11	8.43	15.51	27.57
36	3.03	4.12	4.48	6.18	8.43	15.38	27.26
37	3.07	4.16	4.52	6.22	8.43	15.21	26.93
38	3.10	4.18	4.56	6.26	8.40	15.03	26.58
39	3.12	4.21	4.58	6.27	8.36	14.83	26.22
40	3.12	4.22	4.58	6.25	8.29	14.60	25.80
41	3.12	4.22	4.58	6.22	8.19	14.34	25.37
42	3.12	4.20	4.56	6.18	8.09	14.07	24.89
43	3.13	4.18	4.54	6.11	7.96	13.77	24.40
44	3.14	4.16	4.50	6.02	7.80	13.45	23.85
45	3.12	4.12	4.43	5.90	7.61	13.08	23.25
46	3.12	4.07	4.35	5.77	7.40	12.68	22.58
47	3.07	3.98	4.25	5.59	7.14	12.23	21.83
48	2.99	3.86	4.12	5.39	6.84	11.71	20.95
49	2.90	3.72	3.96	5.14	6.48	11.14	19.99
50	2.80	3.57	3.78	4.88	6.10	10.53	18.95
51	2.68	3.39	3.59	4.58	5.70	9.87	17.82
52	2.53	3.19	3.37	4.27	5.26	9.18	16.61
53	2.35	2.95	3.10	3.89	4.75	8.37	15.16
54	2.15	2.68	2.83	3.50	4.23	7.54	13.68
55	1.95	2.42	2.54	3.12	3.71	6.71	12.19
56	1.75	2.16	2.26	2.73	3.22	5.90	10.71
57	1.53	1.90	1.97	2.36	2.74	5.10	9.29
58	1.33	1.65	1.72	2.02	2.31	4.41	8.01
59	1.15	1.43	1.48	1.72	1.95	3.78	6.83
60	0.99	1.23	1.28	1.47	1.65	3.22	5.81
61	0.84	1.06	1.10	1.27	1.40	2.76	4.95
62	0.75	0.93	0.97	1.12	1.22	2.40	4.28

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.47	3.36	3.66	5.07	7.64	15.67	28.50
26	2.51	3.42	3.72	5.17	7.76	15.79	28.67
27	2.56	3.49	3.80	5.30	7.88	15.88	28.77
28	2.61	3.58	3.88	5.40	8.00	15.93	28.81
29	2.68	3.66	3.98	5.53	8.10	15.97	28.78
30	2.73	3.74	4.07	5.66	8.21	15.97	28.73
31	2.79	3.83	4.15	5.77	8.29	15.95	28.62
32	2.84	3.90	4.23	5.89	8.36	15.91	28.46
33	2.90	3.97	4.31	5.98	8.42	15.85	28.26
34	2.96	4.03	4.38	6.07	8.46	15.74	28.03
35	3.00	4.08	4.46	6.15	8.48	15.62	27.76
36	3.04	4.14	4.51	6.22	8.49	15.50	27.46
37	3.08	4.18	4.56	6.27	8.49	15.33	27.14
38	3.11	4.21	4.59	6.31	8.47	15.15	26.81
39	3.12	4.23	4.61	6.32	8.43	14.96	26.45
40	3.14	4.24	4.62	6.30	8.36	14.74	26.05
41	3.14	4.24	4.63	6.28	8.27	14.48	25.63
42	3.14	4.23	4.60	6.24	8.17	14.22	25.16
43	3.15	4.22	4.59	6.18	8.04	13.93	24.68
44	3.16	4.20	4.55	6.09	7.88	13.61	24.15
45	3.14	4.15	4.48	5.98	7.71	13.25	23.57
46	3.13	4.10	4.41	5.85	7.50	12.87	22.92
47	3.09	4.02	4.31	5.68	7.24	12.43	22.18
48	3.02	3.91	4.18	5.47	6.94	11.92	21.32
49	2.93	3.78	4.03	5.24	6.59	11.35	20.38
50	2.82	3.63	3.85	4.97	6.22	10.75	19.35
51	2.70	3.44	3.67	4.69	5.83	10.10	18.23
52	2.56	3.25	3.45	4.37	5.39	9.42	17.04
53	2.38	3.00	3.19	4.00	4.88	8.62	15.60
54	2.18	2.75	2.92	3.62	4.36	7.79	14.12
55	1.98	2.48	2.63	3.23	3.85	6.95	12.64
56	1.79	2.22	2.35	2.84	3.35	6.14	11.16
57	1.57	1.95	2.06	2.47	2.86	5.34	9.73
58	1.36	1.71	1.80	2.12	2.44	4.64	8.43
59	1.18	1.48	1.56	1.83	2.07	4.00	7.22
60	1.01	1.28	1.35	1.56	1.75	3.41	6.16
61	0.86	1.11	1.16	1.35	1.49	2.93	5.25
62	0.77	0.97	1.02	1.19	1.29	2.54	4.52

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.48	3.38	3.68	5.10	7.68	15.78	28.70
26	2.52	3.44	3.75	5.21	7.81	15.90	28.87
27	2.57	3.51	3.83	5.33	7.94	16.00	28.98
28	2.62	3.60	3.92	5.45	8.06	16.05	29.03
29	2.68	3.68	4.01	5.57	8.17	16.10	29.01
30	2.74	3.77	4.10	5.70	8.27	16.10	28.97
31	2.80	3.85	4.19	5.82	8.36	16.10	28.86
32	2.86	3.92	4.27	5.94	8.43	16.05	28.71
33	2.92	4.00	4.36	6.04	8.49	16.00	28.53
34	2.97	4.07	4.43	6.13	8.54	15.90	28.31
35	3.02	4.11	4.51	6.21	8.57	15.79	28.06
36	3.05	4.17	4.56	6.29	8.58	15.67	27.77
37	3.10	4.22	4.60	6.34	8.58	15.51	27.46
38	3.12	4.24	4.66	6.38	8.56	15.35	27.15
39	3.14	4.28	4.67	6.40	8.53	15.16	26.80
40	3.16	4.29	4.68	6.39	8.47	14.94	26.42
41	3.17	4.29	4.69	6.37	8.39	14.70	26.01
42	3.17	4.28	4.67	6.34	8.29	14.45	25.56
43	3.18	4.27	4.66	6.27	8.17	14.17	25.12
44	3.19	4.25	4.63	6.20	8.02	13.87	24.60
45	3.18	4.22	4.57	6.09	7.85	13.52	24.04
46	3.16	4.16	4.50	5.97	7.65	13.14	23.41
47	3.12	4.08	4.40	5.80	7.40	12.72	22.70
48	3.05	3.98	4.28	5.61	7.11	12.22	21.87
49	2.97	3.85	4.14	5.38	6.77	11.67	20.95
50	2.86	3.70	3.97	5.12	6.40	11.09	19.95
51	2.74	3.52	3.78	4.84	6.01	10.45	18.86
52	2.60	3.34	3.56	4.53	5.58	9.77	17.68
53	2.42	3.09	3.31	4.16	5.08	8.98	16.26
54	2.23	2.83	3.04	3.78	4.57	8.16	14.79
55	2.02	2.57	2.75	3.40	4.05	7.32	13.31
56	1.83	2.31	2.47	3.01	3.55	6.51	11.83
57	1.61	2.04	2.18	2.64	3.05	5.70	10.38
58	1.40	1.80	1.93	2.29	2.62	4.98	9.06
59	1.22	1.56	1.67	1.98	2.24	4.32	7.81
60	1.05	1.36	1.45	1.70	1.90	3.70	6.69
61	0.90	1.17	1.25	1.47	1.62	3.19	5.71
62	0.79	1.02	1.09	1.28	1.41	2.75	4.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.61	3.67	4.11	5.70	8.59	17.83	32.43
26	2.66	3.73	4.18	5.82	8.73	17.96	32.60
27	2.71	3.81	4.27	5.96	8.87	18.07	32.72
28	2.76	3.90	4.36	6.08	9.00	18.11	32.75
29	2.82	3.99	4.47	6.21	9.12	18.15	32.73
30	2.89	4.07	4.57	6.36	9.23	18.15	32.66
31	2.95	4.16	4.66	6.49	9.32	18.14	32.52
32	3.01	4.24	4.75	6.62	9.40	18.08	32.32
33	3.07	4.32	4.84	6.72	9.46	18.00	32.09
34	3.12	4.39	4.92	6.83	9.50	17.87	31.82
35	3.18	4.44	5.00	6.91	9.54	17.73	31.51
36	3.21	4.51	5.06	6.99	9.54	17.58	31.16
37	3.26	4.55	5.10	7.03	9.53	17.38	30.77
38	3.28	4.58	5.15	7.08	9.50	17.18	30.39
39	3.30	4.60	5.17	7.08	9.45	16.95	29.96
40	3.32	4.61	5.17	7.07	9.37	16.68	29.49
41	3.32	4.61	5.17	7.04	9.28	16.39	29.00
42	3.32	4.59	5.15	7.00	9.15	16.08	28.44
43	3.33	4.58	5.12	6.92	9.00	15.74	27.89
44	3.34	4.55	5.08	6.81	8.83	15.36	27.25
45	3.32	4.51	5.00	6.69	8.62	14.94	26.57
46	3.30	4.44	4.91	6.54	8.39	14.49	25.81
47	3.26	4.35	4.80	6.34	8.10	13.98	24.95
48	3.18	4.22	4.65	6.11	7.75	13.38	23.94
49	3.08	4.07	4.47	5.83	7.35	12.73	22.85
50	2.97	3.91	4.28	5.54	6.92	12.04	21.66
51	2.83	3.70	4.06	5.21	6.47	11.28	20.36
52	2.68	3.49	3.80	4.85	5.98	10.49	18.98
53	2.49	3.22	3.50	4.43	5.40	9.57	17.33
54	2.28	2.94	3.19	3.99	4.82	8.62	15.63
55	2.07	2.65	2.87	3.55	4.23	7.66	13.93
56	1.86	2.36	2.55	3.12	3.67	6.74	12.24
57	1.63	2.08	2.23	2.70	3.12	5.83	10.62
58	1.41	1.80	1.94	2.31	2.66	5.04	9.15
59	1.22	1.56	1.67	1.98	2.24	4.32	7.81
60	1.05	1.35	1.44	1.69	1.88	3.68	6.64
61	0.90	1.16	1.24	1.45	1.60	3.16	5.65
62	0.79	1.02	1.09	1.28	1.41	2.75	4.88

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.28	3.11	3.37	4.68	7.02	14.32	26.00
26	2.32	3.17	3.44	4.79	7.15	14.46	26.21
27	2.38	3.25	3.52	4.91	7.30	14.57	26.37
28	2.44	3.33	3.62	5.02	7.42	14.68	26.49
29	2.50	3.41	3.71	5.17	7.55	14.74	26.56
30	2.57	3.50	3.80	5.28	7.66	14.79	26.58
31	2.62	3.59	3.91	5.42	7.75	14.83	26.56
32	2.69	3.68	4.00	5.54	7.86	14.85	26.51
33	2.75	3.76	4.08	5.66	7.94	14.84	26.44
34	2.81	3.83	4.16	5.77	8.01	14.81	26.32
35	2.87	3.91	4.25	5.87	8.05	14.76	26.19
36	2.92	3.97	4.31	5.96	8.10	14.69	26.01
37	2.97	4.03	4.37	6.04	8.15	14.61	25.84
38	3.02	4.07	4.44	6.10	8.16	14.52	25.65
39	3.05	4.12	4.48	6.14	8.16	14.41	25.44
40	3.09	4.15	4.51	6.17	8.15	14.27	25.21
41	3.11	4.17	4.54	6.19	8.10	14.12	24.95
42	3.12	4.19	4.55	6.18	8.05	13.95	24.66
43	3.17	4.21	4.57	6.17	8.00	13.76	24.38
44	3.19	4.22	4.57	6.13	7.91	13.56	24.04
45	3.22	4.22	4.54	6.08	7.81	13.31	23.66
46	3.22	4.20	4.50	6.00	7.66	13.04	23.21
47	3.21	4.16	4.44	5.89	7.49	12.72	22.69
48	3.17	4.10	4.36	5.75	7.26	12.34	22.06
49	3.12	4.00	4.26	5.56	6.99	11.90	21.33
50	3.04	3.88	4.12	5.37	6.70	11.40	20.51
51	2.96	3.76	3.97	5.14	6.35	10.87	19.59
52	2.84	3.59	3.79	4.87	5.98	10.27	18.55
53	2.68	3.38	3.56	4.54	5.51	9.54	17.27
54	2.52	3.15	3.31	4.19	5.03	8.77	15.89
55	2.32	2.90	3.04	3.82	4.53	7.97	14.48
56	2.14	2.64	2.76	3.45	4.05	7.18	13.04
57	1.93	2.38	2.48	3.07	3.56	6.40	11.62
58	1.72	2.12	2.22	2.71	3.10	5.64	10.24
59	1.51	1.87	1.95	2.38	2.68	4.93	8.93
60	1.32	1.64	1.71	2.09	2.31	4.28	7.73
61	1.15	1.43	1.49	1.81	1.99	3.71	6.66
62	1.01	1.26	1.31	1.59	1.73	3.24	5.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.28	3.12	3.38	4.70	7.06	14.38	26.11
26	2.33	3.18	3.46	4.81	7.19	14.52	26.33
27	2.38	3.26	3.54	4.93	7.33	14.63	26.50
28	2.45	3.34	3.63	5.05	7.45	14.74	26.61
29	2.51	3.42	3.72	5.18	7.58	14.82	26.68
30	2.57	3.52	3.82	5.32	7.69	14.87	26.71
31	2.63	3.61	3.92	5.46	7.80	14.90	26.71
32	2.70	3.70	4.01	5.57	7.89	14.93	26.66
33	2.76	3.77	4.11	5.69	7.98	14.92	26.58
34	2.82	3.85	4.19	5.81	8.05	14.90	26.48
35	2.88	3.92	4.27	5.91	8.10	14.85	26.36
36	2.92	3.98	4.35	5.99	8.16	14.78	26.19
37	2.97	4.05	4.41	6.07	8.20	14.71	26.01
38	3.03	4.10	4.46	6.14	8.21	14.63	25.85
39	3.07	4.14	4.51	6.19	8.22	14.52	25.64
40	3.11	4.17	4.56	6.21	8.20	14.39	25.41
41	3.12	4.20	4.58	6.24	8.17	14.24	25.16
42	3.14	4.22	4.59	6.23	8.11	14.08	24.89
43	3.18	4.23	4.61	6.23	8.07	13.90	24.61
44	3.21	4.25	4.61	6.20	7.99	13.70	24.30
45	3.23	4.25	4.58	6.14	7.88	13.46	23.93
46	3.23	4.23	4.55	6.06	7.75	13.19	23.50
47	3.22	4.20	4.50	5.96	7.58	12.88	22.99
48	3.19	4.14	4.42	5.82	7.36	12.50	22.37
49	3.14	4.04	4.31	5.65	7.08	12.07	21.67
50	3.07	3.92	4.18	5.46	6.80	11.60	20.86
51	2.97	3.80	4.03	5.23	6.46	11.06	19.94
52	2.87	3.63	3.86	4.96	6.08	10.47	18.92
53	2.72	3.42	3.63	4.63	5.62	9.75	17.64
54	2.54	3.19	3.38	4.29	5.15	8.98	16.28
55	2.36	2.96	3.12	3.92	4.65	8.18	14.86
56	2.16	2.69	2.83	3.55	4.16	7.39	13.42
57	1.96	2.44	2.56	3.17	3.67	6.60	11.99
58	1.73	2.17	2.28	2.80	3.20	5.83	10.60
59	1.53	1.92	2.02	2.47	2.77	5.11	9.26
60	1.34	1.68	1.77	2.16	2.39	4.44	8.03
61	1.17	1.47	1.54	1.87	2.07	3.85	6.93
62	1.02	1.28	1.36	1.65	1.80	3.36	5.98

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.29	3.12	3.41	4.73	7.09	14.47	26.28
26	2.34	3.19	3.48	4.84	7.23	14.62	26.51
27	2.38	3.27	3.56	4.96	7.37	14.74	26.67
28	2.46	3.36	3.65	5.09	7.51	14.85	26.80
29	2.52	3.44	3.76	5.22	7.63	14.92	26.88
30	2.58	3.53	3.85	5.35	7.74	14.99	26.91
31	2.64	3.63	3.95	5.49	7.86	15.02	26.91
32	2.72	3.71	4.05	5.61	7.96	15.05	26.88
33	2.77	3.79	4.14	5.74	8.04	15.05	26.81
34	2.82	3.86	4.22	5.86	8.11	15.04	26.72
35	2.90	3.95	4.31	5.96	8.18	14.99	26.60
36	2.94	4.01	4.38	6.05	8.24	14.93	26.45
37	2.99	4.07	4.45	6.13	8.27	14.86	26.29
38	3.04	4.13	4.51	6.20	8.30	14.78	26.13
39	3.08	4.17	4.57	6.26	8.31	14.69	25.94
40	3.12	4.22	4.61	6.29	8.30	14.56	25.73
41	3.13	4.23	4.63	6.31	8.26	14.43	25.49
42	3.16	4.25	4.66	6.31	8.22	14.27	25.23
43	3.20	4.28	4.66	6.31	8.18	14.10	24.98
44	3.23	4.29	4.67	6.28	8.10	13.92	24.68
45	3.26	4.30	4.66	6.24	8.01	13.69	24.33
46	3.26	4.29	4.62	6.16	7.88	13.43	23.92
47	3.26	4.25	4.58	6.06	7.71	13.13	23.43
48	3.22	4.19	4.51	5.93	7.50	12.77	22.84
49	3.17	4.10	4.40	5.76	7.23	12.35	22.15
50	3.11	4.00	4.28	5.58	6.95	11.88	21.37
51	3.02	3.86	4.13	5.36	6.61	11.35	20.47
52	2.90	3.71	3.96	5.10	6.25	10.77	19.47
53	2.75	3.50	3.73	4.77	5.79	10.05	18.21
54	2.58	3.26	3.48	4.43	5.32	9.30	16.84
55	2.39	3.03	3.22	4.07	4.81	8.50	15.44
56	2.20	2.77	2.95	3.69	4.32	7.71	13.99
57	2.00	2.52	2.67	3.31	3.83	6.91	12.54
58	1.77	2.24	2.38	2.94	3.36	6.12	11.13
59	1.58	1.99	2.12	2.60	2.92	5.39	9.76
60	1.37	1.74	1.86	2.28	2.52	4.69	8.47
61	1.20	1.52	1.62	1.98	2.17	4.07	7.31
62	1.05	1.33	1.42	1.73	1.89	3.53	6.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.42	3.40	3.80	5.29	7.94	16.36	29.72
26	2.47	3.47	3.88	5.41	8.10	16.53	29.96
27	2.52	3.56	3.98	5.54	8.25	16.65	30.15
28	2.59	3.64	4.07	5.68	8.39	16.77	30.27
29	2.65	3.73	4.19	5.83	8.53	16.85	30.34
30	2.72	3.83	4.29	5.97	8.65	16.91	30.38
31	2.78	3.92	4.41	6.12	8.76	16.94	30.35
32	2.86	4.02	4.51	6.27	8.87	16.98	30.30
33	2.92	4.11	4.61	6.40	8.97	16.95	30.21
34	2.97	4.19	4.71	6.53	9.06	16.93	30.09
35	3.04	4.27	4.80	6.64	9.11	16.87	29.93
36	3.10	4.34	4.87	6.74	9.17	16.79	29.74
37	3.15	4.41	4.95	6.82	9.20	16.69	29.52
38	3.20	4.46	5.01	6.89	9.22	16.59	29.31
39	3.24	4.51	5.06	6.94	9.22	16.46	29.08
40	3.27	4.54	5.10	6.98	9.20	16.32	28.80
41	3.29	4.57	5.12	7.00	9.17	16.14	28.50
42	3.32	4.58	5.14	7.00	9.11	15.94	28.18
43	3.36	4.60	5.16	6.99	9.05	15.73	27.86
44	3.39	4.61	5.16	6.94	8.95	15.50	27.47
45	3.41	4.61	5.12	6.88	8.84	15.22	27.04
46	3.41	4.59	5.08	6.78	8.68	14.90	26.53
47	3.41	4.55	5.02	6.67	8.48	14.54	25.92
48	3.36	4.48	4.92	6.51	8.23	14.10	25.21
49	3.31	4.37	4.80	6.31	7.92	13.59	24.38
50	3.23	4.25	4.66	6.09	7.59	13.04	23.44
51	3.13	4.11	4.48	5.83	7.20	12.43	22.39
52	3.02	3.92	4.28	5.52	6.78	11.74	21.20
53	2.85	3.70	4.01	5.16	6.26	10.89	19.74
54	2.67	3.44	3.73	4.76	5.72	10.03	18.17
55	2.47	3.17	3.43	4.35	5.16	9.11	16.55
56	2.27	2.89	3.12	3.92	4.60	8.20	14.90
57	2.05	2.61	2.81	3.49	4.05	7.30	13.28
58	1.82	2.32	2.50	3.09	3.53	6.45	11.70
59	1.60	2.05	2.21	2.72	3.06	5.63	10.21
60	1.40	1.80	1.93	2.38	2.62	4.89	8.84
61	1.22	1.58	1.68	2.07	2.27	4.24	7.61
62	1.07	1.37	1.47	1.82	1.98	3.70	6.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	2 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.68	3.65	3.96	5.51	8.26	16.84	30.59
26	2.74	3.72	4.05	5.63	8.42	17.01	30.84
27	2.80	3.82	4.14	5.77	8.59	17.14	31.03
28	2.87	3.92	4.25	5.91	8.73	17.27	31.16
29	2.94	4.01	4.36	6.07	8.88	17.34	31.24
30	3.02	4.12	4.47	6.21	9.00	17.41	31.27
31	3.09	4.22	4.59	6.38	9.13	17.44	31.25
32	3.17	4.33	4.70	6.52	9.24	17.47	31.19
33	3.24	4.42	4.80	6.66	9.34	17.45	31.10
34	3.30	4.51	4.90	6.79	9.42	17.42	30.97
35	3.38	4.59	5.00	6.91	9.48	17.36	30.81
36	3.43	4.66	5.08	7.00	9.54	17.28	30.61
37	3.49	4.74	5.15	7.10	9.58	17.19	30.40
38	3.56	4.80	5.22	7.17	9.60	17.08	30.18
39	3.59	4.84	5.27	7.22	9.60	16.95	29.93
40	3.63	4.88	5.32	7.26	9.58	16.79	29.66
41	3.65	4.91	5.34	7.28	9.53	16.61	29.35
42	3.68	4.93	5.35	7.27	9.47	16.41	29.00
43	3.72	4.95	5.37	7.26	9.41	16.19	28.68
44	3.76	4.96	5.37	7.22	9.31	15.95	28.28
45	3.78	4.96	5.34	7.15	9.18	15.66	27.83
46	3.78	4.94	5.29	7.06	9.02	15.34	27.32
47	3.78	4.89	5.23	6.93	8.81	14.96	26.69
48	3.72	4.82	5.13	6.76	8.54	14.51	25.95
49	3.67	4.71	5.01	6.55	8.22	13.99	25.10
50	3.58	4.57	4.85	6.32	7.88	13.42	24.13
51	3.48	4.42	4.67	6.05	7.47	12.79	23.05
52	3.34	4.22	4.46	5.73	7.03	12.08	21.82
53	3.16	3.98	4.19	5.34	6.49	11.22	20.32
54	2.97	3.70	3.89	4.93	5.92	10.32	18.70
55	2.74	3.41	3.58	4.50	5.33	9.38	17.04
56	2.52	3.11	3.25	4.06	4.76	8.45	15.34
57	2.27	2.81	2.92	3.61	4.19	7.52	13.67
58	2.02	2.49	2.60	3.19	3.64	6.64	12.05
59	1.78	2.20	2.30	2.80	3.15	5.80	10.51
60	1.55	1.93	2.01	2.46	2.71	5.03	9.09
61	1.36	1.69	1.75	2.13	2.34	4.36	7.84
62	1.19	1.48	1.54	1.87	2.04	3.81	6.78

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	3 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.68	3.66	3.98	5.53	8.30	16.91	30.72
26	2.75	3.74	4.07	5.66	8.46	17.08	30.98
27	2.80	3.84	4.16	5.80	8.62	17.22	31.17
28	2.88	3.93	4.27	5.94	8.76	17.34	31.31
29	2.95	4.03	4.38	6.10	8.91	17.43	31.39
30	3.03	4.14	4.50	6.25	9.05	17.49	31.42
31	3.10	4.24	4.61	6.42	9.17	17.53	31.42
32	3.18	4.35	4.73	6.56	9.28	17.56	31.36
33	3.25	4.44	4.83	6.70	9.39	17.56	31.28
34	3.31	4.52	4.93	6.83	9.47	17.53	31.15
35	3.39	4.61	5.02	6.95	9.53	17.47	31.00
36	3.44	4.68	5.11	7.05	9.60	17.40	30.81
37	3.50	4.76	5.18	7.15	9.64	17.31	30.61
38	3.56	4.82	5.25	7.22	9.66	17.20	30.40
39	3.61	4.87	5.31	7.28	9.67	17.08	30.17
40	3.65	4.91	5.36	7.31	9.65	16.93	29.90
41	3.67	4.94	5.39	7.34	9.61	16.76	29.60
42	3.70	4.95	5.40	7.33	9.55	16.56	29.28
43	3.74	4.98	5.42	7.33	9.50	16.35	28.96
44	3.78	5.00	5.42	7.29	9.40	16.12	28.58
45	3.80	5.00	5.39	7.22	9.28	15.84	28.15
46	3.80	4.98	5.35	7.14	9.12	15.52	27.65
47	3.79	4.94	5.29	7.01	8.91	15.15	27.04
48	3.75	4.87	5.20	6.85	8.65	14.71	26.32
49	3.70	4.75	5.08	6.64	8.33	14.20	25.48
50	3.61	4.62	4.92	6.42	8.00	13.64	24.53
51	3.50	4.47	4.74	6.15	7.59	13.02	23.46
52	3.37	4.28	4.54	5.83	7.15	12.32	22.26
53	3.19	4.03	4.27	5.45	6.62	11.47	20.76
54	2.99	3.76	3.98	5.04	6.05	10.57	19.15
55	2.77	3.48	3.67	4.61	5.46	9.63	17.49
56	2.54	3.17	3.34	4.17	4.89	8.69	15.79
57	2.31	2.87	3.01	3.72	4.31	7.76	14.11
58	2.04	2.55	2.68	3.29	3.77	6.86	12.47
59	1.80	2.25	2.38	2.90	3.26	6.01	10.89
60	1.58	1.98	2.08	2.54	2.82	5.23	9.44
61	1.37	1.73	1.81	2.21	2.43	4.53	8.15
62	1.21	1.51	1.59	1.94	2.11	3.95	7.03

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	5 Years	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.69	3.68	4.00	5.56	8.34	17.02	30.91
26	2.75	3.76	4.09	5.69	8.51	17.20	31.18
27	2.81	3.85	4.19	5.83	8.68	17.34	31.38
28	2.89	3.95	4.29	5.98	8.83	17.47	31.53
29	2.96	4.05	4.42	6.14	8.98	17.56	31.62
30	3.04	4.15	4.53	6.29	9.11	17.63	31.66
31	3.11	4.27	4.65	6.46	9.24	17.67	31.66
32	3.19	4.37	4.76	6.61	9.35	17.71	31.62
33	3.26	4.46	4.87	6.75	9.46	17.71	31.55
34	3.33	4.55	4.97	6.89	9.55	17.69	31.43
35	3.41	4.65	5.07	7.01	9.62	17.64	31.30
36	3.46	4.72	5.16	7.12	9.69	17.57	31.12
37	3.52	4.80	5.24	7.22	9.73	17.49	30.93
38	3.58	4.86	5.31	7.30	9.76	17.40	30.74
39	3.63	4.91	5.37	7.36	9.77	17.28	30.52
40	3.67	4.95	5.42	7.40	9.76	17.13	30.27
41	3.69	4.98	5.45	7.43	9.72	16.98	29.99
42	3.71	5.00	5.47	7.43	9.67	16.79	29.68
43	3.77	5.03	5.49	7.43	9.62	16.59	29.39
44	3.80	5.05	5.50	7.39	9.53	16.38	29.03
45	3.83	5.06	5.47	7.34	9.42	16.10	28.63
46	3.84	5.04	5.44	7.25	9.27	15.80	28.14
47	3.83	5.00	5.39	7.14	9.07	15.44	27.56
48	3.78	4.93	5.30	6.98	8.82	15.02	26.87
49	3.73	4.82	5.17	6.78	8.51	14.52	26.06
50	3.65	4.70	5.03	6.56	8.18	13.97	25.13
51	3.55	4.55	4.86	6.30	7.78	13.36	24.09
52	3.41	4.36	4.66	5.99	7.35	12.67	22.90
53	3.24	4.12	4.39	5.61	6.81	11.83	21.42
54	3.04	3.85	4.10	5.21	6.26	10.94	19.82
55	2.82	3.56	3.79	4.78	5.67	10.00	18.16
56	2.59	3.26	3.47	4.34	5.09	9.06	16.46
57	2.35	2.96	3.13	3.89	4.51	8.12	14.76
58	2.09	2.64	2.81	3.46	3.95	7.21	13.09
59	1.85	2.34	2.49	3.05	3.44	6.34	11.48
60	1.62	2.05	2.18	2.68	2.97	5.52	9.97
61	1.41	1.80	1.91	2.33	2.56	4.79	8.61
62	1.23	1.57	1.66	2.04	2.23	4.15	7.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Social Insurance Offset Benefit
Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Max. Ben. Period	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.84	4.00	4.47	6.22	9.34	19.25	34.96
26	2.90	4.07	4.57	6.36	9.52	19.44	35.24
27	2.97	4.18	4.68	6.52	9.70	19.59	35.46
28	3.04	4.29	4.80	6.69	9.86	19.73	35.61
29	3.12	4.39	4.93	6.86	10.03	19.83	35.70
30	3.20	4.51	5.05	7.02	10.17	19.90	35.74
31	3.27	4.62	5.18	7.21	10.31	19.93	35.71
32	3.36	4.73	5.31	7.37	10.44	19.97	35.64
33	3.43	4.83	5.42	7.52	10.55	19.94	35.54
34	3.50	4.93	5.54	7.68	10.65	19.91	35.39
35	3.58	5.02	5.64	7.81	10.72	19.84	35.21
36	3.64	5.10	5.73	7.93	10.79	19.76	34.98
37	3.70	5.18	5.82	8.03	10.83	19.64	34.73
38	3.77	5.24	5.89	8.10	10.85	19.52	34.49
39	3.81	5.30	5.95	8.17	10.85	19.37	34.21
40	3.85	5.34	6.00	8.21	10.83	19.19	33.89
41	3.87	5.37	6.03	8.24	10.79	18.99	33.54
42	3.90	5.39	6.05	8.23	10.72	18.75	33.15
43	3.95	5.41	6.06	8.22	10.64	18.51	32.78
44	3.99	5.43	6.06	8.17	10.53	18.23	32.32
45	4.01	5.43	6.03	8.10	10.39	17.90	31.81
46	4.01	5.40	5.98	7.98	10.21	17.53	31.21
47	4.00	5.35	5.90	7.85	9.98	17.10	30.50
48	3.95	5.27	5.79	7.66	9.68	16.59	29.66
49	3.89	5.15	5.65	7.43	9.32	15.99	28.68
50	3.80	5.00	5.47	7.16	8.92	15.34	27.58
51	3.69	4.83	5.27	6.86	8.47	14.62	26.34
52	3.55	4.62	5.03	6.49	7.97	13.81	24.94
53	3.35	4.35	4.73	6.06	7.36	12.82	23.22
54	3.14	4.05	4.39	5.60	6.73	11.80	21.38
55	2.90	3.73	4.04	5.11	6.06	10.72	19.47
56	2.67	3.40	3.67	4.61	5.41	9.65	17.53
57	2.41	3.07	3.30	4.11	4.76	8.60	15.62
58	2.14	2.73	2.94	3.63	4.15	7.59	13.77
59	1.88	2.41	2.60	3.19	3.60	6.63	12.01
60	1.65	2.11	2.27	2.80	3.09	5.76	10.39
61	1.43	1.85	1.98	2.43	2.67	4.99	8.96
62	1.26	1.62	1.73	2.14	2.33	4.36	7.75

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.85	3.67	4.04	4.81	6.02	10.18	17.51
26	2.92	3.76	4.14	4.95	6.17	10.37	17.81
27	3.00	3.86	4.26	5.10	6.32	10.54	18.10
28	3.08	3.99	4.39	5.25	6.49	10.73	18.40
29	3.18	4.10	4.53	5.42	6.67	10.92	18.73
30	3.26	4.23	4.68	5.61	6.85	11.12	19.06
31	3.37	4.37	4.84	5.80	7.05	11.34	19.42
32	3.48	4.53	5.00	6.00	7.25	11.58	19.81
33	3.60	4.67	5.17	6.20	7.46	11.83	20.22
34	3.71	4.83	5.36	6.42	7.68	12.08	20.67
35	3.84	5.00	5.54	6.64	7.92	12.36	21.16
36	3.98	5.17	5.75	6.88	8.17	12.67	21.71
37	4.12	5.37	5.95	7.13	8.42	13.01	22.30
38	4.27	5.56	6.18	7.38	8.69	13.37	22.97
39	4.43	5.77	6.41	7.66	8.97	13.75	23.69
40	4.59	5.99	6.66	7.96	9.27	14.19	24.48
41	4.78	6.23	6.93	8.26	9.58	14.64	25.36
42	4.97	6.49	7.21	8.59	9.92	15.14	26.32
43	5.23	6.78	7.52	8.94	10.26	15.69	27.36
44	5.49	7.10	7.85	9.32	10.63	16.27	28.49
45	5.79	7.45	8.20	9.72	11.04	16.91	29.74
46	6.10	7.83	8.59	10.17	11.49	17.61	31.09
47	6.44	8.25	9.01	10.67	11.99	18.37	32.57
48	6.81	8.69	9.49	11.21	12.55	19.25	34.24
49	7.21	9.18	10.00	11.80	13.16	20.18	36.02
50	7.63	9.71	10.55	12.43	13.82	21.19	37.93
51	8.09	10.26	11.14	13.13	14.55	22.26	39.93
52	8.59	10.87	11.78	13.86	15.32	23.42	42.05
53	9.16	11.56	12.50	14.71	16.24	24.74	44.40
54	9.75	12.29	13.27	15.60	17.19	26.09	46.80
55	10.37	13.05	14.04	16.52	18.17	27.47	49.20
56	10.99	13.81	14.85	17.43	19.16	28.86	51.55
57	11.62	14.56	15.62	18.34	20.13	30.20	53.81
58	12.01	15.04	16.11	18.90	20.72	30.95	54.83
59	12.43	15.55	16.63	19.51	21.36	31.76	55.92
60	12.93	16.15	17.26	20.23	22.13	32.73	57.34
61	13.52	16.87	18.01	21.13	23.08	33.99	59.29
62	14.24	17.78	18.98	22.27	24.33	35.62	62.00
63	15.37	19.25	20.57	24.16	26.38	38.46	67.01
64	16.68	20.94	22.39	26.33	28.74	41.74	72.91
65	18.10	22.79	24.39	28.72	31.35	45.39	79.60
66	19.63	24.80	26.55	31.31	34.19	49.38	87.01
67	21.25	26.90	28.84	34.05	37.18	53.60	95.03
68	22.92	29.08	31.20	36.89	40.30	58.04	103.56
69	24.61	31.30	33.62	39.81	43.47	62.61	112.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.91	3.74	4.12	4.91	6.14	10.39	17.87
26	2.98	3.84	4.22	5.04	6.29	10.58	18.17
27	3.06	3.94	4.35	5.20	6.45	10.75	18.47
28	3.14	4.07	4.48	5.36	6.62	10.95	18.78
29	3.24	4.19	4.62	5.54	6.80	11.14	19.10
30	3.34	4.32	4.78	5.72	6.99	11.35	19.45
31	3.44	4.46	4.94	5.91	7.19	11.57	19.82
32	3.56	4.62	5.10	6.12	7.40	11.82	20.21
33	3.67	4.77	5.28	6.33	7.61	12.06	20.64
34	3.79	4.93	5.46	6.55	7.84	12.33	21.09
35	3.92	5.10	5.66	6.78	8.08	12.62	21.60
36	4.06	5.28	5.86	7.02	8.33	12.93	22.15
37	4.21	5.47	6.07	7.28	8.60	13.27	22.76
38	4.36	5.68	6.30	7.53	8.86	13.64	23.43
39	4.51	5.89	6.54	7.81	9.15	14.04	24.17
40	4.69	6.12	6.79	8.11	9.45	14.48	24.98
41	4.88	6.35	7.07	8.43	9.78	14.94	25.88
42	5.08	6.62	7.36	8.76	10.12	15.45	26.86
43	5.33	6.92	7.66	9.13	10.47	16.01	27.91
44	5.61	7.24	8.01	9.51	10.85	16.61	29.08
45	5.90	7.60	8.37	9.93	11.27	17.26	30.34
46	6.22	7.99	8.76	10.38	11.73	17.97	31.72
47	6.57	8.41	9.20	10.89	12.23	18.75	33.24
48	6.95	8.86	9.68	11.44	12.80	19.64	34.94
49	7.36	9.36	10.20	12.04	13.43	20.59	36.76
50	7.79	9.90	10.76	12.69	14.11	21.62	38.70
51	8.25	10.47	11.37	13.39	14.85	22.72	40.74
52	8.76	11.09	12.02	14.14	15.64	23.89	42.90
53	9.35	11.80	12.76	15.01	16.57	25.24	45.30
54	9.95	12.55	13.54	15.92	17.54	26.63	47.76
55	10.58	13.31	14.34	16.85	18.54	28.04	50.20
56	11.21	14.09	15.14	17.78	19.54	29.44	52.61
57	11.85	14.86	15.94	18.72	20.54	30.82	54.91
58	12.26	15.35	16.44	19.29	21.15	31.58	55.95
59	12.69	15.87	16.98	19.91	21.80	32.41	57.07
60	13.19	16.47	17.61	20.64	22.58	33.40	58.51
61	13.79	17.21	18.38	21.56	23.56	34.68	60.50
62	14.53	18.15	19.37	22.73	24.82	36.35	63.27
63	15.69	19.65	21.00	24.66	26.92	39.25	68.38
64	17.02	21.37	22.84	26.87	29.33	42.59	74.40
65	18.47	23.26	24.90	29.31	32.00	46.31	81.23
66	20.04	25.30	27.10	31.95	34.88	50.38	88.79
67	21.68	27.45	29.43	34.74	37.94	54.69	96.97
68	23.39	29.67	31.84	37.65	41.11	59.22	105.67
69	25.12	31.94	34.31	40.62	44.36	63.89	114.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.45	1.74	1.88	2.18	2.92	5.49	9.44
26	1.49	1.80	1.94	2.25	3.01	5.60	9.62
27	1.52	1.85	2.00	2.32	3.10	5.72	9.79
28	1.57	1.91	2.07	2.40	3.20	5.83	10.01
29	1.62	1.97	2.15	2.50	3.30	5.98	10.23
30	1.67	2.05	2.24	2.60	3.41	6.13	10.47
31	1.74	2.14	2.32	2.72	3.54	6.29	10.74
32	1.80	2.23	2.42	2.83	3.67	6.48	11.04
33	1.87	2.32	2.53	2.97	3.80	6.68	11.38
34	1.94	2.42	2.65	3.11	3.96	6.89	11.73
35	2.03	2.53	2.77	3.25	4.11	7.12	12.13
36	2.12	2.65	2.90	3.41	4.29	7.37	12.57
37	2.22	2.77	3.04	3.57	4.48	7.65	13.05
38	2.32	2.90	3.19	3.75	4.67	7.95	13.57
39	2.42	3.04	3.34	3.94	4.88	8.26	14.13
40	2.54	3.20	3.52	4.14	5.11	8.62	14.77
41	2.68	3.36	3.70	4.36	5.37	8.99	15.44
42	2.81	3.55	3.91	4.58	5.63	9.41	16.19
43	2.97	3.74	4.12	4.84	5.91	9.85	17.01
44	3.16	3.97	4.36	5.10	6.23	10.33	17.89
45	3.35	4.21	4.60	5.39	6.56	10.85	18.85
46	3.58	4.48	4.88	5.72	6.92	11.42	19.91
47	3.81	4.76	5.18	6.06	7.30	12.05	21.07
48	4.07	5.08	5.51	6.45	7.73	12.73	22.37
49	4.35	5.41	5.87	6.86	8.18	13.49	23.78
50	4.65	5.79	6.26	7.32	8.67	14.29	25.27
51	4.96	6.19	6.69	7.80	9.18	15.15	26.88
52	5.30	6.60	7.12	8.32	9.71	16.07	28.56
53	5.67	7.08	7.62	8.90	10.31	17.11	30.47
54	6.06	7.57	8.14	9.51	10.94	18.19	32.42
55	6.46	8.08	8.68	10.14	11.55	19.28	34.39
56	6.87	8.60	9.21	10.77	12.19	20.39	36.34
57	7.28	9.12	9.74	11.40	12.80	21.46	38.23
58	7.54	9.44	10.08	11.79	13.16	22.11	39.20
59	7.81	9.79	10.45	12.22	13.54	22.79	40.25
60	8.12	10.20	10.88	12.72	14.01	23.61	41.55
61	8.51	10.69	11.40	13.32	14.61	24.65	43.27
62	8.98	11.32	12.05	14.10	15.39	25.97	45.58
63	9.72	12.29	13.10	15.35	16.75	28.19	49.66
64	10.56	13.39	14.30	16.78	18.30	30.74	54.43
65	11.47	14.62	15.62	18.36	20.03	33.57	59.80
66	12.44	15.93	17.04	20.06	21.89	36.64	65.70
67	13.48	17.32	18.54	21.85	23.87	39.89	72.06
68	14.54	18.75	20.09	23.72	25.92	43.30	78.80
69	15.63	20.20	21.68	25.64	28.02	46.79	85.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.48	1.78	1.92	2.23	2.98	5.61	9.64
26	1.51	1.83	1.98	2.30	3.07	5.71	9.81
27	1.56	1.88	2.04	2.37	3.16	5.83	10.00
28	1.60	1.94	2.11	2.46	3.26	5.96	10.21
29	1.65	2.02	2.19	2.55	3.37	6.10	10.44
30	1.71	2.09	2.28	2.66	3.48	6.26	10.68
31	1.78	2.18	2.37	2.77	3.61	6.42	10.96
32	1.84	2.27	2.47	2.90	3.74	6.61	11.27
33	1.91	2.37	2.58	3.03	3.88	6.81	11.61
34	1.99	2.47	2.70	3.17	4.04	7.03	11.97
35	2.08	2.58	2.82	3.32	4.20	7.26	12.37
36	2.16	2.70	2.96	3.48	4.37	7.52	12.82
37	2.26	2.82	3.10	3.64	4.57	7.81	13.31
38	2.37	2.96	3.25	3.83	4.77	8.10	13.84
39	2.47	3.11	3.41	4.02	4.98	8.43	14.42
40	2.60	3.26	3.59	4.22	5.22	8.79	15.07
41	2.73	3.43	3.78	4.44	5.47	9.18	15.76
42	2.86	3.62	3.99	4.68	5.75	9.60	16.53
43	3.04	3.82	4.21	4.94	6.04	10.05	17.35
44	3.22	4.05	4.44	5.21	6.35	10.54	18.25
45	3.42	4.29	4.70	5.51	6.70	11.07	19.24
46	3.65	4.57	4.98	5.83	7.06	11.65	20.32
47	3.89	4.86	5.29	6.19	7.45	12.29	21.50
48	4.15	5.18	5.62	6.58	7.88	13.00	22.83
49	4.44	5.53	5.99	7.00	8.35	13.76	24.26
50	4.74	5.90	6.39	7.47	8.84	14.58	25.79
51	5.07	6.31	6.82	7.96	9.36	15.46	27.42
52	5.40	6.73	7.26	8.48	9.91	16.39	29.15
53	5.78	7.22	7.78	9.08	10.52	17.46	31.09
54	6.19	7.73	8.31	9.71	11.16	18.56	33.08
55	6.59	8.25	8.85	10.35	11.79	19.68	35.09
56	7.01	8.77	9.40	10.99	12.43	20.80	37.08
57	7.43	9.30	9.94	11.62	13.06	21.90	39.01
58	7.69	9.64	10.29	12.03	13.42	22.55	40.00
59	7.97	10.00	10.67	12.47	13.82	23.26	41.07
60	8.29	10.41	11.10	12.97	14.29	24.09	42.40
61	8.69	10.91	11.62	13.60	14.91	25.15	44.15
62	9.17	11.55	12.29	14.39	15.71	26.50	46.52
63	9.92	12.54	13.37	15.66	17.09	28.76	50.67
64	10.77	13.67	14.59	17.12	18.67	31.36	55.54
65	11.70	14.92	15.94	18.74	20.43	34.26	61.02
66	12.70	16.25	17.39	20.47	22.34	37.39	67.04
67	13.75	17.67	18.92	22.30	24.36	40.71	73.53
68	14.84	19.13	20.50	24.21	26.44	44.18	80.41
69	15.95	20.62	22.12	26.16	28.59	47.75	87.60

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.23	1.45	1.55	1.77	2.43	4.66	7.94
26	1.27	1.49	1.59	1.83	2.50	4.77	8.10
27	1.29	1.52	1.65	1.89	2.59	4.89	8.30
28	1.34	1.58	1.70	1.95	2.68	5.01	8.49
29	1.38	1.64	1.77	2.03	2.76	5.14	8.72
30	1.43	1.70	1.84	2.12	2.86	5.29	8.96
31	1.47	1.77	1.92	2.21	2.97	5.45	9.22
32	1.52	1.84	1.99	2.31	3.09	5.62	9.51
33	1.58	1.92	2.08	2.41	3.21	5.81	9.82
34	1.65	2.00	2.17	2.53	3.34	6.00	10.16
35	1.71	2.09	2.27	2.65	3.48	6.23	10.54
36	1.79	2.18	2.38	2.77	3.64	6.46	10.96
37	1.87	2.29	2.49	2.90	3.80	6.71	11.40
38	1.94	2.39	2.62	3.05	3.99	7.00	11.88
39	2.03	2.51	2.75	3.21	4.17	7.30	12.42
40	2.13	2.64	2.89	3.37	4.38	7.62	13.01
41	2.24	2.78	3.04	3.56	4.60	7.98	13.64
42	2.35	2.92	3.21	3.75	4.85	8.37	14.34
43	2.48	3.09	3.39	3.96	5.10	8.77	15.09
44	2.64	3.27	3.58	4.17	5.39	9.22	15.90
45	2.81	3.48	3.78	4.43	5.68	9.71	16.80
46	2.98	3.69	4.02	4.68	5.99	10.23	17.78
47	3.19	3.93	4.26	4.96	6.34	10.81	18.84
48	3.40	4.19	4.54	5.30	6.71	11.45	20.06
49	3.63	4.48	4.84	5.64	7.12	12.14	21.35
50	3.87	4.78	5.17	6.01	7.55	12.89	22.74
51	4.14	5.10	5.50	6.41	8.01	13.68	24.22
52	4.42	5.45	5.87	6.84	8.49	14.54	25.78
53	4.73	5.84	6.28	7.33	9.04	15.50	27.54
54	5.07	6.26	6.71	7.84	9.59	16.49	29.37
55	5.41	6.69	7.16	8.36	10.15	17.49	31.20
56	5.76	7.12	7.61	8.88	10.71	18.50	33.01
57	6.12	7.55	8.05	9.41	11.26	19.49	34.77
58	6.34	7.82	8.34	9.73	11.59	20.06	35.68
59	6.58	8.11	8.65	10.09	11.93	20.69	36.67
60	6.86	8.46	9.00	10.52	12.35	21.43	37.89
61	7.19	8.87	9.44	11.03	12.86	22.37	39.52
62	7.61	9.40	10.00	11.69	13.52	23.58	41.71
63	8.25	10.23	10.89	12.74	14.60	25.63	45.54
64	8.98	11.17	11.90	13.96	15.85	27.97	50.03
65	9.79	12.21	13.02	15.29	17.24	30.59	55.09
66	10.66	13.31	14.23	16.74	18.74	33.43	60.66
67	11.56	14.49	15.51	18.27	20.33	36.47	66.69
68	12.50	15.73	16.84	19.87	21.99	39.65	73.08
69	13.47	16.98	18.21	21.51	23.71	42.94	79.78

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.26	1.48	1.58	1.80	2.48	4.76	8.10
26	1.29	1.51	1.63	1.87	2.55	4.87	8.27
27	1.32	1.56	1.68	1.93	2.64	4.99	8.47
28	1.36	1.61	1.73	2.00	2.73	5.11	8.67
29	1.41	1.67	1.80	2.08	2.82	5.24	8.90
30	1.45	1.73	1.87	2.16	2.92	5.39	9.14
31	1.50	1.80	1.95	2.25	3.03	5.56	9.41
32	1.56	1.87	2.03	2.36	3.15	5.74	9.71
33	1.61	1.95	2.12	2.46	3.27	5.92	10.02
34	1.68	2.04	2.22	2.58	3.41	6.12	10.38
35	1.74	2.13	2.31	2.70	3.56	6.35	10.75
36	1.82	2.23	2.43	2.82	3.71	6.59	11.18
37	1.90	2.33	2.54	2.97	3.88	6.86	11.63
38	1.99	2.45	2.68	3.12	4.07	7.14	12.13
39	2.08	2.56	2.81	3.27	4.26	7.44	12.67
40	2.17	2.69	2.95	3.44	4.47	7.78	13.27
41	2.28	2.83	3.11	3.63	4.70	8.14	13.92
42	2.39	2.98	3.27	3.83	4.95	8.54	14.63
43	2.53	3.15	3.46	4.04	5.21	8.95	15.40
44	2.69	3.34	3.65	4.26	5.49	9.41	16.23
45	2.86	3.55	3.86	4.51	5.79	9.90	17.14
46	3.04	3.77	4.10	4.78	6.12	10.44	18.14
47	3.25	4.01	4.35	5.07	6.47	11.03	19.23
48	3.47	4.28	4.64	5.40	6.86	11.69	20.46
49	3.70	4.57	4.94	5.76	7.27	12.39	21.78
50	3.95	4.88	5.27	6.13	7.71	13.16	23.21
51	4.22	5.21	5.61	6.54	8.18	13.97	24.71
52	4.51	5.56	5.99	6.98	8.67	14.84	26.30
53	4.83	5.97	6.42	7.48	9.22	15.81	28.11
54	5.17	6.39	6.86	8.00	9.79	16.83	29.96
55	5.53	6.82	7.31	8.53	10.36	17.85	31.83
56	5.88	7.26	7.77	9.06	10.93	18.88	33.69
57	6.24	7.70	8.22	9.60	11.49	19.89	35.48
58	6.47	7.98	8.51	9.94	11.83	20.47	36.41
59	6.71	8.28	8.83	10.30	12.18	21.11	37.42
60	7.00	8.63	9.19	10.73	12.60	21.87	38.67
61	7.34	9.06	9.64	11.26	13.12	22.83	40.33
62	7.77	9.59	10.20	11.92	13.79	24.06	42.57
63	8.42	10.44	11.11	13.01	14.90	26.14	46.47
64	9.17	11.40	12.14	14.24	16.17	28.54	51.05
65	9.99	12.45	13.29	15.60	17.59	31.21	56.21
66	10.88	13.59	14.52	17.08	19.12	34.12	61.90
67	11.80	14.79	15.83	18.64	20.74	37.22	68.05
68	12.76	16.04	17.19	20.28	22.44	40.46	74.57
69	13.75	17.32	18.58	21.95	24.19	43.82	81.41

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	8.91	11.07	11.82	13.86	15.62	27.70	49.83
66	9.70	12.09	12.92	15.19	17.00	30.32	54.95
67	10.53	13.17	14.09	16.59	18.45	33.09	60.46
68	11.40	14.30	15.31	18.05	19.98	36.01	66.31
69	12.28	15.45	16.57	19.56	21.56	39.03	72.46

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	9.09	11.30	12.06	14.14	15.94	28.27	50.86
66	9.89	12.34	13.18	15.50	17.34	30.93	56.06
67	10.74	13.45	14.38	16.92	18.83	33.77	61.69
68	11.62	14.59	15.62	18.42	20.39	36.75	67.66
69	12.53	15.77	16.90	19.96	22.00	39.83	73.94

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	7.80	9.67	10.30	12.08	13.60	24.05	43.16
66	8.47	10.55	11.26	13.21	14.78	26.28	47.52
67	9.20	11.47	12.26	14.41	16.03	28.65	52.22
68	9.93	12.43	13.30	15.66	17.34	31.13	57.21
69	10.67	13.41	14.37	16.95	18.68	33.71	62.44

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
65	7.96	9.86	10.52	12.33	13.89	24.54	44.04
66	8.65	10.76	11.48	13.48	15.08	26.81	48.49
67	9.38	11.70	12.50	14.70	16.36	29.23	53.28
68	10.13	12.68	13.57	15.98	17.69	31.77	58.38
69	10.89	13.68	14.66	17.29	19.06	34.40	63.72

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.03	5.28	5.84	7.02	8.84	15.07	26.19
26	4.17	5.46	6.05	7.28	9.13	15.45	26.84
27	4.31	5.67	6.27	7.56	9.43	15.85	27.53
28	4.47	5.88	6.52	7.86	9.77	16.25	28.20
29	4.64	6.11	6.78	8.18	10.10	16.68	28.92
30	4.80	6.35	7.05	8.51	10.46	17.12	29.66
31	5.00	6.61	7.34	8.85	10.82	17.58	30.43
32	5.20	6.88	7.65	9.22	11.22	18.07	31.24
33	5.40	7.15	7.96	9.60	11.62	18.56	32.09
34	5.62	7.44	8.28	10.00	12.04	19.08	33.00
35	5.85	7.74	8.62	10.40	12.48	19.64	33.98
36	6.09	8.06	8.98	10.82	12.94	20.23	35.02
37	6.34	8.39	9.35	11.27	13.41	20.86	36.14
38	6.61	8.74	9.74	11.73	13.90	21.52	37.36
39	6.89	9.10	10.16	12.21	14.40	22.24	38.69
40	7.17	9.49	10.59	12.72	14.92	23.00	40.11
41	7.49	9.89	11.04	13.24	15.48	23.82	41.63
42	7.82	10.32	11.53	13.81	16.06	24.68	43.29
43	8.24	10.82	12.05	14.41	16.66	25.62	45.08
44	8.67	11.36	12.59	15.04	17.31	26.61	47.00
45	9.14	11.92	13.17	15.70	17.98	27.67	49.04
46	9.64	12.52	13.79	16.41	18.69	28.78	51.22
47	10.18	13.16	14.44	17.16	19.45	29.96	53.50
48	10.74	13.86	15.16	18.00	20.29	31.31	56.12
49	11.33	14.58	15.93	18.88	21.18	32.69	58.81
50	11.95	15.33	16.71	19.77	22.09	34.10	61.51
51	12.58	16.10	17.50	20.70	23.02	35.53	64.20
52	13.22	16.86	18.30	21.60	23.95	36.92	66.84
53	13.92	17.71	19.19	22.64	25.04	38.47	69.63
54	14.60	18.54	20.04	23.62	26.08	39.93	72.18
55	15.23	19.29	20.81	24.51	27.03	41.22	74.37
56	15.80	19.96	21.47	25.27	27.83	42.27	76.08
57	16.26	20.49	21.99	25.86	28.46	43.02	77.20
58	16.55	20.82	22.33	26.25	28.85	43.39	77.59
59	16.68	20.96	22.46	26.38	28.96	43.33	77.14
60	16.62	20.86	22.33	26.22	28.74	42.78	75.73
61	16.36	20.50	21.91	25.73	28.15	41.64	73.24
62	15.85	19.84	21.18	24.87	27.15	39.88	69.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.18	5.47	6.05	7.28	9.15	15.61	27.14
26	4.32	5.66	6.27	7.54	9.46	16.02	27.82
27	4.47	5.87	6.50	7.83	9.78	16.42	28.52
28	4.63	6.09	6.76	8.14	10.12	16.84	29.22
29	4.80	6.33	7.02	8.47	10.47	17.28	29.96
30	4.98	6.58	7.30	8.82	10.84	17.74	30.73
31	5.18	6.85	7.60	9.18	11.22	18.22	31.53
32	5.39	7.13	7.92	9.56	11.62	18.72	32.38
33	5.60	7.41	8.25	9.95	12.05	19.23	33.26
34	5.83	7.71	8.58	10.36	12.48	19.77	34.20
35	6.06	8.03	8.93	10.78	12.93	20.35	35.21
36	6.31	8.35	9.30	11.22	13.40	20.96	36.29
37	6.57	8.69	9.69	11.68	13.90	21.61	37.45
38	6.85	9.06	10.09	12.15	14.40	22.31	38.72
39	7.14	9.43	10.52	12.65	14.92	23.05	40.09
40	7.44	9.83	10.97	13.17	15.47	23.84	41.56
41	7.76	10.25	11.45	13.73	16.04	24.68	43.15
42	8.10	10.70	11.95	14.31	16.64	25.58	44.85
43	8.54	11.22	12.49	14.92	17.27	26.55	46.72
44	8.98	11.77	13.05	15.58	17.93	27.58	48.71
45	9.48	12.36	13.65	16.27	18.63	28.67	50.82
46	10.00	12.98	14.29	17.01	19.37	29.83	53.07
47	10.55	13.64	14.96	17.78	20.15	31.06	55.45
48	11.13	14.36	15.72	18.66	21.03	32.45	58.15
49	11.75	15.11	16.51	19.56	21.95	33.88	60.94
50	12.38	15.88	17.32	20.50	22.89	35.34	63.75
51	13.03	16.68	18.14	21.45	23.86	36.81	66.54
52	13.69	17.47	18.96	22.39	24.82	38.26	69.26
53	14.42	18.36	19.89	23.46	25.95	39.87	72.15
54	15.13	19.21	20.77	24.47	27.03	41.39	74.79
55	15.79	19.99	21.57	25.40	28.01	42.72	77.07
56	16.37	20.68	22.26	26.19	28.85	43.80	78.85
57	16.85	21.23	22.79	26.80	29.49	44.58	80.00
58	17.15	21.58	23.14	27.20	29.89	44.97	80.41
59	17.28	21.72	23.28	27.34	30.01	44.91	79.94
60	17.23	21.61	23.14	27.17	29.78	44.33	78.48
61	16.95	21.23	22.70	26.66	29.17	43.16	75.90
62	16.42	20.56	21.95	25.77	28.13	41.32	72.07

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.01	2.51	2.74	3.23	4.43	8.47	14.85
26	2.07	2.60	2.83	3.35	4.58	8.69	15.24
27	2.14	2.70	2.96	3.50	4.76	8.95	15.67
28	2.23	2.82	3.09	3.66	4.96	9.22	16.13
29	2.31	2.95	3.23	3.84	5.17	9.52	16.61
30	2.43	3.08	3.39	4.02	5.38	9.83	17.12
31	2.54	3.24	3.56	4.23	5.61	10.16	17.69
32	2.66	3.40	3.74	4.45	5.86	10.52	18.30
33	2.79	3.56	3.93	4.68	6.12	10.90	18.95
34	2.92	3.75	4.14	4.93	6.41	11.31	19.64
35	3.06	3.94	4.36	5.19	6.70	11.76	20.39
36	3.23	4.15	4.58	5.46	7.01	12.22	21.22
37	3.39	4.37	4.84	5.76	7.36	12.73	22.10
38	3.56	4.61	5.10	6.08	7.71	13.26	23.05
39	3.76	4.86	5.39	6.42	8.10	13.85	24.09
40	3.97	5.12	5.69	6.77	8.50	14.47	25.19
41	4.18	5.41	6.00	7.15	8.93	15.14	26.39
42	4.42	5.71	6.35	7.55	9.39	15.86	27.69
43	4.70	6.07	6.72	7.97	9.89	16.62	29.10
44	5.01	6.44	7.12	8.43	10.43	17.44	30.62
45	5.34	6.85	7.53	8.92	10.99	18.32	32.23
46	5.69	7.28	7.98	9.44	11.58	19.25	33.95
47	6.07	7.74	8.46	9.99	12.21	20.23	35.79
48	6.48	8.25	8.99	10.60	12.88	21.35	37.88
49	6.92	8.77	9.56	11.26	13.59	22.50	40.05
50	7.37	9.32	10.13	11.92	14.30	23.68	42.27
51	7.82	9.87	10.72	12.59	15.00	24.87	44.49
52	8.29	10.44	11.31	13.27	15.70	26.06	46.68
53	8.78	11.05	11.96	14.02	16.45	27.33	49.05
54	9.25	11.65	12.57	14.74	17.13	28.55	51.27
55	9.67	12.20	13.13	15.40	17.75	29.64	53.22
56	10.06	12.67	13.61	15.96	18.25	30.54	54.82
57	10.36	13.06	13.99	16.40	18.61	31.20	55.97
58	10.55	13.31	14.25	16.71	18.81	31.60	56.58
59	10.64	13.43	14.36	16.83	18.81	31.66	56.53
60	10.60	13.38	14.29	16.76	18.58	31.33	55.74
61	10.42	13.15	14.04	16.44	18.09	30.56	54.12
62	10.07	12.72	13.55	15.88	17.34	29.31	51.56

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.08	2.60	2.83	3.34	4.58	8.77	15.39
26	2.15	2.69	2.94	3.48	4.75	9.01	15.80
27	2.22	2.80	3.06	3.63	4.94	9.28	16.24
28	2.31	2.92	3.20	3.79	5.14	9.56	16.71
29	2.40	3.05	3.34	3.98	5.35	9.86	17.21
30	2.52	3.19	3.51	4.17	5.57	10.18	17.75
31	2.63	3.35	3.69	4.38	5.82	10.53	18.33
32	2.75	3.52	3.87	4.61	6.07	10.90	18.96
33	2.89	3.70	4.07	4.85	6.34	11.30	19.63
34	3.03	3.88	4.29	5.10	6.64	11.72	20.35
35	3.18	4.08	4.51	5.38	6.94	12.18	21.13
36	3.34	4.30	4.75	5.67	7.27	12.66	21.98
37	3.51	4.53	5.02	5.98	7.62	13.19	22.90
38	3.70	4.78	5.29	6.30	7.99	13.75	23.88
39	3.90	5.03	5.58	6.64	8.39	14.35	24.96
40	4.11	5.31	5.90	7.01	8.81	15.00	26.11
41	4.33	5.61	6.22	7.40	9.26	15.69	27.35
42	4.58	5.92	6.58	7.82	9.73	16.43	28.70
43	4.87	6.29	6.97	8.26	10.25	17.22	30.16
44	5.19	6.68	7.37	8.74	10.81	18.08	31.72
45	5.54	7.09	7.81	9.25	11.39	18.98	33.40
46	5.90	7.54	8.27	9.79	12.00	19.94	35.18
47	6.29	8.02	8.76	10.35	12.65	20.96	37.08
48	6.71	8.54	9.32	10.99	13.35	22.12	39.26
49	7.16	9.09	9.90	11.67	14.08	23.32	41.50
50	7.63	9.65	10.50	12.36	14.82	24.54	43.80
51	8.10	10.23	11.11	13.05	15.55	25.78	46.10
52	8.59	10.82	11.72	13.75	16.27	27.00	48.36
53	9.10	11.46	12.39	14.53	17.05	28.33	50.83
54	9.58	12.07	13.02	15.28	17.76	29.59	53.13
55	10.02	12.64	13.60	15.95	18.39	30.71	55.15
56	10.42	13.13	14.11	16.54	18.91	31.64	56.80
57	10.74	13.53	14.50	17.00	19.29	32.34	58.00
58	10.94	13.79	14.77	17.32	19.49	32.74	58.63
59	11.03	13.91	14.88	17.44	19.49	32.81	58.58
60	10.98	13.86	14.81	17.36	19.25	32.46	57.76
61	10.80	13.62	14.55	17.04	18.75	31.67	56.08
62	10.44	13.17	14.04	16.45	17.96	30.38	53.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.72	2.10	2.29	2.68	3.81	7.53	13.14
26	1.77	2.18	2.38	2.79	3.96	7.76	13.53
27	1.83	2.28	2.48	2.91	4.12	8.02	13.96
28	1.91	2.37	2.59	3.04	4.29	8.28	14.41
29	1.99	2.48	2.71	3.19	4.49	8.56	14.89
30	2.07	2.60	2.84	3.35	4.68	8.86	15.40
31	2.16	2.73	2.99	3.53	4.89	9.19	15.95
32	2.27	2.86	3.14	3.72	5.12	9.54	16.54
33	2.38	3.01	3.30	3.92	5.36	9.90	17.16
34	2.49	3.16	3.48	4.12	5.61	10.30	17.84
35	2.61	3.32	3.66	4.34	5.89	10.72	18.56
36	2.75	3.50	3.85	4.58	6.18	11.17	19.33
37	2.89	3.69	4.07	4.83	6.49	11.65	20.19
38	3.04	3.89	4.29	5.10	6.81	12.17	21.09
39	3.20	4.10	4.53	5.38	7.16	12.72	22.08
40	3.37	4.32	4.79	5.68	7.53	13.31	23.14
41	3.56	4.57	5.06	5.99	7.93	13.95	24.28
42	3.76	4.82	5.35	6.34	8.36	14.63	25.51
43	4.00	5.13	5.67	6.70	8.82	15.36	26.84
44	4.25	5.45	5.99	7.09	9.31	16.14	28.27
45	4.53	5.78	6.35	7.51	9.82	16.96	29.80
46	4.84	6.15	6.73	7.94	10.35	17.84	31.42
47	5.17	6.54	7.14	8.40	10.92	18.77	33.16
48	5.50	6.96	7.59	8.93	11.54	19.82	35.13
49	5.87	7.41	8.07	9.48	12.19	20.92	37.18
50	6.25	7.88	8.55	10.05	12.83	22.03	39.26
51	6.64	8.35	9.05	10.61	13.47	23.14	41.35
52	7.03	8.82	9.55	11.18	14.11	24.24	43.39
53	7.44	9.35	10.08	11.81	14.78	25.44	45.62
54	7.86	9.83	10.60	12.42	15.41	26.57	47.68
55	8.23	10.30	11.06	12.96	15.95	27.56	49.50
56	8.56	10.68	11.47	13.44	16.39	28.38	50.97
57	8.83	11.00	11.77	13.80	16.71	28.98	52.02
58	8.99	11.20	11.99	14.04	16.86	29.29	52.54
59	9.07	11.28	12.06	14.12	16.84	29.29	52.45
60	9.04	11.24	11.99	14.04	16.60	28.91	51.64
61	8.88	11.03	11.76	13.75	16.11	28.10	50.04
62	8.59	10.63	11.32	13.24	15.36	26.82	47.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.78	2.18	2.37	2.77	3.95	7.81	13.61
26	1.83	2.26	2.46	2.89	4.10	8.04	14.03
27	1.90	2.36	2.57	3.02	4.27	8.31	14.47
28	1.98	2.46	2.68	3.16	4.45	8.58	14.93
29	2.06	2.57	2.81	3.31	4.65	8.87	15.43
30	2.15	2.69	2.95	3.48	4.85	9.19	15.95
31	2.24	2.82	3.10	3.66	5.07	9.52	16.53
32	2.35	2.97	3.26	3.85	5.31	9.88	17.13
33	2.46	3.12	3.42	4.06	5.55	10.26	17.78
34	2.58	3.27	3.60	4.27	5.82	10.67	18.48
35	2.71	3.44	3.79	4.50	6.10	11.11	19.23
36	2.85	3.63	4.00	4.74	6.40	11.57	20.04
37	2.99	3.82	4.22	5.01	6.72	12.07	20.92
38	3.15	4.03	4.45	5.28	7.06	12.61	21.86
39	3.32	4.25	4.70	5.57	7.43	13.18	22.88
40	3.49	4.48	4.96	5.89	7.81	13.80	23.98
41	3.69	4.73	5.24	6.21	8.22	14.46	25.16
42	3.89	5.00	5.54	6.56	8.66	15.15	26.44
43	4.14	5.32	5.87	6.94	9.13	15.91	27.82
44	4.41	5.64	6.21	7.35	9.64	16.72	29.30
45	4.70	5.99	6.58	7.78	10.17	17.57	30.88
46	5.02	6.37	6.98	8.23	10.73	18.49	32.57
47	5.35	6.78	7.39	8.71	11.32	19.45	34.36
48	5.70	7.22	7.87	9.26	11.96	20.54	36.41
49	6.08	7.68	8.36	9.82	12.63	21.67	38.53
50	6.48	8.16	8.86	10.41	13.30	22.83	40.68
51	6.87	8.65	9.37	11.00	13.97	23.98	42.85
52	7.29	9.13	9.89	11.59	14.62	25.12	44.97
53	7.72	9.68	10.45	12.24	15.32	26.36	47.27
54	8.14	10.19	10.98	12.87	15.96	27.54	49.41
55	8.53	10.67	11.47	13.43	16.54	28.56	51.30
56	8.87	11.07	11.88	13.92	16.99	29.41	52.82
57	9.14	11.40	12.21	14.30	17.32	30.03	53.90
58	9.32	11.61	12.42	14.55	17.48	30.35	54.45
59	9.40	11.70	12.50	14.63	17.45	30.35	54.35
60	9.36	11.64	12.43	14.55	17.20	29.96	53.51
61	9.20	11.42	12.18	14.25	16.69	29.12	51.85
62	8.90	11.02	11.73	13.72	15.91	27.80	49.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.57	1.89	2.06	2.38	3.35	6.54	11.32
26	1.61	1.97	2.14	2.50	3.50	6.78	11.73
27	1.67	2.06	2.24	2.60	3.66	7.02	12.14
28	1.74	2.15	2.33	2.74	3.82	7.29	12.59
29	1.82	2.25	2.46	2.88	4.00	7.56	13.06
30	1.90	2.36	2.57	3.03	4.19	7.86	13.56
31	1.99	2.47	2.71	3.19	4.38	8.17	14.10
32	2.08	2.60	2.85	3.36	4.59	8.50	14.67
33	2.18	2.74	3.00	3.54	4.82	8.85	15.27
34	2.29	2.88	3.16	3.74	5.06	9.23	15.91
35	2.40	3.04	3.33	3.94	5.32	9.63	16.61
36	2.53	3.19	3.52	4.16	5.59	10.06	17.34
37	2.66	3.37	3.71	4.40	5.88	10.52	18.15
38	2.79	3.56	3.92	4.65	6.19	11.01	19.02
39	2.95	3.76	4.14	4.90	6.51	11.53	19.94
40	3.10	3.97	4.38	5.18	6.86	12.08	20.94
41	3.27	4.19	4.64	5.47	7.23	12.67	22.00
42	3.46	4.43	4.90	5.80	7.63	13.31	23.16
43	3.69	4.71	5.20	6.14	8.06	13.99	24.39
44	3.92	5.00	5.50	6.49	8.51	14.71	25.74
45	4.19	5.32	5.83	6.88	8.98	15.49	27.16
46	4.46	5.66	6.19	7.29	9.49	16.31	28.67
47	4.75	6.01	6.56	7.72	10.01	17.16	30.26
48	5.08	6.41	6.97	8.20	10.58	18.14	32.10
49	5.42	6.82	7.41	8.70	11.18	19.15	33.99
50	5.76	7.24	7.87	9.22	11.77	20.18	35.91
51	6.12	7.67	8.32	9.75	12.36	21.21	37.83
52	6.48	8.11	8.77	10.27	12.95	22.22	39.71
53	6.87	8.59	9.27	10.84	13.57	23.32	41.76
54	7.23	9.04	9.73	11.40	14.14	24.35	43.64
55	7.58	9.45	10.16	11.90	14.64	25.25	45.28
56	7.88	9.81	10.52	12.32	15.04	25.99	46.62
57	8.11	10.09	10.80	12.65	15.31	26.51	47.54
58	8.26	10.27	10.98	12.85	15.44	26.79	47.98
59	8.32	10.33	11.04	12.92	15.40	26.74	47.85
60	8.28	10.27	10.96	12.82	15.15	26.36	47.04
61	8.12	10.06	10.72	12.53	14.68	25.58	45.50
62	7.83	9.68	10.30	12.04	13.96	24.37	43.13

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.62	1.96	2.13	2.47	3.48	6.78	11.73
26	1.67	2.04	2.22	2.59	3.63	7.02	12.15
27	1.73	2.13	2.31	2.70	3.79	7.28	12.58
28	1.80	2.23	2.42	2.83	3.96	7.55	13.05
29	1.88	2.33	2.54	2.98	4.14	7.83	13.53
30	1.97	2.45	2.67	3.13	4.34	8.14	14.05
31	2.06	2.56	2.81	3.30	4.54	8.47	14.61
32	2.16	2.69	2.96	3.48	4.76	8.81	15.20
33	2.26	2.83	3.11	3.67	5.00	9.18	15.82
34	2.37	2.98	3.27	3.87	5.24	9.57	16.49
35	2.49	3.14	3.45	4.08	5.51	9.98	17.21
36	2.61	3.31	3.64	4.31	5.79	10.42	17.98
37	2.75	3.49	3.85	4.56	6.09	10.89	18.81
38	2.90	3.69	4.07	4.81	6.41	11.40	19.70
39	3.05	3.89	4.29	5.08	6.75	11.94	20.66
40	3.21	4.11	4.54	5.37	7.11	12.52	21.69
41	3.40	4.34	4.80	5.68	7.50	13.13	22.80
42	3.58	4.58	5.08	6.01	7.90	13.79	24.00
43	3.82	4.88	5.39	6.36	8.35	14.50	25.28
44	4.07	5.18	5.70	6.73	8.82	15.25	26.67
45	4.34	5.51	6.05	7.13	9.31	16.05	28.14
46	4.62	5.86	6.41	7.55	9.83	16.90	29.71
47	4.93	6.23	6.79	8.00	10.37	17.78	31.36
48	5.26	6.64	7.22	8.50	10.96	18.80	33.26
49	5.61	7.07	7.68	9.02	11.58	19.84	35.22
50	5.97	7.51	8.15	9.56	12.21	20.91	37.22
51	6.34	7.96	8.62	10.10	12.81	21.97	39.20
52	6.71	8.40	9.09	10.64	13.42	23.03	41.16
53	7.12	8.90	9.60	11.24	14.06	24.16	43.27
54	7.50	9.36	10.08	11.81	14.65	25.23	45.22
55	7.85	9.79	10.52	12.33	15.17	26.16	46.93
56	8.16	10.16	10.90	12.77	15.58	26.93	48.31
57	8.40	10.46	11.19	13.10	15.87	27.47	49.26
58	8.56	10.64	11.38	13.31	16.00	27.76	49.72
59	8.62	10.71	11.44	13.38	15.95	27.71	49.58
60	8.58	10.64	11.35	13.29	15.70	27.32	48.74
61	8.41	10.42	11.11	12.99	15.22	26.51	47.15
62	8.11	10.03	10.67	12.48	14.47	25.25	44.70

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.41	1.68	1.82	2.10	2.91	5.55	9.49
26	1.46	1.76	1.89	2.20	3.04	5.77	9.87
27	1.51	1.83	1.99	2.31	3.19	6.01	10.29
28	1.58	1.92	2.08	2.42	3.34	6.26	10.71
29	1.64	2.01	2.18	2.55	3.50	6.52	11.16
30	1.72	2.10	2.30	2.68	3.67	6.80	11.63
31	1.80	2.22	2.41	2.82	3.85	7.09	12.14
32	1.87	2.32	2.54	2.98	4.05	7.40	12.67
33	1.97	2.45	2.68	3.15	4.25	7.73	13.23
34	2.06	2.57	2.82	3.32	4.47	8.08	13.82
35	2.16	2.72	2.97	3.51	4.71	8.44	14.46
36	2.28	2.86	3.14	3.70	4.95	8.84	15.14
37	2.39	3.02	3.32	3.92	5.21	9.25	15.88
38	2.53	3.19	3.50	4.14	5.48	9.69	16.65
39	2.65	3.36	3.70	4.37	5.78	10.16	17.49
40	2.79	3.55	3.92	4.62	6.10	10.67	18.39
41	2.95	3.75	4.14	4.89	6.43	11.20	19.35
42	3.11	3.97	4.38	5.17	6.78	11.77	20.38
43	3.31	4.22	4.64	5.47	7.16	12.38	21.50
44	3.52	4.48	4.92	5.79	7.57	13.02	22.69
45	3.76	4.75	5.21	6.14	7.99	13.71	23.95
46	4.00	5.05	5.52	6.49	8.43	14.44	25.30
47	4.26	5.37	5.85	6.88	8.90	15.20	26.72
48	4.55	5.72	6.22	7.31	9.41	16.07	28.33
49	4.85	6.09	6.61	7.75	9.94	16.96	29.99
50	5.16	6.46	7.00	8.21	10.46	17.86	31.69
51	5.46	6.85	7.40	8.67	10.99	18.76	33.37
52	5.78	7.22	7.81	9.13	11.49	19.65	35.02
53	6.13	7.65	8.24	9.64	12.03	20.60	36.78
54	6.45	8.03	8.64	10.11	12.52	21.49	38.42
55	6.74	8.40	9.01	10.54	12.96	22.26	39.83
56	7.00	8.70	9.33	10.90	13.30	22.90	40.96
57	7.21	8.94	9.57	11.18	13.53	23.33	41.73
58	7.33	9.09	9.71	11.34	13.62	23.54	42.06
59	7.37	9.13	9.74	11.39	13.56	23.47	41.88
60	7.32	9.06	9.65	11.28	13.32	23.10	41.12
61	7.16	8.85	9.42	11.02	12.89	22.38	39.70
62	6.91	8.50	9.05	10.55	12.23	21.26	37.54

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.46	1.74	1.88	2.18	3.02	5.76	9.83
26	1.51	1.82	1.96	2.28	3.16	5.98	10.23
27	1.57	1.90	2.06	2.39	3.30	6.23	10.66
28	1.63	1.99	2.16	2.51	3.46	6.49	11.10
29	1.70	2.08	2.26	2.64	3.63	6.76	11.56
30	1.78	2.18	2.38	2.78	3.80	7.05	12.06
31	1.86	2.30	2.50	2.93	4.00	7.35	12.58
32	1.94	2.41	2.63	3.09	4.20	7.67	13.13
33	2.04	2.53	2.77	3.26	4.41	8.01	13.71
34	2.14	2.67	2.92	3.44	4.63	8.37	14.33
35	2.24	2.82	3.08	3.63	4.88	8.75	14.99
36	2.36	2.97	3.26	3.84	5.12	9.15	15.69
37	2.48	3.12	3.44	4.06	5.39	9.58	16.45
38	2.61	3.30	3.63	4.29	5.68	10.04	17.26
39	2.75	3.48	3.84	4.53	5.99	10.53	18.13
40	2.90	3.68	4.06	4.79	6.32	11.05	19.06
41	3.05	3.88	4.29	5.07	6.66	11.61	20.06
42	3.22	4.11	4.54	5.36	7.02	12.20	21.12
43	3.43	4.36	4.80	5.68	7.43	12.83	22.28
44	3.65	4.64	5.10	6.00	7.84	13.50	23.51
45	3.89	4.93	5.39	6.36	8.28	14.21	24.82
46	4.14	5.24	5.72	6.73	8.74	14.96	26.22
47	4.42	5.56	6.06	7.13	9.22	15.75	27.68
48	4.72	5.93	6.45	7.58	9.75	16.65	29.36
49	5.02	6.31	6.85	8.03	10.30	17.57	31.08
50	5.34	6.70	7.26	8.51	10.84	18.51	32.84
51	5.67	7.09	7.67	8.98	11.39	19.44	34.58
52	5.99	7.48	8.09	9.46	11.91	20.36	36.29
53	6.35	7.92	8.54	9.99	12.47	21.35	38.12
54	6.69	8.32	8.96	10.48	12.98	22.27	39.81
55	6.99	8.70	9.34	10.92	13.43	23.07	41.27
56	7.26	9.02	9.66	11.30	13.78	23.72	42.44
57	7.47	9.27	9.91	11.58	14.02	24.17	43.24
58	7.59	9.42	10.06	11.76	14.12	24.39	43.59
59	7.64	9.46	10.09	11.80	14.05	24.32	43.40
60	7.59	9.39	10.01	11.70	13.81	23.94	42.61
61	7.43	9.18	9.77	11.41	13.36	23.19	41.14
62	7.15	8.81	9.37	10.94	12.67	22.04	38.90

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	6.94	9.33	10.39	12.64	16.13	27.51	48.07
26	7.20	9.68	10.78	13.13	16.69	28.27	49.39
27	7.45	10.05	11.18	13.63	17.27	29.02	50.65
28	7.73	10.43	11.62	14.17	17.85	29.76	51.89
29	8.01	10.82	12.06	14.71	18.44	30.49	53.09
30	8.30	11.22	12.51	15.28	19.03	31.20	54.27
31	8.61	11.63	12.97	15.84	19.64	31.90	55.44
32	8.91	12.06	13.46	16.42	20.24	32.60	56.60
33	9.22	12.46	13.92	16.98	20.85	33.27	57.75
34	9.53	12.88	14.39	17.56	21.45	33.95	58.89
35	9.85	13.31	14.86	18.12	22.04	34.63	60.05
36	10.16	13.73	15.33	18.68	22.64	35.30	61.23
37	10.48	14.14	15.80	19.25	23.21	35.97	62.44
38	10.81	14.56	16.29	19.79	23.78	36.67	63.71
39	11.12	14.98	16.76	20.33	24.32	37.36	65.03
40	11.46	15.40	17.22	20.87	24.84	38.06	66.38
41	11.78	15.80	17.69	21.40	25.36	38.76	67.77
42	12.11	16.23	18.15	21.93	25.85	39.47	69.19
43	12.53	16.72	18.64	22.47	26.35	40.21	70.72
44	12.96	17.20	19.11	22.99	26.83	40.94	72.27
45	13.40	17.69	19.58	23.50	27.28	41.65	73.81
46	13.83	18.17	20.04	24.00	27.69	42.35	75.32
47	14.27	18.65	20.49	24.48	28.09	43.00	76.78
48	14.67	19.10	20.94	24.97	28.45	43.66	78.28
49	15.07	19.53	21.36	25.42	28.77	44.26	79.68
50	15.44	19.94	21.76	25.85	29.05	44.78	80.88
51	15.78	20.31	22.11	26.22	29.29	45.22	81.88
52	16.09	20.63	22.41	26.53	29.48	45.54	82.61
53	16.35	20.89	22.65	26.77	29.66	45.70	82.87
54	16.57	21.10	22.83	26.94	29.77	45.71	82.80
55	16.73	21.23	22.92	27.01	29.81	45.57	82.38
56	16.83	21.30	22.92	27.01	29.74	45.25	81.59
57	16.87	21.28	22.84	26.88	29.59	44.77	80.43
58	16.51	20.77	22.28	26.18	28.77	43.31	77.37
59	16.14	20.26	21.70	25.49	27.96	41.84	74.28
60	15.81	19.82	21.21	24.90	27.26	40.56	71.52
61	15.62	19.54	20.89	24.52	26.81	39.64	69.47
62	15.60	19.53	20.85	24.48	26.73	39.26	68.47
63	16.18	20.30	21.68	25.48	27.82	40.61	70.82
64	17.01	21.38	22.85	26.88	29.34	42.64	74.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.31	9.82	10.94	13.31	16.98	28.96	50.61
26	7.58	10.19	11.34	13.82	17.57	29.76	51.98
27	7.85	10.58	11.77	14.35	18.18	30.55	53.32
28	8.13	10.97	12.23	14.92	18.79	31.33	54.62
29	8.43	11.39	12.70	15.49	19.41	32.09	55.89
30	8.74	11.81	13.17	16.08	20.04	32.84	57.13
31	9.06	12.25	13.66	16.68	20.67	33.58	58.36
32	9.38	12.69	14.16	17.28	21.30	34.31	59.58
33	9.71	13.12	14.65	17.88	21.95	35.02	60.78
34	10.03	13.56	15.14	18.48	22.58	35.74	61.99
35	10.37	14.01	15.65	19.07	23.21	36.45	63.21
36	10.70	14.45	16.14	19.67	23.83	37.15	64.45
37	11.04	14.89	16.64	20.26	24.44	37.87	65.72
38	11.38	15.33	17.14	20.83	25.03	38.60	67.06
39	11.71	15.77	17.64	21.40	25.60	39.33	68.46
40	12.06	16.21	18.13	21.97	26.15	40.07	69.87
41	12.40	16.64	18.62	22.53	26.70	40.81	71.33
42	12.74	17.08	19.11	23.08	27.22	41.54	72.83
43	13.19	17.60	19.62	23.65	27.74	42.32	74.44
44	13.65	18.11	20.12	24.20	28.24	43.09	76.07
45	14.11	18.62	20.61	24.74	28.71	43.84	77.69
46	14.56	19.13	21.09	25.26	29.15	44.57	79.28
47	15.02	19.62	21.56	25.77	29.57	45.26	80.82
48	15.44	20.11	22.04	26.28	29.95	45.95	82.40
49	15.86	20.56	22.48	26.76	30.28	46.60	83.86
50	16.24	20.99	22.91	27.21	30.58	47.14	85.14
51	16.61	21.38	23.28	27.60	30.83	47.60	86.20
52	16.93	21.71	23.59	27.93	31.03	47.93	86.96
53	17.21	21.99	23.84	28.18	31.21	48.10	87.23
54	17.44	22.21	24.02	28.35	31.34	48.11	87.16
55	17.61	22.35	24.12	28.43	31.37	47.96	86.72
56	17.72	22.41	24.13	28.42	31.31	47.63	85.89
57	17.76	22.40	24.05	28.30	31.14	47.12	84.66
58	17.38	21.86	23.45	27.56	30.28	45.59	81.44
59	16.98	21.32	22.84	26.83	29.43	44.04	78.19
60	16.65	20.86	22.33	26.21	28.70	42.70	75.28
61	16.44	20.57	21.99	25.81	28.22	41.72	73.12
62	16.42	20.56	21.95	25.77	28.13	41.32	72.07
63	17.04	21.37	22.83	26.82	29.28	42.75	74.55
64	17.91	22.50	24.06	28.29	30.88	44.88	78.41

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.27	4.29	4.74	5.72	8.13	15.88	28.31
26	3.40	4.45	4.94	5.95	8.45	16.32	29.07
27	3.53	4.65	5.13	6.21	8.76	16.79	29.83
28	3.67	4.84	5.36	6.49	9.10	17.26	30.60
29	3.83	5.06	5.61	6.78	9.45	17.73	31.38
30	3.99	5.28	5.86	7.11	9.80	18.22	32.19
31	4.16	5.53	6.12	7.44	10.17	18.72	33.02
32	4.35	5.77	6.42	7.78	10.56	19.24	33.86
33	4.54	6.04	6.71	8.14	10.96	19.76	34.73
34	4.74	6.31	7.00	8.51	11.36	20.31	35.64
35	4.95	6.59	7.32	8.89	11.77	20.86	36.57
36	5.17	6.88	7.65	9.28	12.20	21.45	37.55
37	5.40	7.18	7.99	9.68	12.64	22.04	38.57
38	5.62	7.48	8.33	10.08	13.09	22.66	39.65
39	5.87	7.80	8.69	10.50	13.53	23.29	40.77
40	6.12	8.11	9.06	10.93	13.99	23.94	41.93
41	6.37	8.45	9.42	11.35	14.47	24.61	43.15
42	6.63	8.78	9.80	11.79	14.94	25.29	44.40
43	6.95	9.18	10.21	12.25	15.46	26.01	45.73
44	7.30	9.58	10.61	12.72	15.97	26.74	47.11
45	7.64	9.98	11.02	13.17	16.48	27.47	48.50
46	7.99	10.39	11.43	13.63	16.98	28.19	49.89
47	8.35	10.80	11.84	14.09	17.48	28.90	51.25
48	8.70	11.21	12.26	14.56	17.94	29.63	52.70
49	9.04	11.61	12.66	15.01	18.37	30.33	54.08
50	9.37	11.99	13.06	15.44	18.76	30.97	55.34
51	9.69	12.35	13.42	15.83	19.09	31.52	56.47
52	9.98	12.66	13.74	16.18	19.34	32.00	57.41
53	10.24	12.94	14.00	16.47	19.49	32.30	58.04
54	10.45	13.16	14.21	16.69	19.56	32.50	58.41
55	10.58	13.33	14.35	16.85	19.54	32.56	58.54
56	10.66	13.44	14.44	16.94	19.46	32.49	58.39
57	10.69	13.48	14.46	16.95	19.28	32.28	57.94
58	10.47	13.20	14.13	16.57	18.66	31.35	56.03
59	10.24	12.91	13.80	16.17	18.07	30.40	54.09
60	10.04	12.65	13.52	15.83	17.54	29.59	52.39
61	9.93	12.50	13.34	15.63	17.18	29.02	51.18
62	9.92	12.51	13.34	15.63	17.06	28.86	50.76
63	10.29	13.02	13.90	16.30	17.76	29.96	52.82
64	10.80	13.73	14.65	17.20	18.74	31.54	55.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.45	4.51	4.99	6.02	8.56	16.72	29.80
26	3.57	4.69	5.19	6.27	8.89	17.19	30.60
27	3.71	4.89	5.40	6.54	9.22	17.67	31.40
28	3.86	5.10	5.64	6.83	9.57	18.16	32.21
29	4.03	5.32	5.90	7.15	9.94	18.66	33.04
30	4.20	5.56	6.17	7.48	10.32	19.18	33.89
31	4.38	5.82	6.45	7.83	10.71	19.70	34.75
32	4.58	6.08	6.75	8.19	11.11	20.25	35.65
33	4.78	6.35	7.06	8.57	11.53	20.80	36.56
34	4.99	6.64	7.37	8.96	11.96	21.38	37.51
35	5.21	6.93	7.71	9.35	12.39	21.96	38.50
36	5.44	7.24	8.05	9.77	12.84	22.57	39.53
37	5.68	7.56	8.41	10.19	13.31	23.20	40.60
38	5.92	7.88	8.77	10.61	13.77	23.85	41.74
39	6.18	8.21	9.14	11.05	14.25	24.52	42.92
40	6.44	8.54	9.53	11.50	14.73	25.20	44.14
41	6.71	8.90	9.92	11.95	15.22	25.91	45.42
42	6.98	9.25	10.32	12.42	15.73	26.62	46.73
43	7.32	9.66	10.74	12.89	16.27	27.39	48.14
44	7.68	10.08	11.17	13.38	16.82	28.15	49.59
45	8.04	10.51	11.60	13.87	17.35	28.92	51.05
46	8.41	10.94	12.03	14.35	17.88	29.67	52.51
47	8.79	11.37	12.46	14.83	18.39	30.42	53.95
48	9.16	11.80	12.90	15.33	18.88	31.19	55.48
49	9.51	12.21	13.33	15.80	19.34	31.93	56.93
50	9.86	12.62	13.75	16.25	19.75	32.60	58.26
51	10.20	13.00	14.12	16.67	20.09	33.18	59.44
52	10.51	13.33	14.46	17.04	20.36	33.68	60.43
53	10.78	13.62	14.74	17.34	20.52	34.00	61.09
54	11.01	13.86	14.96	17.57	20.59	34.21	61.49
55	11.13	14.04	15.11	17.74	20.57	34.28	61.62
56	11.22	14.14	15.20	17.83	20.48	34.20	61.46
57	11.26	14.19	15.22	17.84	20.29	33.98	60.98
58	11.03	13.90	14.87	17.44	19.65	33.00	58.98
59	10.78	13.59	14.53	17.02	19.02	32.01	56.94
60	10.57	13.32	14.23	16.67	18.46	31.14	55.14
61	10.45	13.16	14.04	16.45	18.08	30.55	53.87
62	10.44	13.17	14.04	16.45	17.96	30.38	53.43
63	10.83	13.71	14.63	17.15	18.69	31.54	55.60
64	11.37	14.45	15.43	18.11	19.73	33.20	58.78

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.83	3.67	4.05	4.87	7.24	14.78	26.28
26	2.93	3.82	4.22	5.07	7.52	15.21	27.02
27	3.04	3.97	4.39	5.29	7.81	15.65	27.76
28	3.17	4.14	4.58	5.53	8.11	16.10	28.51
29	3.30	4.33	4.78	5.77	8.44	16.56	29.28
30	3.43	4.52	5.00	6.05	8.76	17.03	30.05
31	3.59	4.73	5.24	6.33	9.11	17.51	30.84
32	3.75	4.94	5.47	6.62	9.45	18.00	31.66
33	3.91	5.16	5.72	6.93	9.80	18.51	32.49
34	4.08	5.39	5.98	7.24	10.17	19.02	33.35
35	4.26	5.62	6.25	7.56	10.56	19.55	34.23
36	4.44	5.87	6.52	7.89	10.95	20.09	35.16
37	4.63	6.12	6.80	8.23	11.34	20.65	36.11
38	4.82	6.38	7.10	8.57	11.75	21.23	37.12
39	5.02	6.64	7.39	8.92	12.15	21.82	38.17
40	5.24	6.92	7.70	9.28	12.58	22.43	39.25
41	5.44	7.19	8.01	9.64	13.00	23.05	40.37
42	5.66	7.47	8.32	10.00	13.44	23.67	41.53
43	5.94	7.80	8.66	10.38	13.90	24.34	42.76
44	6.22	8.13	8.99	10.77	14.36	25.01	44.03
45	6.50	8.47	9.34	11.14	14.82	25.67	45.28
46	6.79	8.80	9.67	11.52	15.27	26.33	46.54
47	7.09	9.13	10.01	11.90	15.69	26.96	47.78
48	7.38	9.47	10.35	12.28	16.10	27.62	49.08
49	7.66	9.79	10.68	12.64	16.47	28.23	50.30
50	7.93	10.11	10.99	12.98	16.81	28.79	51.42
51	8.18	10.39	11.28	13.30	17.09	29.28	52.40
52	8.42	10.65	11.54	13.58	17.31	29.68	53.20
53	8.62	10.86	11.74	13.79	17.42	29.92	53.70
54	8.79	11.04	11.90	13.97	17.46	30.04	53.98
55	8.91	11.15	12.00	14.07	17.43	30.06	54.02
56	8.98	11.23	12.06	14.13	17.32	29.95	53.82
57	9.03	11.26	12.06	14.13	17.14	29.71	53.36
58	8.85	11.02	11.79	13.80	16.62	28.82	51.59
59	8.67	10.78	11.51	13.46	16.09	27.91	49.80
60	8.52	10.58	11.28	13.19	15.61	27.14	48.24
61	8.44	10.45	11.14	13.03	15.27	26.58	47.16
62	8.45	10.46	11.14	13.03	15.12	26.41	46.81
63	8.78	10.89	11.61	13.60	15.60	27.38	48.71
64	9.23	11.48	12.24	14.35	16.32	28.80	51.52

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.98	3.86	4.26	5.12	7.62	15.55	27.66
26	3.09	4.02	4.44	5.33	7.92	16.01	28.44
27	3.20	4.18	4.62	5.57	8.23	16.47	29.22
28	3.34	4.36	4.82	5.82	8.54	16.95	30.02
29	3.48	4.56	5.03	6.08	8.88	17.43	30.82
30	3.62	4.76	5.26	6.36	9.22	17.93	31.64
31	3.78	4.97	5.51	6.66	9.58	18.44	32.46
32	3.94	5.20	5.76	6.97	9.94	18.96	33.33
33	4.11	5.43	6.02	7.29	10.32	19.48	34.20
34	4.29	5.68	6.29	7.62	10.71	20.02	35.10
35	4.48	5.92	6.57	7.96	11.11	20.58	36.04
36	4.67	6.18	6.86	8.31	11.52	21.15	37.00
37	4.88	6.45	7.16	8.66	11.94	21.74	38.01
38	5.08	6.71	7.47	9.02	12.36	22.34	39.07
39	5.29	7.00	7.78	9.39	12.80	22.97	40.17
40	5.51	7.28	8.10	9.76	13.24	23.61	41.32
41	5.73	7.57	8.43	10.15	13.68	24.26	42.50
42	5.96	7.87	8.76	10.52	14.14	24.92	43.71
43	6.25	8.21	9.12	10.93	14.63	25.63	45.01
44	6.55	8.56	9.47	11.33	15.12	26.33	46.34
45	6.85	8.91	9.83	11.73	15.60	27.02	47.67
46	7.15	9.27	10.18	12.13	16.07	27.71	48.99
47	7.46	9.62	10.53	12.52	16.52	28.38	50.30
48	7.77	9.97	10.89	12.93	16.95	29.08	51.66
49	8.06	10.31	11.25	13.31	17.34	29.72	52.95
50	8.34	10.64	11.57	13.67	17.69	30.31	54.12
51	8.62	10.94	11.87	14.00	17.99	30.82	55.15
52	8.86	11.21	12.14	14.29	18.22	31.24	56.00
53	9.07	11.43	12.36	14.51	18.33	31.50	56.52
54	9.26	11.62	12.52	14.70	18.37	31.63	56.82
55	9.37	11.74	12.64	14.81	18.35	31.64	56.87
56	9.46	11.82	12.69	14.87	18.23	31.52	56.65
57	9.50	11.85	12.69	14.87	18.05	31.28	56.17
58	9.32	11.60	12.41	14.53	17.49	30.33	54.30
59	9.13	11.34	12.12	14.18	16.93	29.38	52.42
60	8.97	11.13	11.87	13.89	16.43	28.56	50.78
61	8.88	11.00	11.73	13.72	16.07	27.98	49.64
62	8.90	11.02	11.73	13.72	15.91	27.80	49.27
63	9.24	11.47	12.21	14.31	16.42	28.82	51.27
64	9.72	12.08	12.88	15.11	17.18	30.32	54.23

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.61	3.39	3.72	4.46	6.62	13.44	23.82
26	2.72	3.52	3.87	4.66	6.88	13.84	24.53
27	2.82	3.66	4.04	4.86	7.15	14.27	25.25
28	2.93	3.82	4.22	5.09	7.44	14.70	25.96
29	3.05	3.99	4.41	5.32	7.74	15.14	26.67
30	3.19	4.17	4.60	5.56	8.03	15.58	27.41
31	3.32	4.36	4.81	5.82	8.35	16.02	28.16
32	3.46	4.56	5.04	6.10	8.67	16.47	28.91
33	3.61	4.76	5.27	6.37	9.00	16.95	29.68
34	3.77	4.96	5.50	6.65	9.34	17.42	30.47
35	3.93	5.18	5.75	6.94	9.69	17.90	31.28
36	4.10	5.40	5.99	7.25	10.04	18.39	32.13
37	4.27	5.63	6.26	7.55	10.40	18.89	32.99
38	4.44	5.87	6.51	7.86	10.77	19.42	33.89
39	4.63	6.11	6.78	8.18	11.13	19.96	34.84
40	4.81	6.34	7.06	8.49	11.51	20.49	35.80
41	5.01	6.60	7.34	8.82	11.89	21.04	36.79
42	5.20	6.85	7.62	9.14	12.28	21.60	37.81
43	5.44	7.14	7.92	9.48	12.68	22.18	38.90
44	5.69	7.44	8.21	9.81	13.09	22.76	40.00
45	5.95	7.73	8.51	10.15	13.49	23.33	41.09
46	6.20	8.02	8.80	10.48	13.88	23.89	42.18
47	6.46	8.31	9.10	10.80	14.24	24.44	43.23
48	6.71	8.61	9.39	11.12	14.58	24.98	44.32
49	6.95	8.88	9.67	11.44	14.89	25.48	45.33
50	7.18	9.13	9.94	11.73	15.16	25.94	46.25
51	7.40	9.38	10.17	11.99	15.38	26.33	47.05
52	7.60	9.60	10.39	12.21	15.56	26.65	47.70
53	7.78	9.78	10.56	12.39	15.64	26.81	48.07
54	7.92	9.92	10.68	12.52	15.65	26.89	48.24
55	8.01	10.01	10.77	12.62	15.60	26.88	48.24
56	8.08	10.08	10.81	12.65	15.50	26.77	48.04
57	8.11	10.10	10.81	12.65	15.35	26.56	47.63
58	7.97	9.92	10.60	12.40	14.91	25.83	46.16
59	7.84	9.72	10.38	12.13	14.47	25.10	44.70
60	7.73	9.57	10.20	11.92	14.10	24.47	43.45
61	7.67	9.49	10.11	11.81	13.83	24.07	42.64
62	7.71	9.53	10.14	11.85	13.75	23.99	42.46
63	8.01	9.92	10.56	12.36	14.19	24.87	44.20
64	8.42	10.45	11.13	13.05	14.84	26.17	46.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.75	3.56	3.92	4.70	6.97	14.14	25.07
26	2.86	3.70	4.07	4.90	7.24	14.57	25.82
27	2.97	3.85	4.25	5.11	7.53	15.02	26.58
28	3.09	4.02	4.44	5.35	7.83	15.47	27.32
29	3.21	4.20	4.64	5.60	8.14	15.93	28.08
30	3.35	4.39	4.85	5.85	8.46	16.39	28.86
31	3.49	4.58	5.07	6.12	8.79	16.86	29.64
32	3.64	4.80	5.31	6.42	9.13	17.34	30.43
33	3.80	5.01	5.54	6.71	9.48	17.84	31.25
34	3.97	5.23	5.79	7.00	9.83	18.33	32.08
35	4.14	5.46	6.05	7.31	10.20	18.84	32.93
36	4.31	5.68	6.31	7.63	10.57	19.36	33.82
37	4.50	5.93	6.58	7.95	10.95	19.89	34.72
38	4.68	6.18	6.86	8.27	11.33	20.44	35.68
39	4.88	6.42	7.15	8.61	11.72	21.01	36.67
40	5.07	6.68	7.43	8.94	12.12	21.57	37.68
41	5.27	6.94	7.73	9.28	12.51	22.15	38.73
42	5.47	7.21	8.03	9.63	12.92	22.74	39.80
43	5.73	7.52	8.33	9.98	13.35	23.35	40.95
44	5.99	7.82	8.64	10.33	13.78	23.95	42.10
45	6.27	8.13	8.96	10.68	14.20	24.56	43.25
46	6.53	8.44	9.27	11.04	14.61	25.15	44.40
47	6.80	8.75	9.57	11.37	14.99	25.72	45.50
48	7.07	9.06	9.88	11.71	15.35	26.29	46.65
49	7.32	9.35	10.18	12.04	15.67	26.82	47.71
50	7.56	9.62	10.45	12.35	15.96	27.31	48.69
51	7.79	9.87	10.71	12.62	16.19	27.71	49.53
52	8.00	10.10	10.94	12.86	16.38	28.05	50.20
53	8.18	10.29	11.11	13.04	16.46	28.22	50.59
54	8.33	10.44	11.25	13.18	16.47	28.31	50.78
55	8.43	10.54	11.33	13.28	16.42	28.29	50.78
56	8.50	10.60	11.38	13.32	16.32	28.18	50.56
57	8.54	10.63	11.38	13.32	16.16	27.96	50.14
58	8.40	10.44	11.15	13.05	15.69	27.18	48.59
59	8.25	10.23	10.92	12.77	15.23	26.42	47.05
60	8.13	10.07	10.74	12.55	14.84	25.76	45.73
61	8.08	9.99	10.64	12.43	14.56	25.34	44.88
62	8.11	10.03	10.67	12.48	14.47	25.25	44.70
63	8.43	10.44	11.11	13.01	14.93	26.18	46.53
64	8.86	11.00	11.72	13.74	15.62	27.54	49.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.35	3.02	3.31	3.96	5.85	11.78	20.79
26	2.44	3.13	3.44	4.13	6.09	12.15	21.43
27	2.53	3.26	3.60	4.31	6.33	12.53	22.07
28	2.62	3.41	3.75	4.51	6.58	12.91	22.70
29	2.74	3.56	3.92	4.72	6.83	13.30	23.35
30	2.85	3.71	4.09	4.94	7.10	13.68	23.99
31	2.97	3.87	4.27	5.16	7.37	14.07	24.64
32	3.10	4.04	4.46	5.39	7.65	14.47	25.29
33	3.22	4.22	4.66	5.62	7.93	14.86	25.95
34	3.35	4.40	4.86	5.87	8.22	15.27	26.62
35	3.48	4.58	5.07	6.12	8.51	15.67	27.31
36	3.63	4.77	5.28	6.38	8.81	16.09	28.00
37	3.78	4.95	5.50	6.63	9.12	16.50	28.71
38	3.92	5.16	5.72	6.90	9.42	16.93	29.45
39	4.08	5.35	5.94	7.15	9.72	17.36	30.21
40	4.23	5.56	6.17	7.42	10.03	17.80	30.99
41	4.39	5.76	6.41	7.68	10.34	18.24	31.79
42	4.55	5.97	6.63	7.95	10.65	18.67	32.59
43	4.75	6.20	6.87	8.22	10.97	19.13	33.44
44	4.95	6.44	7.11	8.48	11.29	19.57	34.28
45	5.16	6.67	7.34	8.76	11.61	20.00	35.13
46	5.37	6.92	7.58	9.01	11.91	20.43	35.95
47	5.58	7.14	7.80	9.27	12.18	20.83	36.74
48	5.76	7.36	8.03	9.50	12.43	21.22	37.52
49	5.95	7.58	8.24	9.73	12.65	21.57	38.24
50	6.12	7.77	8.44	9.95	12.83	21.88	38.90
51	6.30	7.96	8.62	10.15	12.99	22.16	39.47
52	6.46	8.12	8.78	10.32	13.11	22.38	39.94
53	6.61	8.28	8.94	10.47	13.18	22.53	40.27
54	6.75	8.42	9.06	10.60	13.21	22.63	40.48
55	6.84	8.52	9.14	10.70	13.20	22.67	40.56
56	6.92	8.60	9.21	10.78	13.16	22.64	40.51
57	6.97	8.64	9.25	10.81	13.07	22.55	40.31
58	6.89	8.53	9.11	10.64	12.77	22.04	39.27
59	6.80	8.41	8.97	10.47	12.47	21.54	38.26
60	6.75	8.32	8.87	10.36	12.22	21.14	37.42
61	6.74	8.30	8.84	10.31	12.06	20.91	36.93
62	6.79	8.37	8.91	10.39	12.04	20.94	36.96
63	7.06	8.71	9.28	10.83	12.43	21.71	38.49
64	7.41	9.16	9.76	11.42	12.98	22.81	40.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.47	3.18	3.48	4.17	6.16	12.40	21.88
26	2.57	3.30	3.63	4.35	6.41	12.80	22.55
27	2.67	3.44	3.78	4.54	6.66	13.19	23.23
28	2.76	3.58	3.94	4.74	6.93	13.59	23.90
29	2.88	3.74	4.12	4.96	7.19	13.99	24.58
30	3.00	3.91	4.30	5.19	7.47	14.40	25.25
31	3.12	4.07	4.50	5.43	7.75	14.81	25.93
32	3.26	4.25	4.70	5.68	8.05	15.22	26.62
33	3.39	4.44	4.90	5.92	8.34	15.65	27.32
34	3.53	4.63	5.11	6.18	8.65	16.07	28.02
35	3.67	4.82	5.33	6.44	8.96	16.50	28.74
36	3.82	5.02	5.56	6.71	9.28	16.93	29.47
37	3.98	5.22	5.79	6.98	9.59	17.37	30.22
38	4.13	5.43	6.02	7.26	9.91	17.82	31.00
39	4.29	5.63	6.26	7.53	10.23	18.28	31.80
40	4.45	5.85	6.49	7.81	10.56	18.74	32.62
41	4.62	6.06	6.74	8.09	10.89	19.20	33.46
42	4.79	6.28	6.98	8.37	11.21	19.66	34.30
43	5.00	6.53	7.23	8.65	11.55	20.13	35.20
44	5.21	6.78	7.48	8.93	11.89	20.60	36.09
45	5.43	7.02	7.73	9.21	12.21	21.06	36.98
46	5.65	7.28	7.97	9.49	12.53	21.51	37.84
47	5.87	7.52	8.21	9.75	12.82	21.93	38.68
48	6.06	7.74	8.45	10.01	13.08	22.33	39.49
49	6.27	7.97	8.67	10.24	13.31	22.70	40.25
50	6.45	8.18	8.88	10.47	13.51	23.03	40.95
51	6.64	8.38	9.07	10.68	13.68	23.32	41.54
52	6.80	8.55	9.25	10.87	13.80	23.56	42.05
53	6.96	8.72	9.41	11.03	13.88	23.72	42.39
54	7.10	8.86	9.54	11.16	13.90	23.82	42.61
55	7.20	8.97	9.63	11.26	13.90	23.87	42.70
56	7.28	9.05	9.70	11.34	13.85	23.83	42.64
57	7.34	9.10	9.73	11.38	13.75	23.73	42.43
58	7.25	8.98	9.58	11.20	13.44	23.20	41.34
59	7.16	8.85	9.44	11.03	13.13	22.68	40.28
60	7.10	8.76	9.34	10.90	12.87	22.25	39.39
61	7.09	8.74	9.30	10.86	12.70	22.01	38.88
62	7.15	8.81	9.37	10.94	12.67	22.04	38.90
63	7.43	9.17	9.76	11.40	13.09	22.85	40.52
64	7.80	9.64	10.27	12.02	13.67	24.01	42.79

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.16	9.62	10.71	13.03	16.60	28.26	49.37
26	7.44	10.00	11.13	13.56	17.20	29.08	50.78
27	7.71	10.39	11.58	14.12	17.82	29.90	52.18
28	8.01	10.80	12.04	14.69	18.45	30.71	53.56
29	8.32	11.24	12.52	15.29	19.10	31.52	54.91
30	8.63	11.68	13.02	15.89	19.76	32.33	56.25
31	8.97	12.13	13.53	16.52	20.42	33.13	57.59
32	9.31	12.60	14.06	17.15	21.09	33.93	58.93
33	9.65	13.06	14.58	17.79	21.78	34.72	60.28
34	10.01	13.53	15.12	18.44	22.47	35.53	61.64
35	10.37	14.01	15.65	19.08	23.15	36.34	63.03
36	10.74	14.49	16.19	19.72	23.83	37.15	64.46
37	11.11	14.98	16.76	20.37	24.52	37.99	65.96
38	11.48	15.47	17.31	21.02	25.19	38.85	67.54
39	11.86	15.97	17.86	21.67	25.85	39.72	69.19
40	12.26	16.47	18.44	22.33	26.51	40.63	70.91
41	12.65	16.99	19.02	22.99	27.17	41.55	72.70
42	13.06	17.51	19.61	23.66	27.83	42.50	74.55
43	13.59	18.13	20.21	24.36	28.49	43.50	76.57
44	14.13	18.75	20.83	25.05	29.15	44.51	78.64
45	14.68	19.39	21.46	25.75	29.80	45.54	80.75
46	15.24	20.03	22.09	26.45	30.44	46.57	82.88
47	15.81	20.67	22.72	27.16	31.07	47.59	85.03
48	16.39	21.33	23.39	27.90	31.71	48.68	87.33
49	16.95	21.99	24.06	28.64	32.34	49.74	89.56
50	17.49	22.62	24.69	29.35	32.94	50.75	91.67
51	18.03	23.23	25.32	30.02	33.51	51.67	93.58
52	18.54	23.81	25.88	30.65	34.03	52.49	95.24
53	19.05	24.38	26.44	31.27	34.63	53.27	96.62
54	19.51	24.89	26.93	31.80	35.15	53.88	97.62
55	19.91	25.31	27.32	32.23	35.55	54.29	98.18
56	20.20	25.62	27.59	32.52	35.82	54.45	98.23
57	20.42	25.80	27.72	32.64	35.91	54.32	97.68
58	20.45	25.79	27.68	32.57	35.81	53.88	96.50
59	20.34	25.62	27.47	32.30	35.46	53.07	94.59
60	20.08	25.24	27.03	31.78	34.85	51.86	91.92
61	19.63	24.66	26.37	30.99	33.92	50.20	88.39
62	18.99	23.83	25.47	29.91	32.67	48.05	83.95
63	18.14	22.74	24.28	28.51	31.04	45.38	78.52
64	17.06	21.37	22.81	26.79	29.01	42.13	72.05
65	15.77	19.70	21.01	24.68	26.56	38.29	64.46
66	14.24	17.74	18.89	22.18	23.64	33.80	55.70

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.54	10.13	11.27	13.72	17.47	29.74	51.96
26	7.82	10.52	11.72	14.27	18.10	30.62	53.46
27	8.11	10.94	12.19	14.85	18.76	31.48	54.93
28	8.43	11.37	12.67	15.46	19.42	32.33	56.37
29	8.76	11.83	13.18	16.09	20.11	33.18	57.80
30	9.09	12.29	13.71	16.73	20.79	34.03	59.21
31	9.44	12.77	14.25	17.39	21.50	34.87	60.61
32	9.80	13.26	14.80	18.06	22.20	35.72	62.03
33	10.16	13.75	15.35	18.73	22.92	36.56	63.45
34	10.53	14.25	15.91	19.40	23.65	37.39	64.88
35	10.91	14.75	16.47	20.08	24.37	38.24	66.35
36	11.30	15.26	17.05	20.76	25.09	39.11	67.86
37	11.69	15.77	17.64	21.45	25.81	39.99	69.43
38	12.09	16.29	18.22	22.13	26.51	40.89	71.10
39	12.49	16.82	18.81	22.82	27.21	41.82	72.84
40	12.90	17.34	19.40	23.51	27.91	42.77	74.64
41	13.32	17.89	20.02	24.21	28.60	43.74	76.52
42	13.75	18.44	20.64	24.91	29.30	44.74	78.48
43	14.30	19.08	21.28	25.64	29.99	45.79	80.60
44	14.87	19.74	21.93	26.37	30.68	46.85	82.77
45	15.45	20.41	22.59	27.10	31.36	47.93	85.00
46	16.04	21.08	23.25	27.84	32.04	49.02	87.24
47	16.65	21.76	23.92	28.58	32.71	50.10	89.50
48	17.25	22.46	24.62	29.37	33.38	51.24	91.92
49	17.84	23.14	25.33	30.14	34.04	52.35	94.27
50	18.42	23.81	26.00	30.89	34.67	53.42	96.49
51	18.98	24.46	26.65	31.60	35.27	54.39	98.51
52	19.52	25.06	27.24	32.26	35.82	55.26	100.26
53	20.06	25.66	27.83	32.91	36.45	56.07	101.71
54	20.54	26.20	28.34	33.48	37.00	56.72	102.76
55	20.95	26.64	28.76	33.92	37.43	57.15	103.35
56	21.27	26.96	29.04	34.22	37.71	57.31	103.39
57	21.49	27.16	29.18	34.36	37.80	57.18	102.82
58	21.52	27.15	29.15	34.28	37.69	56.72	101.58
59	21.41	26.96	28.92	33.99	37.33	55.86	99.57
60	21.14	26.57	28.46	33.45	36.68	54.59	96.76
61	20.66	25.95	27.76	32.62	35.70	52.84	93.04
62	19.99	25.09	26.80	31.49	34.38	50.57	88.37
63	19.09	23.94	25.56	30.02	32.67	47.77	82.66
64	17.96	22.49	24.01	28.20	30.54	44.35	75.85
65	16.60	20.74	22.12	25.98	27.96	40.30	67.86
66	14.99	18.67	19.89	23.35	24.88	35.58	58.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.40	4.45	4.93	5.94	8.42	16.38	29.18
26	3.53	4.64	5.12	6.20	8.75	16.87	30.02
27	3.67	4.84	5.35	6.48	9.10	17.37	30.86
28	3.83	5.06	5.61	6.78	9.46	17.90	31.72
29	4.00	5.29	5.86	7.11	9.85	18.44	32.62
30	4.18	5.54	6.14	7.44	10.24	18.98	33.53
31	4.37	5.81	6.44	7.81	10.65	19.55	34.48
32	4.58	6.09	6.77	8.20	11.09	20.15	35.46
33	4.80	6.38	7.09	8.61	11.53	20.76	36.48
34	5.02	6.68	7.43	9.01	11.99	21.38	37.54
35	5.26	7.00	7.78	9.44	12.46	22.04	38.64
36	5.50	7.33	8.16	9.88	12.95	22.72	39.80
37	5.76	7.67	8.54	10.34	13.46	23.43	41.03
38	6.03	8.03	8.94	10.82	13.97	24.17	42.33
39	6.31	8.40	9.35	11.30	14.51	24.96	43.70
40	6.61	8.77	9.79	11.80	15.07	25.76	45.14
41	6.91	9.16	10.23	12.32	15.64	26.59	46.64
42	7.22	9.57	10.68	12.85	16.23	27.46	48.22
43	7.61	10.05	11.18	13.41	16.86	28.37	49.91
44	8.02	10.53	11.68	13.98	17.51	29.32	51.68
45	8.45	11.04	12.19	14.57	18.17	30.29	53.50
46	8.88	11.55	12.72	15.17	18.84	31.27	55.36
47	9.33	12.08	13.25	15.78	19.49	32.25	57.26
48	9.79	12.63	13.82	16.42	20.17	33.33	59.30
49	10.25	13.17	14.40	17.06	20.82	34.36	61.34
50	10.71	13.72	14.95	17.69	21.43	35.38	63.29
51	11.16	14.25	15.49	18.30	21.99	36.34	65.13
52	11.59	14.74	15.99	18.85	22.49	37.20	66.80
53	12.01	15.22	16.48	19.40	22.92	37.99	68.31
54	12.40	15.66	16.92	19.88	23.25	38.64	69.53
55	12.67	16.01	17.27	20.28	23.50	39.13	70.44
56	12.89	16.30	17.51	20.57	23.61	39.43	70.95
57	13.03	16.47	17.67	20.75	23.59	39.52	71.02
58	13.07	16.53	17.71	20.79	23.43	39.35	70.59
59	13.00	16.46	17.63	20.68	23.10	38.90	69.61
60	12.83	16.25	17.38	20.40	22.60	38.15	68.01
61	12.55	15.90	16.98	19.92	21.91	37.06	65.74
62	12.14	15.38	16.41	19.25	21.01	35.60	62.75
63	11.58	14.67	15.64	18.34	19.90	33.75	58.96
64	10.87	13.76	14.67	17.19	18.55	31.48	54.34
65	10.01	12.65	13.47	15.79	16.96	28.75	48.81
66	8.97	11.33	12.04	14.10	15.10	25.54	42.33

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.57	4.69	5.18	6.25	8.86	17.24	30.72
26	3.71	4.88	5.39	6.52	9.20	17.76	31.59
27	3.86	5.10	5.63	6.82	9.57	18.29	32.49
28	4.03	5.32	5.90	7.14	9.96	18.84	33.40
29	4.21	5.57	6.17	7.48	10.37	19.40	34.34
30	4.40	5.83	6.47	7.84	10.78	19.98	35.30
31	4.60	6.12	6.78	8.23	11.21	20.58	36.29
32	4.82	6.41	7.12	8.63	11.67	21.21	37.32
33	5.05	6.71	7.46	9.06	12.14	21.85	38.39
34	5.28	7.03	7.81	9.49	12.62	22.51	39.51
35	5.54	7.37	8.19	9.94	13.12	23.21	40.67
36	5.79	7.72	8.59	10.40	13.63	23.92	41.90
37	6.06	8.08	8.99	10.89	14.17	24.67	43.19
38	6.34	8.45	9.41	11.39	14.71	25.45	44.55
39	6.64	8.84	9.85	11.90	15.28	26.27	46.00
40	6.95	9.23	10.30	12.43	15.86	27.11	47.51
41	7.27	9.64	10.76	12.97	16.46	27.99	49.10
42	7.59	10.08	11.25	13.53	17.08	28.90	50.75
43	8.01	10.58	11.77	14.12	17.75	29.87	52.54
44	8.44	11.09	12.29	14.72	18.44	30.86	54.40
45	8.89	11.62	12.83	15.34	19.13	31.88	56.32
46	9.35	12.16	13.38	15.97	19.84	32.91	58.27
47	9.82	12.72	13.95	16.61	20.52	33.95	60.27
48	10.30	13.30	14.55	17.28	21.23	35.08	62.43
49	10.79	13.87	15.15	17.96	21.91	36.18	64.57
50	11.27	14.44	15.73	18.62	22.55	37.24	66.62
51	11.75	15.00	16.31	19.25	23.14	38.24	68.56
52	12.20	15.51	16.83	19.84	23.67	39.15	70.32
53	12.65	16.02	17.35	20.42	24.12	39.99	71.90
54	13.05	16.48	17.81	20.93	24.47	40.67	73.19
55	13.34	16.85	18.17	21.34	24.73	41.19	74.14
56	13.57	17.15	18.44	21.66	24.85	41.51	74.69
57	13.72	17.34	18.60	21.84	24.83	41.60	74.76
58	13.75	17.40	18.65	21.89	24.66	41.42	74.31
59	13.68	17.33	18.55	21.77	24.31	40.95	73.27
60	13.51	17.11	18.30	21.47	23.79	40.15	71.59
61	13.21	16.74	17.88	20.97	23.06	39.01	69.20
62	12.79	16.19	17.27	20.26	22.12	37.47	66.05
63	12.19	15.44	16.46	19.31	20.94	35.53	62.07
64	11.44	14.48	15.44	18.09	19.53	33.13	57.20
65	10.53	13.32	14.19	16.61	17.85	30.26	51.38
66	9.44	11.92	12.67	14.84	15.89	26.88	44.55

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.93	3.81	4.21	5.06	7.51	15.26	27.14
26	3.04	3.97	4.38	5.27	7.81	15.73	27.95
27	3.17	4.14	4.58	5.52	8.13	16.23	28.78
28	3.30	4.33	4.79	5.77	8.46	16.73	29.62
29	3.45	4.53	5.02	6.06	8.81	17.25	30.48
30	3.60	4.75	5.26	6.35	9.17	17.78	31.36
31	3.77	4.97	5.51	6.66	9.56	18.33	32.28
32	3.94	5.21	5.77	6.99	9.94	18.89	33.22
33	4.13	5.46	6.05	7.33	10.35	19.48	34.20
34	4.32	5.72	6.34	7.68	10.77	20.08	35.20
35	4.52	5.98	6.64	8.04	11.20	20.71	36.26
36	4.73	6.27	6.96	8.43	11.64	21.35	37.36
37	4.95	6.56	7.29	8.81	12.12	22.02	38.52
38	5.17	6.86	7.62	9.21	12.59	22.72	39.74
39	5.42	7.16	7.97	9.62	13.08	23.45	41.03
40	5.66	7.49	8.34	10.05	13.59	24.20	42.37
41	5.91	7.81	8.71	10.48	14.11	24.98	43.78
42	6.18	8.17	9.11	10.93	14.63	25.79	45.25
43	6.50	8.56	9.51	11.40	15.22	26.65	46.83
44	6.85	8.97	9.94	11.88	15.80	27.52	48.47
45	7.21	9.39	10.36	12.37	16.40	28.42	50.15
46	7.58	9.82	10.80	12.87	16.99	29.32	51.87
47	7.95	10.26	11.25	13.37	17.58	30.23	53.60
48	8.32	10.72	11.71	13.90	18.17	31.20	55.48
49	8.71	11.16	12.18	14.43	18.75	32.16	57.33
50	9.09	11.62	12.64	14.94	19.29	33.06	59.10
51	9.45	12.04	13.08	15.44	19.78	33.92	60.76
52	9.80	12.44	13.49	15.88	20.20	34.68	62.24
53	10.15	12.82	13.88	16.32	20.57	35.36	63.54
54	10.45	13.16	14.22	16.69	20.85	35.90	64.57
55	10.70	13.46	14.48	17.00	21.03	36.31	65.32
56	10.89	13.66	14.68	17.23	21.12	36.53	65.73
57	11.03	13.81	14.80	17.36	21.08	36.55	65.74
58	11.08	13.84	14.83	17.40	20.93	36.36	65.32
59	11.04	13.80	14.76	17.31	20.63	35.91	64.43
60	10.93	13.63	14.57	17.08	20.18	35.20	63.01
61	10.73	13.36	14.26	16.72	19.57	34.20	61.02
62	10.43	12.96	13.82	16.19	18.80	32.88	58.41
63	10.00	12.43	13.24	15.50	17.83	31.22	55.14
64	9.46	11.73	12.49	14.63	16.68	29.20	51.17
65	8.79	10.89	11.58	13.54	15.31	26.79	46.44
66	8.00	9.86	10.48	12.27	13.74	23.97	40.91

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.09	4.01	4.43	5.32	7.90	16.06	28.56
26	3.20	4.18	4.61	5.55	8.22	16.56	29.42
27	3.34	4.36	4.82	5.81	8.56	17.08	30.30
28	3.48	4.56	5.04	6.08	8.91	17.61	31.18
29	3.63	4.77	5.28	6.38	9.28	18.15	32.08
30	3.79	5.00	5.54	6.69	9.65	18.72	33.02
31	3.97	5.24	5.80	7.01	10.06	19.30	33.98
32	4.15	5.48	6.08	7.36	10.46	19.89	34.97
33	4.35	5.75	6.37	7.72	10.89	20.50	35.99
34	4.55	6.02	6.68	8.09	11.33	21.14	37.06
35	4.76	6.30	7.00	8.47	11.79	21.80	38.17
36	4.98	6.60	7.33	8.87	12.26	22.48	39.33
37	5.21	6.90	7.67	9.28	12.75	23.18	40.54
38	5.45	7.22	8.03	9.70	13.25	23.92	41.84
39	5.70	7.54	8.40	10.13	13.76	24.68	43.18
40	5.96	7.88	8.78	10.58	14.30	25.48	44.60
41	6.22	8.23	9.17	11.04	14.85	26.29	46.09
42	6.50	8.60	9.58	11.50	15.41	27.15	47.63
43	6.85	9.01	10.01	12.00	16.02	28.05	49.30
44	7.21	9.44	10.45	12.50	16.64	28.97	51.02
45	7.59	9.88	10.90	13.02	17.27	29.91	52.79
46	7.97	10.34	11.37	13.54	17.89	30.86	54.60
47	8.37	10.80	11.84	14.07	18.51	31.82	56.43
48	8.76	11.28	12.33	14.63	19.13	32.84	58.41
49	9.17	11.75	12.82	15.19	19.74	33.84	60.35
50	9.57	12.22	13.31	15.73	20.30	34.80	62.21
51	9.95	12.67	13.76	16.24	20.82	35.70	63.95
52	10.32	13.09	14.20	16.72	21.27	36.50	65.52
53	10.68	13.50	14.61	17.18	21.65	37.22	66.88
54	11.01	13.86	14.97	17.57	21.95	37.80	67.97
55	11.26	14.16	15.25	17.90	22.14	38.22	68.76
56	11.47	14.38	15.45	18.14	22.23	38.45	69.19
57	11.61	14.54	15.58	18.28	22.19	38.47	69.20
58	11.66	14.57	15.61	18.31	22.03	38.27	68.76
59	11.62	14.52	15.53	18.22	21.71	37.80	67.82
60	11.50	14.35	15.34	17.98	21.24	37.06	66.33
61	11.29	14.06	15.01	17.60	20.60	36.00	64.23
62	10.97	13.65	14.55	17.05	19.78	34.61	61.49
63	10.52	13.08	13.93	16.32	18.77	32.87	58.04
64	9.96	12.35	13.15	15.39	17.56	30.74	53.86
65	9.26	11.46	12.19	14.26	16.12	28.20	48.88
66	8.42	10.38	11.04	12.91	14.46	25.23	43.07

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.72	3.52	3.87	4.65	6.87	13.90	24.66
26	2.82	3.66	4.04	4.86	7.16	14.36	25.43
27	2.94	3.83	4.22	5.09	7.46	14.83	26.22
28	3.06	4.00	4.42	5.32	7.78	15.30	27.02
29	3.20	4.19	4.62	5.59	8.10	15.80	27.84
30	3.34	4.39	4.85	5.85	8.44	16.30	28.68
31	3.49	4.60	5.09	6.14	8.78	16.81	29.53
32	3.65	4.81	5.33	6.44	9.14	17.34	30.41
33	3.82	5.04	5.59	6.76	9.52	17.87	31.32
34	4.00	5.27	5.85	7.08	9.91	18.44	32.25
35	4.19	5.53	6.12	7.42	10.30	19.00	33.22
36	4.37	5.77	6.42	7.76	10.72	19.60	34.23
37	4.58	6.05	6.71	8.11	11.13	20.20	35.29
38	4.78	6.32	7.02	8.47	11.57	20.85	36.40
39	5.00	6.60	7.34	8.84	12.01	21.50	37.57
40	5.22	6.89	7.66	9.23	12.46	22.18	38.78
41	5.44	7.19	8.01	9.62	12.94	22.88	40.05
42	5.68	7.50	8.35	10.02	13.42	23.60	41.36
43	5.98	7.85	8.72	10.45	13.94	24.36	42.77
44	6.28	8.22	9.10	10.88	14.47	25.14	44.22
45	6.61	8.60	9.47	11.31	14.99	25.92	45.71
46	6.93	8.98	9.86	11.75	15.51	26.72	47.20
47	7.27	9.36	10.26	12.19	16.02	27.51	48.72
48	7.60	9.77	10.67	12.65	16.54	28.34	50.34
49	7.94	10.16	11.07	13.11	17.03	29.15	51.92
50	8.26	10.53	11.46	13.54	17.48	29.93	53.42
51	8.58	10.90	11.84	13.97	17.89	30.63	54.81
52	8.89	11.26	12.19	14.34	18.25	31.27	56.05
53	9.17	11.57	12.50	14.70	18.52	31.79	57.06
54	9.43	11.84	12.79	15.00	18.73	32.20	57.85
55	9.62	12.07	13.00	15.25	18.85	32.50	58.41
56	9.79	12.26	13.16	15.44	18.90	32.66	58.69
57	9.91	12.38	13.27	15.55	18.86	32.67	58.68
58	9.95	12.43	13.30	15.59	18.74	32.52	58.35
59	9.95	12.41	13.27	15.54	18.51	32.19	57.68
60	9.88	12.30	13.15	15.41	18.17	31.69	56.64
61	9.76	12.14	12.95	15.16	17.74	30.98	55.20
62	9.57	11.88	12.65	14.82	17.20	30.05	53.34
63	9.28	11.51	12.27	14.35	16.53	28.91	51.02
64	8.92	11.05	11.77	13.77	15.74	27.52	48.22
65	8.48	10.49	11.15	13.05	14.82	25.88	44.93
66	7.96	9.81	10.43	12.20	13.77	23.98	41.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.86	3.70	4.07	4.89	7.23	14.63	25.95
26	2.97	3.85	4.25	5.11	7.54	15.12	26.77
27	3.10	4.03	4.44	5.35	7.86	15.61	27.61
28	3.22	4.22	4.65	5.61	8.18	16.11	28.45
29	3.37	4.41	4.87	5.88	8.53	16.62	29.31
30	3.52	4.62	5.10	6.16	8.88	17.15	30.19
31	3.68	4.84	5.35	6.47	9.25	17.70	31.09
32	3.85	5.07	5.61	6.78	9.63	18.25	32.01
33	4.02	5.31	5.88	7.11	10.02	18.81	32.96
34	4.21	5.55	6.16	7.45	10.43	19.40	33.95
35	4.41	5.82	6.45	7.81	10.85	20.00	34.97
36	4.60	6.08	6.76	8.17	11.28	20.63	36.04
37	4.81	6.36	7.07	8.54	11.72	21.27	37.14
38	5.03	6.65	7.39	8.92	12.18	21.95	38.32
39	5.26	6.94	7.73	9.31	12.65	22.63	39.55
40	5.49	7.25	8.07	9.72	13.12	23.36	40.82
41	5.73	7.57	8.43	10.13	13.62	24.09	42.15
42	5.98	7.89	8.79	10.55	14.12	24.84	43.53
43	6.29	8.26	9.18	11.00	14.67	25.64	45.02
44	6.62	8.65	9.57	11.45	15.22	26.46	46.54
45	6.95	9.05	9.97	11.91	15.78	27.29	48.11
46	7.30	9.45	10.38	12.36	16.32	28.12	49.68
47	7.65	9.86	10.80	12.83	16.87	28.95	51.28
48	8.00	10.28	11.23	13.31	17.41	29.83	52.98
49	8.35	10.69	11.65	13.80	17.93	30.69	54.65
50	8.69	11.09	12.06	14.26	18.40	31.50	56.23
51	9.03	11.48	12.46	14.70	18.83	32.24	57.69
52	9.35	11.84	12.83	15.10	19.21	32.91	59.00
53	9.65	12.18	13.16	15.47	19.49	33.47	60.06
54	9.93	12.47	13.46	15.79	19.71	33.90	60.90
55	10.13	12.71	13.68	16.05	19.84	34.21	61.48
56	10.30	12.90	13.85	16.24	19.90	34.37	61.78
57	10.43	13.03	13.97	16.37	19.85	34.38	61.77
58	10.48	13.08	14.00	16.41	19.72	34.22	61.42
59	10.47	13.06	13.97	16.36	19.48	33.89	60.72
60	10.40	12.95	13.84	16.22	19.13	33.35	59.62
61	10.27	12.78	13.63	15.96	18.67	32.60	58.11
62	10.07	12.50	13.32	15.60	18.10	31.64	56.14
63	9.77	12.12	12.91	15.11	17.40	30.43	53.71
64	9.39	11.63	12.38	14.49	16.57	28.97	50.76
65	8.93	11.04	11.74	13.74	15.60	27.24	47.30
66	8.38	10.33	10.97	12.84	14.49	25.24	43.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.44	3.14	3.45	4.14	6.09	12.22	21.56
26	2.54	3.27	3.60	4.32	6.34	12.63	22.27
27	2.64	3.42	3.77	4.52	6.61	13.05	22.99
28	2.75	3.57	3.93	4.73	6.89	13.47	23.71
29	2.87	3.74	4.12	4.95	7.17	13.91	24.44
30	2.99	3.91	4.31	5.20	7.46	14.35	25.17
31	3.12	4.09	4.51	5.45	7.78	14.80	25.92
32	3.26	4.28	4.73	5.71	8.09	15.27	26.68
33	3.41	4.47	4.95	5.98	8.41	15.73	27.46
34	3.56	4.68	5.18	6.27	8.75	16.20	28.27
35	3.72	4.89	5.42	6.55	9.09	16.69	29.08
36	3.89	5.10	5.67	6.84	9.43	17.20	29.94
37	4.06	5.33	5.92	7.15	9.79	17.71	30.82
38	4.23	5.57	6.18	7.44	10.15	18.23	31.74
39	4.41	5.80	6.44	7.77	10.52	18.79	32.70
40	4.59	6.05	6.72	8.09	10.90	19.33	33.70
41	4.78	6.29	7.00	8.41	11.29	19.91	34.72
42	4.98	6.55	7.29	8.75	11.68	20.49	35.79
43	5.23	6.85	7.59	9.09	12.11	21.10	36.92
44	5.48	7.15	7.89	9.44	12.53	21.72	38.08
45	5.75	7.44	8.21	9.79	12.95	22.33	39.25
46	6.01	7.76	8.52	10.13	13.37	22.95	40.43
47	6.27	8.07	8.83	10.48	13.77	23.56	41.60
48	6.54	8.38	9.14	10.84	14.15	24.17	42.82
49	6.80	8.69	9.46	11.19	14.52	24.78	44.00
50	7.06	8.98	9.77	11.53	14.85	25.34	45.11
51	7.30	9.27	10.05	11.84	15.14	25.85	46.13
52	7.55	9.53	10.31	12.13	15.40	26.31	47.03
53	7.76	9.77	10.54	12.38	15.58	26.65	47.69
54	7.95	9.96	10.74	12.59	15.69	26.89	48.19
55	8.11	10.14	10.90	12.78	15.77	27.08	48.54
56	8.25	10.29	11.04	12.93	15.80	27.18	48.73
57	8.35	10.40	11.12	13.03	15.78	27.22	48.77
58	8.42	10.46	11.19	13.11	15.71	27.17	48.64
59	8.46	10.51	11.23	13.14	15.61	27.06	48.36
60	8.47	10.52	11.23	13.14	15.47	26.87	47.90
61	8.46	10.50	11.19	13.09	15.29	26.59	47.26
62	8.43	10.45	11.12	13.01	15.08	26.25	46.47
63	8.35	10.33	11.00	12.87	14.83	25.83	45.50
64	8.25	10.20	10.85	12.69	14.56	25.33	44.35
65	8.11	10.02	10.66	12.46	14.25	24.75	43.01
66	7.95	9.80	10.43	12.19	13.90	24.09	41.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.57	3.31	3.63	4.36	6.41	12.87	22.70
26	2.68	3.45	3.79	4.55	6.68	13.30	23.44
27	2.78	3.60	3.96	4.76	6.96	13.74	24.20
28	2.90	3.76	4.14	4.98	7.25	14.19	24.96
29	3.02	3.93	4.34	5.22	7.55	14.64	25.72
30	3.15	4.11	4.54	5.47	7.86	15.11	26.50
31	3.29	4.30	4.75	5.74	8.18	15.58	27.28
32	3.44	4.51	4.98	6.01	8.51	16.07	28.09
33	3.59	4.71	5.21	6.30	8.85	16.55	28.91
34	3.75	4.93	5.46	6.59	9.20	17.05	29.75
35	3.92	5.15	5.70	6.89	9.57	17.57	30.62
36	4.09	5.38	5.97	7.20	9.93	18.10	31.51
37	4.27	5.61	6.23	7.52	10.30	18.64	32.44
38	4.45	5.86	6.50	7.84	10.68	19.19	33.41
39	4.64	6.11	6.78	8.18	11.08	19.77	34.43
40	4.83	6.36	7.08	8.51	11.48	20.35	35.47
41	5.03	6.63	7.37	8.85	11.88	20.95	36.56
42	5.24	6.89	7.67	9.20	12.29	21.57	37.67
43	5.50	7.21	7.99	9.57	12.74	22.21	38.87
44	5.77	7.52	8.31	9.94	13.19	22.86	40.08
45	6.05	7.84	8.64	10.30	13.63	23.50	41.32
46	6.33	8.17	8.97	10.67	14.07	24.16	42.56
47	6.61	8.49	9.29	11.04	14.49	24.80	43.79
48	6.88	8.82	9.63	11.41	14.90	25.45	45.07
49	7.16	9.14	9.96	11.78	15.29	26.08	46.31
50	7.43	9.45	10.28	12.14	15.64	26.67	47.48
51	7.69	9.75	10.58	12.47	15.95	27.22	48.56
52	7.95	10.03	10.86	12.77	16.21	27.69	49.50
53	8.17	10.28	11.10	13.03	16.39	28.05	50.20
54	8.37	10.49	11.31	13.25	16.52	28.31	50.72
55	8.54	10.67	11.48	13.45	16.60	28.50	51.09
56	8.68	10.82	11.62	13.60	16.62	28.62	51.30
57	8.79	10.95	11.71	13.72	16.61	28.65	51.34
58	8.86	11.02	11.78	13.80	16.54	28.61	51.20
59	8.91	11.06	11.82	13.83	16.43	28.49	50.90
60	8.92	11.08	11.82	13.83	16.29	28.28	50.42
61	8.91	11.05	11.78	13.78	16.10	27.99	49.76
62	8.87	10.99	11.70	13.69	15.88	27.63	48.92
63	8.79	10.88	11.58	13.55	15.61	27.18	47.89
64	8.68	10.74	11.42	13.36	15.32	26.66	46.68
65	8.54	10.55	11.22	13.12	15.00	26.05	45.28
66	8.37	10.32	10.97	12.83	14.63	25.35	43.68

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.44	10.01	11.15	13.57	17.20		
26	7.75	10.43	11.62	14.14	17.87		
27	8.06	10.86	12.11	14.75	18.56		
28	8.39	11.32	12.63	15.38	19.27		
29	8.74	11.79	13.16	16.05	19.98		
30	9.10	12.29	13.72	16.73	20.72		
31	9.46	12.80	14.30	17.44	21.47		
32	9.86	13.33	14.89	18.15	22.22		
33	10.25	13.87	15.48	18.88	22.99		
34	10.66	14.41	16.10	19.63	23.74		
35	11.08	14.97	16.73	20.38	24.52		
36	11.51	15.54	17.37	21.16	25.30		
37	11.96	16.13	18.03	21.94	26.07		
38	12.42	16.73	18.71	22.72	26.87		
39	12.88	17.34	19.40	23.52	27.67		
40	13.37	17.97	20.12	24.35	28.46		
41	13.87	18.62	20.85	25.20	29.27		
42	14.39	19.30	21.61	26.07	30.09		
43	15.05	20.08	22.40	26.98	30.91		
44	15.73	20.89	23.21	27.91	31.75		
45	16.46	21.74	24.07	28.88	32.60		
46	17.20	22.62	24.96	29.88	33.45		
47	17.99	23.52	25.86	30.91	34.32		
48	18.79	24.49	26.86	32.03	35.24		
49	19.61	25.47	27.87	33.18	36.15		
50	20.44	26.46	28.90	34.36	37.05		
51	21.29	27.46	29.93	35.52	37.93		
52	22.13	28.47	30.95	36.68	38.76		
53	23.04	29.54	32.05	37.93	39.64		
54	23.93	30.58	33.11	39.12	40.43		
55	24.75	31.54	34.06	40.22	41.10		
56	25.50	32.39	34.91	41.18	41.63		
57	26.14	33.11	35.60	41.96	41.98		
58	26.47	33.46	35.93	42.31	41.93		
59	26.66	33.63	36.08	42.45	41.70		
60	26.72	33.65	36.06	42.41	41.27		
61	26.66	33.52	35.87	42.18	40.69		
62	26.44	33.23	35.53	41.78	39.95		
63	25.72	32.37	34.62	40.73	38.61		
64	24.99	31.49	33.70	39.66	37.28		
65	24.31	30.69	32.86	38.71	36.05		
66	23.80	30.09	32.23	38.02	35.09		
67	23.50	29.79	31.94	37.73	34.51		
68	23.54	29.91	32.10	37.98	34.43		
69	24.00	30.55	32.83	38.90	35.00		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.84	10.54	11.74	14.28	18.11		
26	8.16	10.97	12.23	14.89	18.81		
27	8.48	11.43	12.74	15.52	19.54		
28	8.83	11.92	13.29	16.19	20.28		
29	9.20	12.42	13.85	16.90	21.04		
30	9.57	12.94	14.44	17.61	21.82		
31	9.96	13.48	15.05	18.36	22.60		
32	10.38	14.04	15.67	19.11	23.39		
33	10.79	14.60	16.30	19.88	24.19		
34	11.22	15.17	16.95	20.66	24.99		
35	11.66	15.76	17.61	21.45	25.81		
36	12.12	16.36	18.29	22.26	26.63		
37	12.58	16.98	18.98	23.09	27.45		
38	13.07	17.61	19.69	23.92	28.28		
39	13.56	18.25	20.42	24.76	29.12		
40	14.07	18.91	21.17	25.63	29.96		
41	14.60	19.60	21.95	26.53	30.81		
42	15.14	20.31	22.75	27.45	31.67		
43	15.84	21.14	23.58	28.40	32.54		
44	16.56	21.99	24.44	29.38	33.42		
45	17.32	22.88	25.34	30.40	34.31		
46	18.11	23.80	26.27	31.45	35.21		
47	18.94	24.76	27.23	32.54	36.12		
48	19.77	25.78	28.27	33.72	37.09		
49	20.64	26.80	29.34	34.93	38.05		
50	21.52	27.85	30.42	36.16	39.00		
51	22.40	28.91	31.50	37.38	39.93		
52	23.29	29.96	32.58	38.61	40.81		
53	24.25	31.10	33.74	39.93	41.72		
54	25.19	32.19	34.85	41.18	42.56		
55	26.06	33.20	35.86	42.34	43.26		
56	26.85	34.10	36.75	43.35	43.82		
57	27.52	34.86	37.48	44.17	44.19		
58	27.86	35.22	37.82	44.54	44.14		
59	28.05	35.40	37.98	44.69	43.89		
60	28.12	35.42	37.96	44.64	43.45		
61	28.06	35.28	37.76	44.40	42.83		
62	27.83	34.98	37.40	43.98	42.06		
63	27.08	34.07	36.44	42.87	40.65		
64	26.30	33.14	35.46	41.75	39.24		
65	25.59	32.30	34.58	40.75	37.95		
66	25.04	31.67	33.93	40.02	36.94		
67	24.75	31.35	33.62	39.72	36.33		
68	24.78	31.49	33.79	39.98	36.25		
69	25.26	32.16	34.56	40.95	36.84		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.56	4.67	5.17	6.24	8.79		
26	3.70	4.88	5.40	6.52	9.16		
27	3.87	5.10	5.65	6.84	9.56		
28	4.05	5.35	5.93	7.17	9.96		
29	4.24	5.61	6.23	7.54	10.39		
30	4.44	5.90	6.54	7.94	10.83		
31	4.66	6.20	6.88	8.34	11.31		
32	4.90	6.51	7.24	8.78	11.79		
33	5.14	6.85	7.61	9.24	12.31		
34	5.40	7.20	8.01	9.72	12.84		
35	5.68	7.57	8.42	10.21	13.40		
36	5.97	7.95	8.85	10.73	13.97		
37	6.27	8.36	9.31	11.27	14.58		
38	6.60	8.78	9.79	11.83	15.22		
39	6.93	9.22	10.29	12.42	15.87		
40	7.28	9.68	10.80	13.03	16.55		
41	7.65	10.16	11.35	13.67	17.26		
42	8.04	10.67	11.93	14.34	17.98		
43	8.52	11.26	12.53	15.04	18.74		
44	9.03	11.88	13.16	15.78	19.52		
45	9.57	12.52	13.83	16.54	20.32		
46	10.13	13.20	14.53	17.34	21.14		
47	10.73	13.90	15.26	18.16	21.96		
48	11.34	14.65	16.05	19.07	22.84		
49	11.98	15.44	16.86	19.99	23.72		
50	12.64	16.22	17.69	20.94	24.57		
51	13.30	17.01	18.52	21.88	25.41		
52	13.97	17.81	19.33	22.81	26.19		
53	14.67	18.65	20.20	23.80	26.97		
54	15.35	19.45	21.02	24.73	27.67		
55	15.92	20.17	21.76	25.59	28.27		
56	16.43	20.82	22.40	26.34	28.73		
57	16.86	21.36	22.94	26.96	29.05		
58	17.06	21.64	23.21	27.27	29.04		
59	17.17	21.79	23.35	27.42	28.86		
60	17.20	21.82	23.36	27.44	28.55		
61	17.13	21.75	23.26	27.32	28.10		
62	16.98	21.59	23.06	27.08	27.54		
63	16.52	21.03	22.48	26.40	26.56		
64	16.03	20.46	21.87	25.71	25.57		
65	15.58	19.94	21.32	25.10	24.67		
66	15.22	19.54	20.92	24.64	23.92		
67	15.02	19.33	20.72	24.44	23.43		
68	15.02	19.40	20.80	24.57	23.30		
69	15.29	19.81	21.26	25.16	23.61		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.75	4.92	5.44	6.56	9.26		
26	3.90	5.14	5.68	6.86	9.64		
27	4.07	5.38	5.95	7.20	10.06		
28	4.26	5.63	6.24	7.55	10.49		
29	4.46	5.90	6.56	7.94	10.94		
30	4.67	6.20	6.88	8.35	11.40		
31	4.91	6.52	7.24	8.78	11.91		
32	5.16	6.86	7.62	9.24	12.42		
33	5.41	7.21	8.02	9.72	12.96		
34	5.68	7.58	8.43	10.23	13.52		
35	5.98	7.96	8.86	10.74	14.11		
36	6.28	8.37	9.32	11.29	14.71		
37	6.61	8.80	9.80	11.86	15.35		
38	6.94	9.24	10.30	12.45	16.02		
39	7.30	9.71	10.82	13.07	16.70		
40	7.66	10.19	11.37	13.72	17.42		
41	8.05	10.70	11.95	14.39	18.16		
42	8.47	11.24	12.56	15.09	18.93		
43	8.97	11.85	13.19	15.83	19.73		
44	9.50	12.50	13.86	16.61	20.55		
45	10.07	13.18	14.56	17.42	21.39		
46	10.67	13.90	15.29	18.25	22.25		
47	11.29	14.63	16.06	19.12	23.12		
48	11.94	15.43	16.90	20.07	24.04		
49	12.61	16.24	17.75	21.05	24.97		
50	13.31	17.07	18.62	22.04	25.86		
51	14.00	17.91	19.49	23.03	26.74		
52	14.70	18.74	20.35	24.01	27.57		
53	15.44	19.62	21.27	25.04	28.39		
54	16.16	20.47	22.13	26.03	29.12		
55	16.76	21.23	22.91	26.94	29.75		
56	17.29	21.91	23.58	27.73	30.25		
57	17.75	22.48	24.15	28.38	30.58		
58	17.96	22.77	24.43	28.71	30.57		
59	18.08	22.93	24.58	28.86	30.39		
60	18.10	22.98	24.59	28.88	30.05		
61	18.03	22.90	24.48	28.75	29.58		
62	17.87	22.72	24.27	28.50	28.99		
63	17.39	22.14	23.65	27.79	27.96		
64	16.88	21.53	23.02	27.07	26.92		
65	16.40	20.99	22.45	26.42	25.96		
66	16.02	20.57	22.02	25.93	25.18		
67	15.81	20.35	21.81	25.72	24.67		
68	15.81	20.42	21.89	25.86	24.53		
69	16.10	20.85	22.38	26.48	24.85		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.08	4.01	4.43	5.32	7.87		
26	3.20	4.19	4.62	5.57	8.20		
27	3.34	4.38	4.84	5.83	8.56		
28	3.49	4.59	5.08	6.12	8.94		
29	3.66	4.81	5.33	6.44	9.32		
30	3.84	5.06	5.61	6.78	9.74		
31	4.03	5.32	5.90	7.13	10.16		
32	4.22	5.60	6.20	7.51	10.62		
33	4.44	5.88	6.52	7.89	11.09		
34	4.66	6.17	6.86	8.30	11.58		
35	4.89	6.49	7.21	8.72	12.08		
36	5.14	6.81	7.59	9.17	12.62		
37	5.40	7.16	7.96	9.63	13.16		
38	5.68	7.52	8.37	10.11	13.75		
39	5.96	7.89	8.79	10.61	14.35		
40	6.26	8.28	9.24	11.12	14.98		
41	6.57	8.70	9.70	11.67	15.63		
42	6.90	9.13	10.19	12.23	16.30		
43	7.30	9.63	10.70	12.82	16.98		
44	7.74	10.15	11.25	13.46	17.70		
45	8.19	10.69	11.80	14.10	18.44		
46	8.67	11.26	12.39	14.77	19.17		
47	9.16	11.85	13.00	15.47	19.92		
48	9.68	12.49	13.66	16.22	20.72		
49	10.23	13.13	14.34	16.99	21.51		
50	10.77	13.80	15.03	17.78	22.29		
51	11.32	14.45	15.72	18.55	23.03		
52	11.88	15.11	16.39	19.32	23.73		
53	12.46	15.80	17.11	20.13	24.42		
54	13.02	16.46	17.78	20.89	25.03		
55	13.51	17.04	18.37	21.59	25.55		
56	13.96	17.56	18.89	22.19	25.95		
57	14.33	18.00	19.32	22.69	26.21		
58	14.49	18.19	19.50	22.91	26.16		
59	14.60	18.30	19.59	22.99	25.98		
60	14.62	18.30	19.57	22.97	25.65		
61	14.56	18.21	19.47	22.84	25.22		
62	14.45	18.05	19.27	22.62	24.69		
63	14.08	17.60	18.80	22.07	23.84		
64	13.70	17.14	18.31	21.51	22.99		
65	13.36	16.73	17.88	21.02	22.20		
66	13.09	16.42	17.56	20.67	21.58		
67	12.96	16.28	17.43	20.54	21.19		
68	13.00	16.36	17.53	20.69	21.12		
69	13.26	16.72	17.94	21.21	21.44		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.24	4.22	4.66	5.61	8.28		
26	3.37	4.41	4.87	5.86	8.63		
27	3.52	4.61	5.10	6.14	9.01		
28	3.68	4.83	5.34	6.45	9.41		
29	3.85	5.07	5.61	6.78	9.81		
30	4.04	5.32	5.90	7.14	10.25		
31	4.24	5.60	6.20	7.51	10.70		
32	4.44	5.89	6.53	7.90	11.18		
33	4.67	6.19	6.86	8.31	11.67		
34	4.90	6.49	7.22	8.74	12.19		
35	5.15	6.83	7.59	9.18	12.72		
36	5.41	7.17	7.98	9.65	13.28		
37	5.68	7.54	8.39	10.14	13.86		
38	5.98	7.91	8.81	10.64	14.48		
39	6.27	8.31	9.26	11.17	15.11		
40	6.58	8.72	9.72	11.71	15.77		
41	6.92	9.16	10.21	12.28	16.45		
42	7.26	9.61	10.73	12.87	17.15		
43	7.69	10.14	11.26	13.50	17.88		
44	8.15	10.68	11.84	14.16	18.63		
45	8.62	11.26	12.43	14.84	19.40		
46	9.13	11.85	13.04	15.54	20.18		
47	9.64	12.48	13.68	16.28	20.97		
48	10.19	13.15	14.38	17.07	21.81		
49	10.76	13.82	15.10	17.89	22.64		
50	11.33	14.52	15.82	18.71	23.46		
51	11.92	15.21	16.54	19.53	24.24		
52	12.50	15.90	17.26	20.34	24.98		
53	13.11	16.62	18.00	21.19	25.70		
54	13.70	17.32	18.71	21.99	26.35		
55	14.22	17.93	19.34	22.72	26.89		
56	14.69	18.49	19.89	23.36	27.32		
57	15.08	18.95	20.34	23.88	27.59		
58	15.26	19.15	20.53	24.11	27.54		
59	15.36	19.25	20.62	24.20	27.34		
60	15.38	19.25	20.60	24.17	27.00		
61	15.33	19.17	20.49	24.04	26.55		
62	15.21	19.00	20.28	23.80	26.00		
63	14.82	18.52	19.78	23.23	25.10		
64	14.42	18.04	19.27	22.64	24.19		
65	14.06	17.61	18.82	22.13	23.37		
66	13.78	17.28	18.49	21.76	22.71		
67	13.64	17.13	18.35	21.62	22.31		
68	13.68	17.22	18.45	21.78	22.23		
69	13.96	17.60	18.88	22.33	22.56		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.86	3.70	4.09	4.91	7.22		
26	2.97	3.87	4.27	5.14	7.54		
27	3.11	4.06	4.47	5.39	7.88		
28	3.26	4.25	4.70	5.66	8.23		
29	3.41	4.46	4.94	5.95	8.60		
30	3.56	4.68	5.18	6.27	8.98		
31	3.74	4.93	5.45	6.59	9.38		
32	3.92	5.17	5.74	6.94	9.79		
33	4.12	5.44	6.04	7.30	10.23		
34	4.32	5.71	6.34	7.66	10.68		
35	4.54	6.00	6.67	8.06	11.16		
36	4.77	6.30	7.00	8.47	11.64		
37	5.01	6.62	7.37	8.90	12.15		
38	5.25	6.94	7.74	9.33	12.69		
39	5.51	7.29	8.11	9.79	13.24		
40	5.78	7.65	8.53	10.27	13.81		
41	6.07	8.03	8.95	10.75	14.40		
42	6.37	8.42	9.39	11.27	15.00		
43	6.75	8.87	9.86	11.81	15.64		
44	7.13	9.34	10.34	12.37	16.28		
45	7.54	9.83	10.85	12.95	16.94		
46	7.96	10.34	11.38	13.55	17.60		
47	8.42	10.88	11.92	14.17	18.27		
48	8.88	11.44	12.50	14.85	18.97		
49	9.35	12.00	13.11	15.52	19.66		
50	9.84	12.59	13.71	16.22	20.33		
51	10.32	13.16	14.31	16.90	20.98		
52	10.81	13.74	14.90	17.56	21.57		
53	11.31	14.32	15.51	18.24	22.14		
54	11.79	14.89	16.08	18.89	22.64		
55	12.21	15.38	16.58	19.47	23.04		
56	12.58	15.81	17.00	19.97	23.34		
57	12.88	16.17	17.34	20.35	23.51		
58	12.99	16.29	17.45	20.48	23.39		
59	13.03	16.31	17.47	20.49	23.14		
60	13.02	16.27	17.40	20.41	22.79		
61	12.95	16.17	17.27	20.26	22.36		
62	12.84	16.01	17.09	20.04	21.87		
63	12.57	15.67	16.74	19.64	21.20		
64	12.29	15.35	16.39	19.25	20.55		
65	12.06	15.07	16.10	18.93	19.98		
66	11.90	14.89	15.93	18.74	19.55		
67	11.84	14.85	15.90	18.74	19.32		
68	11.93	15.00	16.07	18.96	19.36		
69	12.21	15.38	16.49	19.48	19.71		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.01	3.90	4.30	5.17	7.60		
26	3.13	4.07	4.50	5.41	7.94		
27	3.27	4.27	4.71	5.68	8.29		
28	3.42	4.47	4.95	5.96	8.66		
29	3.58	4.70	5.19	6.27	9.05		
30	3.75	4.93	5.46	6.59	9.45		
31	3.93	5.18	5.74	6.93	9.87		
32	4.13	5.45	6.04	7.30	10.31		
33	4.34	5.73	6.35	7.68	10.77		
34	4.55	6.01	6.68	8.07	11.25		
35	4.78	6.32	7.02	8.48	11.75		
36	5.02	6.64	7.37	8.91	12.26		
37	5.27	6.97	7.75	9.36	12.80		
38	5.53	7.31	8.14	9.82	13.36		
39	5.80	7.67	8.54	10.30	13.94		
40	6.09	8.05	8.98	10.81	14.54		
41	6.39	8.45	9.42	11.32	15.15		
42	6.71	8.86	9.88	11.86	15.80		
43	7.10	9.34	10.38	12.43	16.46		
44	7.51	9.83	10.89	13.02	17.13		
45	7.94	10.35	11.42	13.63	17.83		
46	8.39	10.89	11.98	14.26	18.52		
47	8.86	11.45	12.55	14.92	19.23		
48	9.35	12.04	13.16	15.63	19.97		
49	9.85	12.64	13.80	16.34	20.70		
50	10.36	13.25	14.43	17.07	21.40		
51	10.87	13.86	15.07	17.78	22.08		
52	11.38	14.46	15.68	18.48	22.70		
53	11.91	15.07	16.32	19.20	23.30		
54	12.42	15.67	16.92	19.89	23.83		
55	12.86	16.19	17.45	20.50	24.25		
56	13.24	16.65	17.90	21.01	24.57		
57	13.56	17.02	18.25	21.43	24.75		
58	13.68	17.14	18.37	21.55	24.62		
59	13.72	17.17	18.38	21.57	24.36		
60	13.70	17.12	18.31	21.48	23.99		
61	13.63	17.02	18.18	21.32	23.54		
62	13.52	16.85	17.99	21.09	23.02		
63	13.23	16.50	17.62	20.67	22.32		
64	12.94	16.16	17.26	20.26	21.63		
65	12.69	15.87	16.95	19.92	21.03		
66	12.52	15.67	16.76	19.72	20.58		
67	12.47	15.64	16.74	19.72	20.35		
68	12.56	15.80	16.91	19.96	20.38		
69	12.85	16.19	17.36	20.51	20.75		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.58	3.32	3.65	4.37	6.42		
26	2.68	3.47	3.82	4.58	6.70		
27	2.79	3.63	4.00	4.80	7.00		
28	2.92	3.80	4.19	5.05	7.31		
29	3.05	3.99	4.40	5.31	7.64		
30	3.20	4.19	4.62	5.58	7.97		
31	3.35	4.40	4.86	5.87	8.32		
32	3.51	4.61	5.10	6.17	8.69		
33	3.68	4.84	5.37	6.48	9.07		
34	3.86	5.09	5.63	6.80	9.46		
35	4.05	5.33	5.92	7.15	9.87		
36	4.24	5.60	6.21	7.50	10.30		
37	4.44	5.87	6.51	7.87	10.74		
38	4.66	6.14	6.83	8.24	11.19		
39	4.88	6.44	7.15	8.62	11.66		
40	5.10	6.74	7.50	9.03	12.14		
41	5.35	7.06	7.86	9.45	12.63		
42	5.61	7.39	8.23	9.87	13.14		
43	5.92	7.77	8.62	10.32	13.67		
44	6.25	8.16	9.02	10.79	14.19		
45	6.58	8.56	9.45	11.27	14.73		
46	6.94	8.98	9.87	11.77	15.28		
47	7.30	9.42	10.31	12.27	15.80		
48	7.68	9.87	10.79	12.80	16.35		
49	8.06	10.32	11.26	13.34	16.90		
50	8.45	10.79	11.74	13.88	17.41		
51	8.83	11.24	12.21	14.41	17.88		
52	9.20	11.67	12.65	14.91	18.31		
53	9.58	12.12	13.10	15.42	18.70		
54	9.95	12.52	13.52	15.88	19.03		
55	10.27	12.89	13.89	16.30	19.28		
56	10.53	13.20	14.19	16.64	19.45		
57	10.75	13.46	14.41	16.91	19.51		
58	10.81	13.51	14.47	16.96	19.34		
59	10.82	13.51	14.45	16.93	19.10		
60	10.80	13.46	14.38	16.85	18.80		
61	10.75	13.38	14.29	16.74	18.44		
62	10.68	13.29	14.16	16.60	18.08		
63	10.53	13.12	13.98	16.39	17.66		
64	10.41	12.96	13.83	16.24	17.30		
65	10.31	12.87	13.74	16.14	16.99		
66	10.29	12.84	13.73	16.14	16.81		
67	10.32	12.93	13.82	16.28	16.78		
68	10.47	13.14	14.07	16.59	16.93		
69	10.75	13.51	14.48	17.10	17.30		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.71	3.49	3.85	4.60	6.75		
26	2.82	3.65	4.02	4.82	7.05		
27	2.94	3.82	4.21	5.06	7.37		
28	3.07	4.00	4.41	5.32	7.70		
29	3.21	4.20	4.63	5.59	8.04		
30	3.37	4.41	4.87	5.87	8.40		
31	3.53	4.63	5.11	6.18	8.76		
32	3.70	4.86	5.38	6.49	9.15		
33	3.87	5.10	5.65	6.82	9.55		
34	4.07	5.35	5.93	7.16	9.96		
35	4.26	5.61	6.23	7.52	10.39		
36	4.46	5.89	6.54	7.89	10.84		
37	4.68	6.18	6.86	8.28	11.30		
38	4.90	6.47	7.19	8.67	11.78		
39	5.14	6.78	7.53	9.08	12.28		
40	5.38	7.09	7.89	9.50	12.78		
41	5.63	7.43	8.27	9.94	13.30		
42	5.90	7.78	8.66	10.39	13.83		
43	6.23	8.18	9.07	10.87	14.39		
44	6.57	8.59	9.50	11.36	14.94		
45	6.93	9.01	9.94	11.86	15.51		
46	7.30	9.46	10.39	12.38	16.08		
47	7.69	9.92	10.86	12.91	16.63		
48	8.09	10.39	11.35	13.47	17.21		
49	8.48	10.87	11.85	14.04	17.78		
50	8.89	11.35	12.36	14.61	18.32		
51	9.29	11.83	12.85	15.16	18.82		
52	9.69	12.28	13.32	15.69	19.28		
53	10.08	12.75	13.79	16.23	19.69		
54	10.47	13.18	14.23	16.71	20.03		
55	10.81	13.57	14.62	17.15	20.29		
56	11.09	13.90	14.93	17.51	20.47		
57	11.32	14.16	15.17	17.80	20.54		
58	11.38	14.22	15.22	17.85	20.36		
59	11.40	14.22	15.21	17.82	20.11		
60	11.37	14.17	15.14	17.74	19.78		
61	11.32	14.09	15.04	17.62	19.41		
62	11.25	13.98	14.91	17.47	19.03		
63	11.09	13.81	14.72	17.26	18.59		
64	10.96	13.65	14.56	17.09	18.21		
65	10.86	13.54	14.46	16.98	17.89		
66	10.82	13.52	14.45	16.98	17.70		
67	10.87	13.60	14.56	17.13	17.66		
68	11.03	13.83	14.81	17.46	17.82		
69	11.32	14.22	15.24	18.00	18.21		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	7.91	10.66	11.88	14.48			
26	8.23	11.11	12.37	15.09			
27	8.55	11.57	12.90	15.74			
28	8.91	12.06	13.46	16.43			
29	9.28	12.57	14.02	17.14			
30	9.64	13.10	14.62	17.87			
31	10.05	13.64	15.22	18.63			
32	10.45	14.19	15.85	19.39			
33	10.86	14.75	16.47	20.15			
34	11.28	15.31	17.12	20.92			
35	11.70	15.88	17.76	21.69			
36	12.13	16.46	18.40	22.47			
37	12.57	17.02	19.04	23.22			
38	13.00	17.59	19.68	23.98			
39	13.43	18.15	20.32	24.72			
40	13.86	18.72	20.95	25.45			
41	14.29	19.27	21.57	26.16			
42	14.70	19.81	22.18	26.85			
43	15.24	20.42	22.79	27.53			
44	15.78	21.03	23.37	28.18			
45	16.31	21.62	23.94	28.80			
46	16.82	22.18	24.48	29.38			
47	17.32	22.72	24.98	29.92			
48	17.77	23.22	25.48	30.44			
49	18.18	23.67	25.91	30.91			
50	18.57	24.08	26.29	31.30			
51	18.90	24.41	26.60	31.60			
52	19.18	24.68	26.83	31.82			
53	19.38	24.84	26.95	31.91			
54	19.50	24.92	26.97	31.88			
55	19.55	24.90	26.88	31.73			
56	19.51	24.75	26.66	31.44			
57	19.37	24.50	26.32	31.01			
58	18.90	23.85	25.60	30.12			
59	18.37	23.13	24.79	29.15			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.32	11.22	12.50	15.24			
26	8.66	11.69	13.02	15.88			
27	9.00	12.18	13.58	16.57			
28	9.37	12.69	14.16	17.29			
29	9.76	13.23	14.76	18.04			
30	10.16	13.79	15.38	18.81			
31	10.58	14.36	16.02	19.61			
32	11.00	14.94	16.68	20.41			
33	11.43	15.52	17.34	21.21			
34	11.87	16.12	18.01	22.02			
35	12.32	16.72	18.69	22.84			
36	12.77	17.32	19.37	23.65			
37	13.23	17.92	20.05	24.45			
38	13.68	18.52	20.72	25.24			
39	14.13	19.11	21.38	26.02			
40	14.59	19.70	22.05	26.79			
41	15.04	20.28	22.70	27.54			
42	15.48	20.85	23.35	28.27			
43	16.04	21.50	23.99	28.98			
44	16.61	22.14	24.60	29.66			
45	17.16	22.76	25.20	30.32			
46	17.71	23.36	25.77	30.93			
47	18.23	23.92	26.29	31.50			
48	18.70	24.45	26.81	32.04			
49	19.14	24.92	27.27	32.53			
50	19.54	25.34	27.68	32.95			
51	19.90	25.70	28.00	33.26			
52	20.19	25.98	28.24	33.49			
53	20.40	26.15	28.37	33.59			
54	20.53	26.23	28.39	33.56			
55	20.58	26.21	28.29	33.40			
56	20.54	26.06	28.06	33.10			
57	20.39	25.78	27.70	32.64			
58	19.90	25.11	26.95	31.71			
59	19.34	24.34	26.09	30.68			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.73	4.92	5.44	6.58			
26	3.88	5.12	5.68	6.88			
27	4.05	5.36	5.94	7.21			
28	4.22	5.61	6.23	7.57			
29	4.43	5.89	6.54	7.95			
30	4.63	6.18	6.86	8.35			
31	4.86	6.49	7.21	8.78			
32	5.10	6.81	7.58	9.22			
33	5.34	7.15	7.96	9.69			
34	5.61	7.51	8.35	10.17			
35	5.88	7.88	8.77	10.67			
36	6.15	8.25	9.20	11.18			
37	6.45	8.64	9.63	11.71			
38	6.76	9.05	10.08	12.25			
39	7.07	9.45	10.55	12.80			
40	7.38	9.87	11.02	13.34			
41	7.71	10.30	11.50	13.90			
42	8.04	10.73	11.99	14.47			
43	8.45	11.22	12.49	15.04			
44	8.86	11.71	12.99	15.62			
45	9.28	12.21	13.49	16.17			
46	9.71	12.70	13.97	16.73			
47	10.12	13.18	14.47	17.27			
48	10.53	13.65	14.95	17.81			
49	10.92	14.11	15.40	18.31			
50	11.29	14.51	15.82	18.77			
51	11.62	14.89	16.19	19.16			
52	11.92	15.21	16.50	19.48			
53	12.16	15.45	16.73	19.72			
54	12.35	15.63	16.88	19.85			
55	12.44	15.71	16.93	19.90			
56	12.46	15.71	16.89	19.83			
57	12.38	15.61	16.75	19.65			
58	12.09	15.24	16.33	19.16			
59	11.74	14.81	15.85	18.59			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.92	5.17	5.73	6.93			
26	4.08	5.39	5.98	7.24			
27	4.26	5.64	6.26	7.59			
28	4.44	5.91	6.56	7.96			
29	4.66	6.20	6.88	8.36			
30	4.88	6.50	7.22	8.79			
31	5.11	6.83	7.59	9.24			
32	5.36	7.17	7.97	9.71			
33	5.62	7.53	8.38	10.20			
34	5.90	7.90	8.79	10.71			
35	6.19	8.29	9.23	11.23			
36	6.48	8.69	9.68	11.77			
37	6.79	9.10	10.14	12.33			
38	7.11	9.52	10.61	12.89			
39	7.44	9.95	11.11	13.46			
40	7.77	10.39	11.60	14.04			
41	8.11	10.84	12.11	14.63			
42	8.47	11.29	12.62	15.22			
43	8.89	11.81	13.15	15.83			
44	9.33	12.33	13.68	16.44			
45	9.78	12.85	14.20	17.03			
46	10.22	13.37	14.71	17.61			
47	10.66	13.88	15.22	18.17			
48	11.09	14.37	15.73	18.74			
49	11.49	14.85	16.21	19.27			
50	11.88	15.28	16.66	19.76			
51	12.23	15.67	17.05	20.17			
52	12.55	16.01	17.37	20.51			
53	12.80	16.26	17.61	20.76			
54	13.00	16.45	17.77	20.90			
55	13.09	16.54	17.82	20.94			
56	13.11	16.54	17.78	20.87			
57	13.03	16.43	17.63	20.69			
58	12.72	16.04	17.20	20.17			
59	12.36	15.59	16.68	19.57			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.22	4.22	4.66	5.61			
26	3.35	4.40	4.86	5.87			
27	3.49	4.60	5.09	6.15			
28	3.64	4.81	5.33	6.46			
29	3.82	5.05	5.60	6.78			
30	4.00	5.30	5.88	7.13			
31	4.19	5.57	6.17	7.50			
32	4.39	5.84	6.49	7.88			
33	4.60	6.13	6.81	8.28			
34	4.82	6.44	7.15	8.69			
35	5.06	6.75	7.51	9.12			
36	5.30	7.08	7.87	9.56			
37	5.55	7.41	8.25	10.00			
38	5.81	7.74	8.62	10.45			
39	6.07	8.10	9.02	10.92			
40	6.34	8.45	9.42	11.40			
41	6.61	8.81	9.82	11.86			
42	6.90	9.17	10.23	12.34			
43	7.24	9.59	10.66	12.82			
44	7.59	10.00	11.09	13.31			
45	7.95	10.42	11.50	13.78			
46	8.30	10.82	11.91	14.24			
47	8.65	11.23	12.30	14.68			
48	8.98	11.62	12.71	15.13			
49	9.30	11.98	13.08	15.53			
50	9.61	12.32	13.42	15.90			
51	9.88	12.62	13.71	16.22			
52	10.12	12.87	13.97	16.47			
53	10.30	13.06	14.13	16.64			
54	10.45	13.17	14.23	16.73			
55	10.52	13.24	14.26	16.74			
56	10.54	13.22	14.19	16.65			
57	10.48	13.12	14.05	16.48			
58	10.25	12.80	13.70	16.06			
59	9.96	12.43	13.29	15.57			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.39	4.44	4.90	5.90			
26	3.53	4.63	5.11	6.18			
27	3.68	4.84	5.35	6.48			
28	3.84	5.07	5.61	6.80			
29	4.02	5.32	5.89	7.15			
30	4.21	5.58	6.19	7.51			
31	4.41	5.86	6.49	7.89			
32	4.62	6.15	6.83	8.30			
33	4.85	6.46	7.17	8.71			
34	5.08	6.78	7.52	9.15			
35	5.32	7.10	7.90	9.59			
36	5.58	7.44	8.28	10.06			
37	5.84	7.80	8.68	10.52			
38	6.12	8.15	9.08	11.01			
39	6.39	8.52	9.50	11.49			
40	6.67	8.90	9.92	11.99			
41	6.96	9.28	10.34	12.49			
42	7.26	9.65	10.77	12.99			
43	7.62	10.09	11.22	13.50			
44	7.99	10.52	11.67	14.01			
45	8.36	10.96	12.11	14.50			
46	8.74	11.40	12.53	14.99			
47	9.11	11.82	12.95	15.45			
48	9.46	12.22	13.38	15.92			
49	9.79	12.61	13.76	16.35			
50	10.11	12.97	14.12	16.74			
51	10.40	13.28	14.43	17.07			
52	10.65	13.55	14.70	17.34			
53	10.85	13.75	14.87	17.51			
54	11.00	13.87	14.98	17.61			
55	11.07	13.93	15.00	17.62			
56	11.10	13.91	14.94	17.53			
57	11.04	13.81	14.79	17.35			
58	10.79	13.47	14.42	16.90			
59	10.49	13.08	13.98	16.39			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.99	3.90	4.29	5.18			
26	3.11	4.07	4.50	5.42			
27	3.25	4.27	4.71	5.68			
28	3.40	4.46	4.94	5.97			
29	3.56	4.68	5.18	6.27			
30	3.72	4.92	5.44	6.61			
31	3.90	5.17	5.72	6.94			
32	4.09	5.42	6.01	7.30			
33	4.28	5.69	6.31	7.66			
34	4.49	5.97	6.63	8.05			
35	4.71	6.27	6.95	8.45			
36	4.93	6.56	7.29	8.84			
37	5.15	6.86	7.63	9.26			
38	5.39	7.17	7.98	9.68			
39	5.63	7.50	8.35	10.11			
40	5.88	7.82	8.71	10.53			
41	6.12	8.15	9.09	10.96			
42	6.39	8.47	9.45	11.40			
43	6.70	8.85	9.84	11.84			
44	7.01	9.23	10.22	12.27			
45	7.33	9.60	10.60	12.69			
46	7.65	9.96	10.96	13.09			
47	7.96	10.31	11.30	13.48			
48	8.25	10.66	11.65	13.87			
49	8.54	10.97	11.97	14.21			
50	8.79	11.27	12.27	14.53			
51	9.03	11.52	12.51	14.79			
52	9.23	11.73	12.72	15.00			
53	9.39	11.88	12.85	15.13			
54	9.50	11.97	12.92	15.18			
55	9.56	11.99	12.92	15.16			
56	9.57	11.97	12.86	15.07			
57	9.50	11.87	12.72	14.91			
58	9.29	11.60	12.41	14.53			
59	9.06	11.27	12.04	14.10			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.15	4.10	4.52	5.46			
26	3.27	4.29	4.73	5.70			
27	3.41	4.49	4.95	5.98			
28	3.57	4.70	5.19	6.28			
29	3.74	4.93	5.46	6.61			
30	3.92	5.17	5.73	6.95			
31	4.10	5.44	6.02	7.30			
32	4.30	5.70	6.33	7.68			
33	4.51	5.99	6.64	8.07			
34	4.73	6.28	6.98	8.47			
35	4.95	6.59	7.32	8.89			
36	5.18	6.90	7.67	9.31			
37	5.42	7.22	8.03	9.74			
38	5.68	7.55	8.40	10.19			
39	5.93	7.89	8.79	10.64			
40	6.19	8.24	9.17	11.09			
41	6.45	8.58	9.57	11.55			
42	6.72	8.92	9.95	11.99			
43	7.05	9.32	10.36	12.46			
44	7.38	9.72	10.75	12.91			
45	7.72	10.10	11.15	13.36			
46	8.05	10.49	11.54	13.78			
47	8.38	10.86	11.90	14.19			
48	8.69	11.22	12.27	14.60			
49	8.98	11.55	12.60	14.96			
50	9.26	11.86	12.91	15.29			
51	9.50	12.13	13.17	15.57			
52	9.72	12.35	13.38	15.79			
53	9.88	12.50	13.53	15.92			
54	10.00	12.60	13.60	15.98			
55	10.06	12.63	13.60	15.96			
56	10.07	12.60	13.53	15.87			
57	10.01	12.50	13.38	15.69			
58	9.79	12.21	13.06	15.29			
59	9.53	11.86	12.67	14.84			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.70	3.50	3.85	4.64			
26	2.81	3.65	4.03	4.86			
27	2.93	3.83	4.22	5.10			
28	3.06	4.01	4.43	5.35			
29	3.20	4.21	4.65	5.61			
30	3.35	4.42	4.88	5.91			
31	3.51	4.63	5.12	6.21			
32	3.68	4.86	5.39	6.53			
33	3.85	5.10	5.65	6.86			
34	4.03	5.34	5.92	7.19			
35	4.22	5.60	6.21	7.53			
36	4.41	5.85	6.50	7.88			
37	4.60	6.12	6.80	8.25			
38	4.81	6.40	7.11	8.62			
39	5.02	6.67	7.42	8.98			
40	5.24	6.94	7.74	9.35			
41	5.45	7.22	8.05	9.72			
42	5.66	7.51	8.36	10.08			
43	5.93	7.82	8.69	10.45			
44	6.20	8.13	9.00	10.80			
45	6.46	8.45	9.30	11.14			
46	6.72	8.75	9.61	11.47			
47	6.98	9.03	9.88	11.79			
48	7.22	9.29	10.16	12.08			
49	7.44	9.55	10.40	12.35			
50	7.64	9.77	10.62	12.58			
51	7.82	9.96	10.81	12.78			
52	7.98	10.12	10.96	12.93			
53	8.11	10.24	11.07	13.02			
54	8.21	10.32	11.12	13.07			
55	8.26	10.35	11.13	13.06			
56	8.28	10.33	11.10	13.00			
57	8.25	10.27	10.99	12.87			
58	8.10	10.05	10.74	12.58			
59	7.90	9.80	10.46	12.24			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery)
Rider Form(s) IDI2000-PR/RDISA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.84	3.69	4.06	4.88			
26	2.96	3.85	4.24	5.11			
27	3.09	4.03	4.44	5.36			
28	3.22	4.22	4.66	5.63			
29	3.37	4.43	4.89	5.91			
30	3.53	4.65	5.14	6.22			
31	3.70	4.88	5.39	6.54			
32	3.87	5.11	5.67	6.87			
33	4.05	5.36	5.95	7.22			
34	4.24	5.62	6.23	7.57			
35	4.44	5.89	6.54	7.93			
36	4.64	6.16	6.85	8.30			
37	4.85	6.44	7.16	8.68			
38	5.07	6.73	7.48	9.06			
39	5.29	7.02	7.81	9.45			
40	5.51	7.31	8.14	9.84			
41	5.74	7.60	8.47	10.23			
42	5.96	7.90	8.80	10.60			
43	6.24	8.24	9.14	10.99			
44	6.52	8.56	9.48	11.37			
45	6.80	8.89	9.79	11.73			
46	7.08	9.20	10.11	12.07			
47	7.35	9.50	10.40	12.41			
48	7.59	9.79	10.69	12.72			
49	7.82	10.05	10.95	13.00			
50	8.04	10.28	11.18	13.24			
51	8.24	10.49	11.38	13.45			
52	8.40	10.66	11.55	13.60			
53	8.54	10.78	11.65	13.71			
54	8.64	10.87	11.71	13.75			
55	8.69	10.89	11.72	13.75			
56	8.71	10.88	11.68	13.68			
57	8.69	10.81	11.57	13.54			
58	8.52	10.58	11.31	13.24			
59	8.32	10.32	11.02	12.88			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.16	0.18	0.22	0.31	0.62	1.13
26	0.12	0.17	0.19	0.24	0.33	0.64	1.17
27	0.13	0.18	0.20	0.25	0.34	0.67	1.22
28	0.13	0.19	0.21	0.26	0.37	0.70	1.26
29	0.15	0.20	0.23	0.27	0.39	0.73	1.31
30	0.16	0.22	0.25	0.29	0.40	0.76	1.37
31	0.17	0.23	0.26	0.31	0.42	0.79	1.43
32	0.18	0.25	0.26	0.33	0.45	0.83	1.49
33	0.18	0.26	0.29	0.35	0.48	0.87	1.55
34	0.20	0.27	0.31	0.38	0.50	0.91	1.61
35	0.22	0.29	0.33	0.40	0.53	0.94	1.69
36	0.23	0.31	0.35	0.42	0.56	0.99	1.76
37	0.25	0.33	0.37	0.45	0.59	1.04	1.85
38	0.26	0.35	0.40	0.48	0.62	1.09	1.93
39	0.27	0.37	0.42	0.51	0.65	1.14	2.02
40	0.29	0.40	0.44	0.54	0.69	1.20	2.12
41	0.31	0.42	0.47	0.57	0.73	1.26	2.23
42	0.33	0.44	0.50	0.60	0.76	1.31	2.33
43	0.35	0.48	0.54	0.63	0.81	1.38	2.46
44	0.38	0.51	0.56	0.68	0.85	1.44	2.59
45	0.41	0.54	0.59	0.72	0.91	1.51	2.72
46	0.43	0.57	0.63	0.76	0.94	1.59	2.85
47	0.46	0.61	0.67	0.80	0.99	1.66	2.98
48	0.49	0.64	0.71	0.84	1.05	1.75	3.15
49	0.53	0.69	0.76	0.90	1.09	1.83	3.30
50	0.55	0.72	0.78	0.93	1.14	1.91	3.45
51	0.59	0.76	0.83	0.98	1.19	1.98	3.58
52	0.61	0.78	0.85	1.01	1.22	2.04	3.70
53	0.63	0.81	0.89	1.05	1.26	2.09	3.78
54	0.65	0.84	0.92	1.07	1.27	2.11	3.85
55	0.66	0.84	0.92	1.09	1.27	2.12	3.86
56	0.66	0.85	0.92	1.09	1.26	2.10	3.83
57	0.65	0.84	0.91	1.06	1.22	2.06	3.74
58	0.62	0.81	0.87	1.03	1.17	1.97	3.58
59	0.59	0.76	0.82	0.96	1.09	1.84	3.34
60	0.55	0.70	0.75	0.88	0.99	1.67	3.01
61	0.48	0.61	0.65	0.77	0.85	1.44	2.60
62	0.39	0.49	0.54	0.62	0.69	1.17	2.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.12	0.17	0.18	0.23	0.33	0.65	1.19
26	0.13	0.18	0.20	0.25	0.34	0.68	1.23
27	0.14	0.18	0.21	0.26	0.36	0.70	1.28
28	0.14	0.20	0.22	0.27	0.39	0.74	1.33
29	0.16	0.21	0.24	0.29	0.40	0.77	1.38
30	0.17	0.23	0.26	0.31	0.42	0.80	1.44
31	0.18	0.24	0.27	0.33	0.45	0.84	1.50
32	0.18	0.26	0.28	0.35	0.48	0.87	1.57
33	0.19	0.27	0.31	0.37	0.50	0.92	1.63
34	0.21	0.29	0.33	0.40	0.53	0.95	1.70
35	0.23	0.31	0.34	0.42	0.55	0.99	1.78
36	0.24	0.33	0.37	0.45	0.59	1.04	1.86
37	0.26	0.34	0.39	0.48	0.62	1.09	1.94
38	0.27	0.37	0.41	0.50	0.65	1.14	2.03
39	0.29	0.39	0.44	0.54	0.69	1.20	2.13
40	0.31	0.41	0.47	0.56	0.72	1.26	2.24
41	0.33	0.44	0.49	0.60	0.77	1.32	2.34
42	0.34	0.47	0.53	0.63	0.80	1.38	2.46
43	0.37	0.50	0.56	0.67	0.85	1.45	2.59
44	0.40	0.54	0.59	0.71	0.90	1.52	2.72
45	0.43	0.56	0.62	0.76	0.95	1.59	2.86
46	0.46	0.60	0.67	0.80	0.99	1.67	3.00
47	0.48	0.64	0.70	0.84	1.05	1.75	3.14
48	0.52	0.68	0.75	0.89	1.10	1.84	3.32
49	0.55	0.72	0.79	0.94	1.15	1.93	3.48
50	0.58	0.76	0.83	0.99	1.21	2.01	3.63
51	0.62	0.79	0.87	1.03	1.25	2.09	3.77
52	0.64	0.83	0.90	1.06	1.28	2.15	3.89
53	0.67	0.85	0.93	1.10	1.32	2.20	3.99
54	0.69	0.88	0.96	1.13	1.34	2.23	4.05
55	0.70	0.89	0.97	1.14	1.34	2.24	4.07
56	0.70	0.90	0.97	1.14	1.32	2.22	4.03
57	0.69	0.88	0.95	1.12	1.28	2.16	3.93
58	0.66	0.85	0.92	1.08	1.23	2.08	3.77
59	0.62	0.80	0.86	1.01	1.15	1.94	3.51
60	0.57	0.73	0.78	0.92	1.04	1.76	3.17
61	0.50	0.64	0.69	0.81	0.90	1.52	2.74
62	0.40	0.52	0.56	0.66	0.72	1.23	2.19

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.41	1.98	2.23	2.76	4.17	8.47	15.42
26	1.43	2.01	2.25	2.81	4.22	8.50	15.44
27	1.45	2.04	2.29	2.86	4.27	8.51	15.42
28	1.47	2.08	2.33	2.90	4.31	8.50	15.36
29	1.50	2.12	2.37	2.97	4.36	8.47	15.29
30	1.53	2.16	2.42	3.01	4.39	8.44	15.19
31	1.56	2.19	2.46	3.07	4.41	8.40	15.06
32	1.58	2.23	2.50	3.12	4.44	8.33	14.91
33	1.60	2.25	2.53	3.16	4.45	8.26	14.74
34	1.63	2.29	2.56	3.20	4.46	8.18	14.56
35	1.65	2.31	2.59	3.23	4.45	8.08	14.35
36	1.66	2.33	2.61	3.26	4.44	7.97	14.13
37	1.68	2.34	2.63	3.27	4.43	7.86	13.90
38	1.68	2.35	2.64	3.27	4.40	7.73	13.67
39	1.68	2.35	2.64	3.27	4.36	7.59	13.41
40	1.68	2.34	2.64	3.26	4.31	7.44	13.16
41	1.68	2.33	2.62	3.23	4.26	7.29	12.88
42	1.68	2.32	2.60	3.20	4.19	7.11	12.59
43	1.68	2.31	2.58	3.16	4.12	6.94	12.29
44	1.67	2.28	2.55	3.11	4.03	6.75	11.98
45	1.66	2.25	2.50	3.04	3.93	6.55	11.63
46	1.65	2.22	2.45	2.97	3.81	6.32	11.26
47	1.61	2.16	2.38	2.88	3.68	6.07	10.84
48	1.58	2.09	2.30	2.77	3.52	5.80	10.37
49	1.51	2.01	2.21	2.66	3.34	5.49	9.86
50	1.46	1.92	2.10	2.52	3.15	5.17	9.30
51	1.38	1.81	1.99	2.37	2.94	4.83	8.72
52	1.31	1.70	1.86	2.22	2.72	4.48	8.09
53	1.21	1.57	1.70	2.02	2.46	4.07	7.37
54	1.11	1.43	1.55	1.83	2.22	3.65	6.63
55	1.00	1.28	1.38	1.64	1.95	3.24	5.88
56	0.89	1.14	1.23	1.45	1.70	2.83	5.15
57	0.78	0.99	1.07	1.26	1.47	2.45	4.45
58	0.68	0.86	0.92	1.10	1.25	2.11	3.83
59	0.58	0.74	0.80	0.94	1.06	1.80	3.26
60	0.49	0.64	0.69	0.81	0.91	1.53	2.76
61	0.43	0.55	0.60	0.70	0.77	1.31	2.34
62	0.38	0.48	0.52	0.61	0.67	1.14	2.02
63	0.36	0.46	0.49	0.58	0.62	1.07	1.90
64	0.35	0.45	0.48	0.57	0.62	1.05	1.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.52	2.14	2.40	2.98	4.51	9.16	16.67
26	1.55	2.17	2.44	3.04	4.56	9.19	16.68
27	1.57	2.21	2.47	3.09	4.61	9.20	16.67
28	1.59	2.24	2.52	3.14	4.66	9.19	16.61
29	1.62	2.29	2.56	3.20	4.71	9.16	16.54
30	1.65	2.33	2.61	3.26	4.74	9.13	16.42
31	1.68	2.37	2.66	3.32	4.77	9.07	16.28
32	1.71	2.41	2.70	3.37	4.80	9.01	16.11
33	1.73	2.44	2.74	3.41	4.81	8.93	15.94
34	1.76	2.47	2.77	3.46	4.82	8.84	15.73
35	1.78	2.50	2.80	3.49	4.81	8.73	15.51
36	1.80	2.52	2.82	3.52	4.80	8.62	15.28
37	1.81	2.53	2.84	3.54	4.79	8.49	15.02
38	1.82	2.54	2.85	3.54	4.75	8.35	14.78
39	1.82	2.54	2.85	3.54	4.72	8.21	14.50
40	1.82	2.53	2.85	3.52	4.66	8.05	14.22
41	1.82	2.53	2.83	3.49	4.60	7.88	13.93
42	1.81	2.51	2.82	3.46	4.53	7.69	13.61
43	1.81	2.49	2.79	3.41	4.45	7.51	13.29
44	1.80	2.46	2.75	3.36	4.36	7.30	12.94
45	1.80	2.44	2.70	3.29	4.25	7.08	12.58
46	1.78	2.39	2.65	3.21	4.12	6.83	12.17
47	1.74	2.33	2.58	3.12	3.98	6.56	11.72
48	1.70	2.26	2.48	3.00	3.80	6.27	11.21
49	1.64	2.17	2.38	2.87	3.61	5.94	10.66
50	1.58	2.08	2.27	2.72	3.41	5.60	10.06
51	1.50	1.96	2.15	2.56	3.18	5.23	9.42
52	1.42	1.84	2.01	2.39	2.94	4.84	8.75
53	1.31	1.69	1.84	2.19	2.67	4.40	7.97
54	1.20	1.54	1.67	1.98	2.39	3.95	7.16
55	1.08	1.38	1.50	1.77	2.11	3.50	6.35
56	0.96	1.22	1.33	1.57	1.84	3.06	5.56
57	0.84	1.07	1.16	1.36	1.58	2.65	4.81
58	0.73	0.93	1.00	1.19	1.36	2.28	4.14
59	0.62	0.80	0.86	1.02	1.15	1.94	3.52
60	0.54	0.70	0.74	0.87	0.98	1.65	2.98
61	0.47	0.60	0.64	0.76	0.84	1.42	2.53
62	0.40	0.52	0.56	0.66	0.72	1.23	2.19
63	0.39	0.49	0.53	0.62	0.68	1.16	2.06
64	0.38	0.48	0.52	0.62	0.67	1.14	2.03

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.55	2.17	2.44	3.03	4.54	9.20	16.72
26	1.58	2.21	2.47	3.08	4.61	9.26	16.78
27	1.59	2.24	2.53	3.14	4.68	9.28	16.81
28	1.63	2.30	2.57	3.20	4.74	9.30	16.81
29	1.67	2.34	2.63	3.28	4.80	9.31	16.77
30	1.70	2.39	2.68	3.35	4.86	9.30	16.72
31	1.73	2.45	2.75	3.42	4.91	9.28	16.63
32	1.77	2.49	2.80	3.49	4.95	9.25	16.53
33	1.80	2.54	2.85	3.55	4.98	9.20	16.40
34	1.83	2.58	2.90	3.61	5.01	9.15	16.26
35	1.87	2.62	2.94	3.65	5.03	9.08	16.11
36	1.90	2.66	2.98	3.70	5.04	9.00	15.94
37	1.91	2.68	3.01	3.74	5.04	8.91	15.76
38	1.94	2.70	3.04	3.76	5.04	8.82	15.58
39	1.95	2.72	3.05	3.78	5.02	8.72	15.39
40	1.97	2.73	3.07	3.78	5.00	8.61	15.19
41	1.98	2.74	3.07	3.78	4.96	8.47	14.97
42	1.98	2.74	3.07	3.77	4.92	8.33	14.74
43	2.00	2.75	3.07	3.75	4.87	8.19	14.50
44	2.01	2.74	3.05	3.73	4.81	8.04	14.26
45	2.01	2.73	3.03	3.68	4.73	7.87	13.97
46	2.01	2.70	2.98	3.63	4.64	7.67	13.66
47	2.00	2.67	2.94	3.56	4.52	7.45	13.30
48	1.96	2.61	2.88	3.47	4.38	7.21	12.88
49	1.92	2.55	2.79	3.36	4.22	6.92	12.42
50	1.87	2.46	2.69	3.23	4.03	6.61	11.89
51	1.80	2.37	2.59	3.10	3.82	6.27	11.32
52	1.73	2.25	2.46	2.93	3.60	5.91	10.67
53	1.64	2.12	2.31	2.74	3.32	5.47	9.90
54	1.52	1.96	2.13	2.53	3.04	5.02	9.08
55	1.41	1.80	1.95	2.31	2.75	4.54	8.24
56	1.28	1.64	1.77	2.09	2.45	4.07	7.39
57	1.15	1.47	1.58	1.87	2.16	3.62	6.56
58	1.03	1.31	1.41	1.66	1.89	3.18	5.76
59	0.90	1.14	1.24	1.46	1.64	2.76	5.01
60	0.78	1.01	1.08	1.27	1.41	2.39	4.31
61	0.69	0.88	0.94	1.11	1.21	2.08	3.72
62	0.60	0.77	0.82	0.97	1.06	1.81	3.22
63	0.53	0.69	0.73	0.86	0.95	1.62	2.85
64	0.49	0.62	0.67	0.79	0.90	1.51	2.61
65	0.48	0.60	0.64	0.76	0.90	1.49	2.54
66	0.48	0.61	0.65	0.77	0.96	1.57	2.65

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.67	2.35	2.63	3.27	4.91	9.95	18.08
26	1.70	2.38	2.68	3.33	4.99	10.01	18.15
27	1.72	2.43	2.73	3.40	5.06	10.04	18.17
28	1.76	2.48	2.78	3.47	5.13	10.06	18.17
29	1.80	2.53	2.84	3.55	5.19	10.07	18.14
30	1.84	2.59	2.90	3.63	5.25	10.06	18.08
31	1.87	2.64	2.97	3.70	5.31	10.04	17.98
32	1.91	2.69	3.03	3.78	5.35	10.00	17.86
33	1.95	2.75	3.08	3.84	5.39	9.95	17.73
34	1.98	2.79	3.13	3.90	5.41	9.89	17.58
35	2.02	2.83	3.18	3.95	5.44	9.82	17.42
36	2.05	2.87	3.22	4.00	5.45	9.73	17.23
37	2.07	2.90	3.26	4.04	5.45	9.64	17.04
38	2.09	2.92	3.28	4.07	5.45	9.53	16.84
39	2.11	2.94	3.30	4.08	5.43	9.42	16.64
40	2.13	2.95	3.32	4.09	5.40	9.30	16.42
41	2.14	2.96	3.32	4.09	5.37	9.16	16.18
42	2.14	2.96	3.32	4.07	5.32	9.01	15.94
43	2.16	2.97	3.32	4.06	5.26	8.86	15.68
44	2.16	2.96	3.30	4.03	5.20	8.69	15.41
45	2.17	2.95	3.27	3.98	5.11	8.51	15.11
46	2.17	2.92	3.23	3.92	5.02	8.30	14.77
47	2.16	2.89	3.18	3.85	4.89	8.06	14.38
48	2.12	2.82	3.11	3.75	4.73	7.79	13.93
49	2.08	2.75	3.02	3.63	4.56	7.48	13.42
50	2.02	2.67	2.91	3.49	4.36	7.15	12.85
51	1.95	2.56	2.80	3.34	4.13	6.78	12.23
52	1.87	2.44	2.66	3.17	3.89	6.39	11.54
53	1.77	2.29	2.49	2.96	3.59	5.91	10.70
54	1.65	2.12	2.31	2.74	3.28	5.42	9.82
55	1.52	1.95	2.11	2.50	2.97	4.91	8.91
56	1.39	1.77	1.91	2.26	2.65	4.40	7.99
57	1.25	1.59	1.72	2.02	2.34	3.91	7.09
58	1.11	1.42	1.52	1.80	2.04	3.43	6.22
59	0.97	1.24	1.34	1.58	1.77	2.98	5.41
60	0.84	1.09	1.17	1.37	1.52	2.59	4.66
61	0.74	0.95	1.02	1.20	1.31	2.24	4.02
62	0.65	0.84	0.89	1.05	1.14	1.96	3.48
63	0.57	0.74	0.79	0.93	1.03	1.75	3.08
64	0.53	0.68	0.72	0.85	0.97	1.64	2.82
65	0.51	0.65	0.70	0.82	0.97	1.61	2.75
66	0.51	0.66	0.70	0.84	1.04	1.69	2.86

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.72	2.41	2.70	3.36	5.04		
26	1.75	2.46	2.76	3.43	5.13		
27	1.80	2.52	2.82	3.52	5.22		
28	1.83	2.58	2.89	3.61	5.31		
29	1.87	2.64	2.97	3.70	5.39		
30	1.92	2.71	3.04	3.78	5.47		
31	1.97	2.77	3.11	3.87	5.54		
32	2.02	2.84	3.19	3.97	5.61		
33	2.06	2.90	3.25	4.06	5.67		
34	2.11	2.97	3.32	4.14	5.72		
35	2.15	3.01	3.38	4.21	5.76		
36	2.19	3.07	3.44	4.28	5.81		
37	2.23	3.12	3.49	4.34	5.83		
38	2.26	3.16	3.54	4.39	5.85		
39	2.30	3.19	3.58	4.43	5.87		
40	2.32	3.22	3.63	4.46	5.88		
41	2.34	3.25	3.64	4.49	5.87		
42	2.36	3.26	3.67	4.51	5.85		
43	2.40	3.30	3.69	4.51	5.82		
44	2.44	3.31	3.70	4.51	5.78		
45	2.46	3.33	3.70	4.50	5.72		
46	2.47	3.33	3.68	4.46	5.64		
47	2.48	3.31	3.65	4.42	5.54		
48	2.46	3.28	3.62	4.36	5.40		
49	2.45	3.23	3.55	4.27	5.24		
50	2.41	3.18	3.47	4.16	5.05		
51	2.36	3.09	3.38	4.04	4.84		
52	2.30	2.98	3.26	3.88	4.61		
53	2.20	2.85	3.10	3.69	4.31		
54	2.09	2.69	2.92	3.47	4.00		
55	1.97	2.53	2.74	3.24	3.68		
56	1.84	2.35	2.54	2.99	3.35		
57	1.71	2.17	2.34	2.76	3.04		
58	1.58	2.01	2.16	2.55	2.76		
59	1.44	1.85	1.99	2.33	2.49		
60	1.32	1.68	1.81	2.13	2.24		
61	1.20	1.53	1.65	1.94	2.01		
62	1.08	1.38	1.49	1.75	1.79		
63	0.96	1.24	1.33	1.57	1.58		
64	0.84	1.10	1.17	1.38	1.37		
65	0.75	0.97	1.04	1.23	1.21		
66	0.67	0.86	0.92	1.10	1.06		
67	0.60	0.77	0.83	0.99	0.94		
68	0.55	0.70	0.77	0.91	0.86		
69	0.51	0.68	0.72	0.86	0.82		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.86	2.60	2.92	3.63	5.45		
26	1.89	2.67	2.98	3.71	5.54		
27	1.94	2.72	3.05	3.80	5.64		
28	1.98	2.79	3.12	3.90	5.74		
29	2.02	2.85	3.20	4.00	5.83		
30	2.08	2.93	3.28	4.09	5.91		
31	2.13	3.00	3.36	4.19	5.99		
32	2.18	3.07	3.44	4.29	6.06		
33	2.23	3.13	3.51	4.38	6.12		
34	2.28	3.20	3.59	4.47	6.19		
35	2.32	3.26	3.65	4.55	6.23		
36	2.37	3.32	3.72	4.62	6.27		
37	2.41	3.37	3.78	4.69	6.30		
38	2.45	3.41	3.83	4.74	6.33		
39	2.48	3.45	3.87	4.79	6.34		
40	2.51	3.48	3.92	4.82	6.35		
41	2.53	3.51	3.94	4.85	6.34		
42	2.55	3.53	3.97	4.87	6.33		
43	2.60	3.56	3.99	4.88	6.29		
44	2.63	3.58	4.00	4.88	6.25		
45	2.66	3.60	4.00	4.86	6.19		
46	2.68	3.60	3.98	4.82	6.10		
47	2.68	3.58	3.95	4.78	5.98		
48	2.67	3.55	3.91	4.71	5.84		
49	2.64	3.49	3.84	4.61	5.67		
50	2.60	3.43	3.75	4.50	5.46		
51	2.55	3.34	3.65	4.36	5.24		
52	2.48	3.23	3.52	4.20	4.99		
53	2.38	3.08	3.35	3.99	4.66		
54	2.26	2.91	3.16	3.75	4.33		
55	2.13	2.73	2.96	3.50	3.98		
56	1.99	2.54	2.75	3.24	3.63		
57	1.85	2.35	2.53	2.98	3.28		
58	1.70	2.17	2.33	2.75	2.98		
59	1.56	2.00	2.15	2.53	2.69		
60	1.43	1.82	1.96	2.31	2.42		
61	1.29	1.65	1.78	2.09	2.16		
62	1.17	1.50	1.61	1.89	1.93		
63	1.04	1.34	1.43	1.69	1.70		
64	0.92	1.19	1.27	1.50	1.49		
65	0.81	1.05	1.13	1.33	1.30		
66	0.72	0.93	1.00	1.19	1.14		
67	0.64	0.84	0.90	1.06	1.02		
68	0.59	0.77	0.83	0.98	0.93		
69	0.55	0.73	0.78	0.93	0.88		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.56	3.61	4.04	5.02			
26	2.63	3.70	4.14	5.16			
27	2.69	3.79	4.26	5.31			
28	2.77	3.91	4.38	5.46			
29	2.85	4.02	4.51	5.62			
30	2.93	4.14	4.64	5.80			
31	3.01	4.26	4.77	5.97			
32	3.10	4.38	4.91	6.13			
33	3.19	4.51	5.05	6.30			
34	3.27	4.61	5.17	6.46			
35	3.35	4.73	5.30	6.61			
36	3.43	4.83	5.42	6.76			
37	3.52	4.93	5.53	6.88			
38	3.58	5.02	5.62	7.00			
39	3.64	5.09	5.71	7.08			
40	3.70	5.16	5.78	7.15			
41	3.74	5.19	5.83	7.20			
42	3.77	5.23	5.87	7.22			
43	3.81	5.25	5.88	7.22			
44	3.85	5.26	5.86	7.17			
45	3.85	5.24	5.82	7.09			
46	3.85	5.19	5.75	6.99			
47	3.82	5.12	5.65	6.85			
48	3.75	5.01	5.50	6.65			
49	3.66	4.86	5.33	6.43			
50	3.55	4.69	5.14	6.16			
51	3.42	4.50	4.91	5.87			
52	3.26	4.27	4.65	5.54			
53	3.07	3.98	4.33	5.16			
54	2.86	3.69	4.00	4.75			
55	2.63	3.38	3.65	4.33			
56	2.39	3.06	3.31	3.91			
57	2.16	2.75	2.97	3.49			
58	1.91	2.45	2.62	3.10			
59	1.68	2.14	2.31	2.72			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.77	3.90	4.36	5.43			
26	2.84	4.00	4.48	5.58			
27	2.91	4.10	4.60	5.74			
28	2.99	4.22	4.73	5.90			
29	3.08	4.35	4.87	6.08			
30	3.17	4.47	5.02	6.27			
31	3.26	4.60	5.16	6.45			
32	3.35	4.73	5.31	6.63			
33	3.45	4.87	5.46	6.81			
34	3.54	4.99	5.60	6.99			
35	3.63	5.11	5.73	7.15			
36	3.71	5.22	5.86	7.30			
37	3.80	5.32	5.98	7.44			
38	3.87	5.42	6.08	7.56			
39	3.94	5.50	6.18	7.66			
40	4.00	5.57	6.25	7.74			
41	4.04	5.61	6.31	7.78			
42	4.07	5.65	6.34	7.81			
43	4.12	5.68	6.35	7.80			
44	4.15	5.68	6.34	7.75			
45	4.16	5.66	6.29	7.66			
46	4.16	5.61	6.21	7.55			
47	4.13	5.54	6.11	7.40			
48	4.06	5.41	5.95	7.19			
49	3.96	5.25	5.76	6.95			
50	3.84	5.07	5.55	6.66			
51	3.70	4.86	5.31	6.34			
52	3.53	4.61	5.02	5.99			
53	3.32	4.30	4.68	5.58			
54	3.09	3.99	4.33	5.14			
55	2.84	3.65	3.95	4.68			
56	2.59	3.31	3.57	4.22			
57	2.33	2.97	3.20	3.78			
58	2.07	2.64	2.83	3.34			
59	1.81	2.31	2.49	2.94			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.07	0.10	0.10	0.12	0.18	0.35	0.65
26	0.07	0.10	0.11	0.13	0.18	0.37	0.68
27	0.08	0.10	0.11	0.14	0.20	0.39	0.70
28	0.08	0.11	0.12	0.15	0.21	0.40	0.72
29	0.09	0.11	0.12	0.16	0.22	0.42	0.76
30	0.10	0.12	0.13	0.17	0.24	0.44	0.79
31	0.10	0.13	0.15	0.18	0.25	0.46	0.83
32	0.10	0.14	0.16	0.19	0.26	0.48	0.86
33	0.11	0.15	0.17	0.20	0.27	0.49	0.90
34	0.11	0.16	0.18	0.22	0.29	0.52	0.92
35	0.12	0.17	0.18	0.23	0.30	0.55	0.97
36	0.13	0.18	0.20	0.25	0.32	0.57	1.02
37	0.14	0.19	0.21	0.26	0.33	0.60	1.06
38	0.15	0.20	0.23	0.28	0.35	0.62	1.11
39	0.16	0.22	0.25	0.30	0.38	0.66	1.16
40	0.17	0.23	0.26	0.31	0.40	0.70	1.22
41	0.18	0.25	0.27	0.33	0.42	0.72	1.28
42	0.18	0.26	0.29	0.34	0.44	0.76	1.35
43	0.20	0.28	0.30	0.37	0.47	0.79	1.42
44	0.22	0.30	0.33	0.39	0.49	0.84	1.49
45	0.24	0.31	0.34	0.41	0.52	0.88	1.57
46	0.26	0.33	0.36	0.44	0.55	0.92	1.65
47	0.27	0.35	0.39	0.47	0.57	0.96	1.72
48	0.29	0.37	0.41	0.49	0.61	1.01	1.82
49	0.30	0.40	0.43	0.51	0.63	1.06	1.91
50	0.32	0.42	0.46	0.54	0.67	1.10	1.99
51	0.33	0.44	0.48	0.56	0.69	1.14	2.08
52	0.35	0.46	0.49	0.59	0.70	1.18	2.14
53	0.37	0.48	0.51	0.61	0.72	1.21	2.20
54	0.38	0.49	0.53	0.62	0.73	1.23	2.24
55	0.39	0.49	0.53	0.63	0.74	1.24	2.25
56	0.39	0.49	0.53	0.63	0.73	1.23	2.24
57	0.38	0.49	0.53	0.62	0.71	1.20	2.18
58	0.37	0.48	0.50	0.60	0.69	1.15	2.09
59	0.34	0.45	0.48	0.56	0.64	1.08	1.95
60	0.32	0.41	0.44	0.52	0.58	0.99	1.77
61	0.28	0.36	0.39	0.46	0.50	0.86	1.54
62	0.23	0.30	0.32	0.37	0.40	0.70	1.24

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.07	0.10	0.11	0.13	0.18	0.37	0.68
26	0.07	0.11	0.11	0.14	0.19	0.39	0.70
27	0.08	0.11	0.12	0.15	0.21	0.40	0.73
28	0.08	0.11	0.13	0.16	0.22	0.42	0.76
29	0.09	0.12	0.13	0.17	0.23	0.44	0.79
30	0.10	0.13	0.14	0.18	0.25	0.46	0.83
31	0.10	0.14	0.16	0.18	0.26	0.48	0.86
32	0.11	0.15	0.17	0.20	0.27	0.50	0.90
33	0.11	0.16	0.18	0.21	0.28	0.52	0.93
34	0.12	0.17	0.18	0.23	0.30	0.55	0.97
35	0.13	0.18	0.19	0.24	0.32	0.57	1.01
36	0.14	0.18	0.21	0.26	0.33	0.60	1.06
37	0.15	0.20	0.22	0.27	0.35	0.62	1.11
38	0.16	0.21	0.24	0.29	0.37	0.65	1.16
39	0.17	0.23	0.26	0.31	0.40	0.69	1.21
40	0.18	0.24	0.26	0.33	0.41	0.72	1.28
41	0.18	0.26	0.28	0.34	0.44	0.76	1.34
42	0.19	0.27	0.30	0.36	0.46	0.79	1.41
43	0.21	0.29	0.32	0.39	0.48	0.83	1.48
44	0.23	0.31	0.34	0.40	0.52	0.87	1.56
45	0.25	0.33	0.36	0.43	0.55	0.92	1.64
46	0.26	0.34	0.38	0.46	0.57	0.96	1.72
47	0.28	0.37	0.40	0.48	0.60	1.00	1.80
48	0.30	0.39	0.43	0.51	0.63	1.06	1.90
49	0.32	0.41	0.45	0.54	0.66	1.10	2.00
50	0.33	0.44	0.48	0.56	0.70	1.15	2.08
51	0.35	0.46	0.50	0.59	0.71	1.20	2.16
52	0.37	0.48	0.52	0.62	0.74	1.23	2.24
53	0.39	0.49	0.54	0.63	0.76	1.27	2.30
54	0.40	0.51	0.55	0.65	0.77	1.28	2.33
55	0.40	0.52	0.55	0.66	0.77	1.29	2.35
56	0.40	0.52	0.55	0.66	0.77	1.28	2.33
57	0.40	0.51	0.55	0.65	0.75	1.25	2.28
58	0.39	0.49	0.53	0.62	0.71	1.21	2.18
59	0.36	0.47	0.50	0.59	0.67	1.13	2.04
60	0.33	0.43	0.46	0.55	0.61	1.03	1.85
61	0.29	0.38	0.40	0.48	0.53	0.90	1.61
62	0.24	0.31	0.33	0.39	0.42	0.73	1.29

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.57	0.80	0.90	1.12	1.66	3.37	6.12
26	0.59	0.83	0.92	1.14	1.71	3.41	6.19
27	0.60	0.84	0.95	1.18	1.75	3.46	6.27
28	0.62	0.86	0.98	1.21	1.79	3.50	6.32
29	0.63	0.90	1.00	1.26	1.82	3.53	6.36
30	0.66	0.92	1.03	1.28	1.87	3.56	6.40
31	0.68	0.95	1.06	1.33	1.90	3.58	6.42
32	0.70	0.98	1.10	1.36	1.93	3.61	6.43
33	0.71	0.99	1.13	1.39	1.95	3.62	6.44
34	0.73	1.02	1.14	1.43	1.98	3.63	6.44
35	0.75	1.05	1.17	1.46	2.01	3.63	6.42
36	0.76	1.06	1.20	1.49	2.02	3.62	6.41
37	0.77	1.09	1.22	1.51	2.04	3.61	6.39
38	0.79	1.10	1.24	1.52	2.05	3.59	6.35
39	0.80	1.12	1.26	1.54	2.05	3.57	6.31
40	0.81	1.13	1.26	1.55	2.05	3.54	6.27
41	0.82	1.13	1.27	1.56	2.05	3.50	6.20
42	0.83	1.14	1.27	1.57	2.05	3.47	6.14
43	0.84	1.14	1.28	1.56	2.03	3.42	6.06
44	0.84	1.14	1.27	1.55	2.02	3.37	5.98
45	0.84	1.14	1.26	1.54	1.98	3.30	5.87
46	0.84	1.13	1.26	1.52	1.94	3.23	5.75
47	0.84	1.12	1.23	1.49	1.90	3.13	5.60
48	0.83	1.09	1.21	1.45	1.83	3.03	5.41
49	0.80	1.06	1.16	1.40	1.77	2.90	5.21
50	0.78	1.02	1.13	1.35	1.68	2.76	4.97
51	0.75	0.99	1.07	1.28	1.58	2.61	4.71
52	0.72	0.93	1.01	1.21	1.49	2.45	4.43
53	0.67	0.86	0.94	1.13	1.36	2.24	4.07
54	0.62	0.80	0.86	1.02	1.24	2.04	3.70
55	0.57	0.73	0.78	0.92	1.11	1.83	3.33
56	0.51	0.65	0.70	0.83	0.98	1.62	2.95
57	0.46	0.58	0.62	0.73	0.85	1.42	2.58
58	0.40	0.50	0.55	0.64	0.73	1.23	2.24
59	0.34	0.44	0.47	0.55	0.62	1.06	1.92
60	0.30	0.38	0.40	0.48	0.54	0.91	1.65
61	0.26	0.33	0.35	0.42	0.47	0.78	1.40
62	0.22	0.29	0.32	0.36	0.40	0.69	1.21
63	0.21	0.27	0.30	0.34	0.38	0.65	1.15
64	0.21	0.27	0.30	0.34	0.37	0.63	1.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.61	0.85	0.96	1.19	1.78	3.59	6.52
26	0.62	0.88	0.98	1.22	1.82	3.64	6.60
27	0.64	0.90	1.01	1.26	1.87	3.69	6.68
28	0.66	0.92	1.04	1.29	1.91	3.73	6.74
29	0.68	0.96	1.07	1.34	1.94	3.77	6.78
30	0.70	0.99	1.10	1.37	1.99	3.79	6.82
31	0.72	1.01	1.14	1.42	2.02	3.82	6.86
32	0.74	1.04	1.17	1.45	2.06	3.85	6.86
33	0.76	1.06	1.20	1.49	2.09	3.85	6.87
34	0.78	1.09	1.22	1.52	2.11	3.86	6.87
35	0.80	1.12	1.25	1.56	2.14	3.86	6.86
36	0.81	1.14	1.28	1.58	2.16	3.85	6.84
37	0.83	1.16	1.30	1.61	2.17	3.85	6.81
38	0.84	1.17	1.32	1.63	2.18	3.83	6.78
39	0.85	1.19	1.34	1.65	2.19	3.81	6.73
40	0.86	1.20	1.35	1.65	2.19	3.78	6.69
41	0.87	1.21	1.36	1.66	2.19	3.74	6.62
42	0.88	1.21	1.36	1.67	2.18	3.70	6.55
43	0.89	1.21	1.36	1.66	2.16	3.65	6.47
44	0.90	1.21	1.36	1.65	2.15	3.59	6.37
45	0.90	1.21	1.35	1.65	2.11	3.52	6.26
46	0.90	1.21	1.34	1.62	2.08	3.44	6.12
47	0.89	1.19	1.31	1.58	2.02	3.34	5.97
48	0.88	1.16	1.28	1.55	1.95	3.23	5.77
49	0.85	1.14	1.24	1.50	1.88	3.10	5.55
50	0.84	1.09	1.20	1.43	1.80	2.95	5.31
51	0.80	1.05	1.14	1.36	1.69	2.79	5.02
52	0.77	0.99	1.08	1.29	1.58	2.61	4.72
53	0.71	0.92	1.00	1.20	1.45	2.39	4.35
54	0.66	0.85	0.92	1.09	1.32	2.17	3.95
55	0.61	0.77	0.84	0.99	1.18	1.95	3.55
56	0.55	0.70	0.75	0.88	1.04	1.72	3.14
57	0.48	0.62	0.66	0.78	0.91	1.51	2.75
58	0.42	0.54	0.58	0.69	0.78	1.31	2.38
59	0.37	0.47	0.50	0.59	0.67	1.14	2.05
60	0.32	0.40	0.43	0.51	0.57	0.97	1.75
61	0.27	0.35	0.38	0.45	0.49	0.84	1.50
62	0.24	0.31	0.33	0.39	0.42	0.73	1.29
63	0.23	0.29	0.32	0.37	0.40	0.70	1.23
64	0.23	0.29	0.32	0.37	0.40	0.68	1.21

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.62	0.86	0.97	1.20	1.79	3.59	6.51
26	0.63	0.89	0.99	1.24	1.84	3.65	6.62
27	0.65	0.92	1.02	1.28	1.89	3.71	6.71
28	0.68	0.95	1.06	1.32	1.93	3.77	6.80
29	0.70	0.99	1.10	1.37	1.98	3.82	6.87
30	0.72	1.01	1.13	1.41	2.03	3.86	6.93
31	0.74	1.05	1.17	1.46	2.07	3.90	6.99
32	0.77	1.07	1.21	1.50	2.11	3.93	7.03
33	0.79	1.11	1.25	1.55	2.16	3.97	7.07
34	0.82	1.14	1.28	1.59	2.19	4.00	7.09
35	0.84	1.17	1.31	1.63	2.23	4.01	7.12
36	0.86	1.20	1.35	1.66	2.26	4.03	7.13
37	0.88	1.23	1.38	1.70	2.30	4.03	7.14
38	0.90	1.25	1.40	1.73	2.31	4.04	7.15
39	0.92	1.27	1.43	1.77	2.33	4.04	7.15
40	0.93	1.28	1.45	1.79	2.35	4.04	7.14
41	0.95	1.30	1.47	1.80	2.36	4.03	7.12
42	0.96	1.32	1.49	1.82	2.37	4.01	7.09
43	0.99	1.34	1.50	1.83	2.37	4.00	7.07
44	0.99	1.36	1.51	1.84	2.37	3.96	7.03
45	1.00	1.36	1.51	1.84	2.36	3.92	6.97
46	1.01	1.37	1.51	1.83	2.33	3.87	6.90
47	1.02	1.36	1.50	1.81	2.31	3.80	6.79
48	1.01	1.36	1.49	1.79	2.26	3.72	6.66
49	1.00	1.34	1.46	1.76	2.20	3.62	6.49
50	0.99	1.30	1.43	1.72	2.13	3.50	6.28
51	0.98	1.27	1.39	1.65	2.05	3.36	6.05
52	0.94	1.22	1.34	1.59	1.94	3.20	5.78
53	0.90	1.16	1.26	1.50	1.81	2.99	5.42
54	0.85	1.09	1.18	1.40	1.68	2.78	5.03
55	0.79	1.01	1.10	1.29	1.54	2.55	4.63
56	0.73	0.93	1.00	1.19	1.39	2.31	4.20
57	0.67	0.85	0.92	1.08	1.25	2.08	3.77
58	0.60	0.76	0.82	0.97	1.11	1.85	3.36
59	0.53	0.68	0.73	0.86	0.97	1.63	2.96
60	0.47	0.60	0.64	0.76	0.84	1.43	2.58
61	0.41	0.53	0.56	0.67	0.73	1.25	2.23
62	0.35	0.47	0.49	0.58	0.63	1.08	1.92
63	0.32	0.40	0.43	0.51	0.56	0.96	1.67
64	0.28	0.36	0.39	0.46	0.51	0.86	1.50
65	0.26	0.33	0.35	0.41	0.48	0.81	1.38
66	0.25	0.32	0.33	0.40	0.49	0.81	1.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.66	0.92	1.03	1.28	1.91	3.83	6.94
26	0.68	0.95	1.06	1.32	1.96	3.90	7.06
27	0.70	0.98	1.09	1.36	2.02	3.96	7.16
28	0.72	1.01	1.14	1.41	2.06	4.02	7.25
29	0.74	1.05	1.17	1.46	2.11	4.07	7.33
30	0.77	1.08	1.21	1.50	2.16	4.12	7.39
31	0.79	1.12	1.25	1.56	2.21	4.16	7.45
32	0.82	1.14	1.28	1.60	2.25	4.20	7.50
33	0.84	1.18	1.33	1.65	2.31	4.23	7.53
34	0.87	1.21	1.36	1.70	2.34	4.26	7.57
35	0.89	1.25	1.40	1.73	2.38	4.28	7.59
36	0.92	1.28	1.43	1.78	2.41	4.29	7.60
37	0.94	1.31	1.47	1.81	2.45	4.30	7.61
38	0.96	1.33	1.50	1.85	2.46	4.31	7.62
39	0.98	1.36	1.52	1.88	2.49	4.31	7.62
40	0.99	1.37	1.55	1.90	2.51	4.31	7.61
41	1.01	1.39	1.57	1.93	2.52	4.30	7.59
42	1.02	1.41	1.58	1.94	2.53	4.28	7.57
43	1.05	1.43	1.60	1.95	2.53	4.26	7.54
44	1.06	1.44	1.61	1.96	2.53	4.22	7.50
45	1.07	1.45	1.61	1.96	2.52	4.18	7.44
46	1.08	1.46	1.61	1.95	2.49	4.13	7.36
47	1.09	1.45	1.60	1.94	2.46	4.06	7.24
48	1.08	1.44	1.58	1.91	2.41	3.97	7.10
49	1.07	1.43	1.56	1.87	2.35	3.85	6.92
50	1.06	1.39	1.52	1.83	2.27	3.73	6.71
51	1.04	1.36	1.48	1.77	2.18	3.58	6.46
52	1.00	1.30	1.43	1.70	2.08	3.41	6.17
53	0.96	1.24	1.35	1.60	1.94	3.19	5.78
54	0.91	1.16	1.26	1.50	1.80	2.97	5.37
55	0.84	1.08	1.17	1.38	1.65	2.72	4.94
56	0.78	0.99	1.07	1.27	1.49	2.47	4.48
57	0.71	0.91	0.98	1.15	1.33	2.22	4.02
58	0.63	0.81	0.87	1.03	1.18	1.97	3.58
59	0.56	0.72	0.77	0.92	1.03	1.73	3.15
60	0.50	0.64	0.69	0.81	0.90	1.52	2.75
61	0.44	0.56	0.60	0.71	0.77	1.33	2.38
62	0.38	0.49	0.53	0.62	0.68	1.15	2.05
63	0.33	0.43	0.46	0.55	0.60	1.02	1.79
64	0.30	0.39	0.41	0.48	0.55	0.92	1.59
65	0.28	0.35	0.38	0.44	0.52	0.86	1.47
66	0.26	0.33	0.35	0.42	0.53	0.86	1.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.68	0.94	1.06	1.31	1.94		
26	0.70	0.98	1.09	1.36	2.01		
27	0.72	1.00	1.13	1.41	2.06		
28	0.74	1.05	1.17	1.46	2.13		
29	0.77	1.09	1.21	1.51	2.18		
30	0.80	1.13	1.26	1.57	2.24		
31	0.84	1.16	1.31	1.63	2.31		
32	0.86	1.21	1.36	1.68	2.36		
33	0.89	1.25	1.40	1.74	2.42		
34	0.92	1.28	1.44	1.80	2.46		
35	0.95	1.33	1.50	1.85	2.52		
36	0.99	1.37	1.53	1.91	2.57		
37	1.00	1.40	1.58	1.95	2.61		
38	1.04	1.44	1.62	2.00	2.66		
39	1.06	1.48	1.65	2.04	2.70		
40	1.09	1.51	1.69	2.08	2.73		
41	1.12	1.53	1.72	2.12	2.75		
42	1.13	1.56	1.76	2.15	2.78		
43	1.16	1.59	1.79	2.18	2.81		
44	1.20	1.63	1.81	2.20	2.82		
45	1.22	1.65	1.83	2.23	2.82		
46	1.25	1.66	1.85	2.24	2.82		
47	1.26	1.68	1.86	2.24	2.80		
48	1.27	1.69	1.86	2.24	2.76		
49	1.27	1.68	1.85	2.22	2.71		
50	1.27	1.66	1.83	2.18	2.66		
51	1.26	1.65	1.80	2.16	2.58		
52	1.24	1.62	1.76	2.09	2.48		
53	1.21	1.56	1.69	2.02	2.35		
54	1.15	1.50	1.62	1.92	2.21		
55	1.11	1.42	1.53	1.81	2.06		
56	1.05	1.34	1.44	1.70	1.91		
57	0.99	1.26	1.35	1.58	1.74		
58	0.92	1.16	1.26	1.48	1.60		
59	0.84	1.08	1.16	1.37	1.46		
60	0.77	0.99	1.06	1.26	1.32		
61	0.71	0.91	0.98	1.14	1.19		
62	0.64	0.83	0.88	1.05	1.06		
63	0.58	0.74	0.79	0.93	0.94		
64	0.51	0.66	0.71	0.84	0.83		
65	0.46	0.59	0.62	0.74	0.73		
66	0.40	0.52	0.55	0.66	0.63		
67	0.35	0.47	0.50	0.60	0.57		
68	0.33	0.43	0.47	0.55	0.52		
69	0.31	0.40	0.44	0.52	0.48		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.72	1.00	1.13	1.40	2.08		
26	0.74	1.04	1.16	1.44	2.14		
27	0.77	1.07	1.21	1.50	2.20		
28	0.79	1.12	1.25	1.56	2.27		
29	0.83	1.16	1.29	1.61	2.33		
30	0.85	1.20	1.35	1.67	2.39		
31	0.89	1.24	1.40	1.73	2.46		
32	0.92	1.28	1.44	1.80	2.52		
33	0.95	1.33	1.50	1.86	2.58		
34	0.99	1.37	1.54	1.92	2.63		
35	1.01	1.42	1.59	1.97	2.68		
36	1.05	1.46	1.64	2.03	2.74		
37	1.07	1.50	1.68	2.09	2.79		
38	1.11	1.54	1.72	2.13	2.83		
39	1.14	1.58	1.77	2.17	2.88		
40	1.16	1.61	1.80	2.22	2.91		
41	1.19	1.64	1.84	2.26	2.94		
42	1.21	1.66	1.87	2.29	2.97		
43	1.24	1.70	1.90	2.32	2.99		
44	1.28	1.73	1.94	2.35	3.00		
45	1.30	1.76	1.95	2.38	3.01		
46	1.33	1.78	1.97	2.38	3.00		
47	1.35	1.80	1.98	2.38	2.98		
48	1.36	1.80	1.98	2.38	2.95		
49	1.36	1.80	1.97	2.37	2.90		
50	1.36	1.78	1.95	2.33	2.83		
51	1.35	1.76	1.92	2.30	2.75		
52	1.32	1.72	1.87	2.24	2.65		
53	1.28	1.66	1.80	2.15	2.51		
54	1.23	1.59	1.72	2.05	2.36		
55	1.18	1.51	1.64	1.94	2.20		
56	1.12	1.43	1.54	1.81	2.03		
57	1.05	1.34	1.43	1.69	1.86		
58	0.98	1.24	1.34	1.58	1.71		
59	0.90	1.15	1.24	1.46	1.56		
60	0.83	1.06	1.14	1.35	1.41		
61	0.76	0.97	1.04	1.22	1.27		
62	0.69	0.88	0.94	1.12	1.14		
63	0.62	0.79	0.84	0.99	1.00		
64	0.55	0.70	0.76	0.89	0.88		
65	0.48	0.62	0.67	0.79	0.77		
66	0.42	0.55	0.59	0.70	0.68		
67	0.38	0.49	0.54	0.63	0.61		
68	0.34	0.46	0.49	0.58	0.55		
69	0.33	0.43	0.47	0.55	0.52		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.21	1.70	1.91	2.36			
26	1.26	1.77	1.97	2.45			
27	1.31	1.83	2.05	2.56			
28	1.36	1.92	2.15	2.67			
29	1.42	1.99	2.23	2.78			
30	1.48	2.07	2.32	2.90			
31	1.53	2.16	2.43	3.02			
32	1.60	2.24	2.53	3.14			
33	1.66	2.34	2.62	3.26			
34	1.73	2.44	2.72	3.39			
35	1.80	2.53	2.83	3.51			
36	1.87	2.60	2.93	3.63			
37	1.93	2.70	3.03	3.76			
38	2.00	2.78	3.12	3.87			
39	2.06	2.86	3.22	3.98			
40	2.12	2.95	3.31	4.07			
41	2.18	3.01	3.38	4.16			
42	2.23	3.08	3.46	4.24			
43	2.29	3.14	3.51	4.29			
44	2.34	3.19	3.56	4.35			
45	2.39	3.24	3.59	4.37			
46	2.43	3.26	3.61	4.37			
47	2.45	3.26	3.61	4.36			
48	2.45	3.25	3.57	4.31			
49	2.43	3.22	3.52	4.24			
50	2.40	3.16	3.46	4.14			
51	2.35	3.08	3.36	4.02			
52	2.29	2.97	3.24	3.87			
53	2.18	2.84	3.09	3.67			
54	2.08	2.68	2.90	3.45			
55	1.94	2.51	2.71	3.21			
56	1.81	2.31	2.51	2.97			
57	1.67	2.13	2.30	2.71			
58	1.51	1.93	2.08	2.45			
59	1.36	1.73	1.87	2.20			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.29	1.81	2.03	2.52			
26	1.35	1.88	2.10	2.61			
27	1.40	1.95	2.19	2.73			
28	1.45	2.04	2.29	2.84			
29	1.51	2.12	2.38	2.97			
30	1.58	2.21	2.48	3.09			
31	1.64	2.31	2.59	3.22			
32	1.71	2.39	2.69	3.35			
33	1.78	2.50	2.80	3.48			
34	1.85	2.60	2.90	3.62			
35	1.92	2.69	3.02	3.75			
36	1.99	2.78	3.12	3.88			
37	2.06	2.88	3.23	4.00			
38	2.13	2.97	3.34	4.13			
39	2.20	3.05	3.43	4.24			
40	2.26	3.14	3.53	4.35			
41	2.32	3.21	3.61	4.44			
42	2.38	3.28	3.69	4.52			
43	2.44	3.35	3.75	4.58			
44	2.50	3.41	3.80	4.64			
45	2.55	3.45	3.83	4.66			
46	2.59	3.48	3.85	4.66			
47	2.60	3.48	3.85	4.66			
48	2.60	3.47	3.81	4.60			
49	2.59	3.43	3.76	4.52			
50	2.56	3.37	3.69	4.42			
51	2.51	3.28	3.58	4.29			
52	2.44	3.18	3.46	4.13			
53	2.33	3.03	3.29	3.92			
54	2.22	2.86	3.10	3.68			
55	2.08	2.68	2.89	3.42			
56	1.94	2.47	2.68	3.16			
57	1.79	2.27	2.45	2.89			
58	1.61	2.06	2.22	2.61			
59	1.45	1.85	1.99	2.35			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.11	0.12	0.15	0.22	0.42	0.77
26	0.09	0.11	0.13	0.16	0.23	0.44	0.81
27	0.09	0.12	0.14	0.17	0.25	0.46	0.84
28	0.09	0.13	0.14	0.18	0.26	0.48	0.87
29	0.10	0.14	0.16	0.19	0.26	0.50	0.92
30	0.11	0.15	0.17	0.20	0.27	0.53	0.94
31	0.11	0.16	0.18	0.22	0.29	0.55	0.99
32	0.12	0.17	0.18	0.23	0.31	0.58	1.03
33	0.13	0.18	0.20	0.25	0.33	0.60	1.07
34	0.14	0.19	0.21	0.26	0.34	0.62	1.11
35	0.15	0.20	0.23	0.27	0.37	0.65	1.16
36	0.16	0.22	0.25	0.29	0.39	0.69	1.22
37	0.17	0.23	0.26	0.31	0.40	0.72	1.27
38	0.18	0.25	0.26	0.33	0.42	0.76	1.33
39	0.19	0.26	0.28	0.35	0.45	0.78	1.40
40	0.20	0.27	0.31	0.37	0.48	0.82	1.46
41	0.22	0.29	0.33	0.40	0.50	0.86	1.54
42	0.23	0.31	0.34	0.42	0.53	0.91	1.61
43	0.25	0.33	0.37	0.44	0.56	0.95	1.70
44	0.26	0.35	0.40	0.47	0.59	0.99	1.78
45	0.27	0.37	0.41	0.49	0.62	1.05	1.87
46	0.30	0.40	0.43	0.53	0.65	1.09	1.96
47	0.32	0.42	0.46	0.55	0.69	1.14	2.07
48	0.34	0.44	0.49	0.59	0.73	1.21	2.17
49	0.36	0.48	0.52	0.62	0.76	1.26	2.28
50	0.39	0.50	0.55	0.64	0.79	1.32	2.38
51	0.40	0.53	0.57	0.68	0.82	1.37	2.47
52	0.42	0.55	0.59	0.70	0.84	1.41	2.55
53	0.44	0.56	0.61	0.73	0.86	1.44	2.61
54	0.45	0.58	0.62	0.75	0.88	1.46	2.66
55	0.46	0.59	0.63	0.76	0.88	1.47	2.68
56	0.46	0.59	0.63	0.76	0.87	1.45	2.65
57	0.45	0.58	0.62	0.74	0.84	1.43	2.59
58	0.43	0.56	0.60	0.71	0.81	1.36	2.47
59	0.41	0.53	0.57	0.67	0.76	1.28	2.31
60	0.38	0.48	0.52	0.61	0.69	1.16	2.09
61	0.33	0.42	0.45	0.54	0.59	1.00	1.80
62	0.26	0.34	0.37	0.43	0.48	0.82	1.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.11	0.13	0.16	0.23	0.45	0.82
26	0.09	0.12	0.14	0.17	0.24	0.47	0.85
27	0.10	0.13	0.15	0.18	0.26	0.48	0.88
28	0.10	0.14	0.15	0.18	0.26	0.51	0.92
29	0.11	0.15	0.17	0.20	0.28	0.53	0.96
30	0.11	0.16	0.18	0.21	0.29	0.55	0.99
31	0.12	0.17	0.18	0.23	0.31	0.58	1.04
32	0.13	0.18	0.19	0.24	0.33	0.61	1.08
33	0.14	0.18	0.21	0.26	0.34	0.63	1.13
34	0.15	0.20	0.22	0.27	0.36	0.66	1.17
35	0.16	0.21	0.24	0.29	0.39	0.69	1.22
36	0.17	0.23	0.26	0.31	0.40	0.72	1.28
37	0.18	0.24	0.27	0.33	0.42	0.76	1.34
38	0.18	0.26	0.28	0.34	0.45	0.79	1.40
39	0.20	0.27	0.30	0.37	0.48	0.83	1.47
40	0.21	0.29	0.33	0.39	0.50	0.86	1.54
41	0.23	0.31	0.34	0.41	0.53	0.91	1.62
42	0.24	0.33	0.36	0.44	0.55	0.95	1.70
43	0.26	0.34	0.39	0.47	0.59	1.00	1.79
44	0.27	0.37	0.41	0.49	0.62	1.05	1.87
45	0.29	0.39	0.43	0.52	0.65	1.10	1.97
46	0.32	0.41	0.46	0.55	0.69	1.15	2.07
47	0.33	0.44	0.48	0.58	0.72	1.21	2.17
48	0.36	0.47	0.52	0.62	0.77	1.27	2.29
49	0.38	0.50	0.55	0.65	0.80	1.33	2.40
50	0.40	0.53	0.57	0.68	0.84	1.39	2.51
51	0.42	0.55	0.60	0.71	0.86	1.44	2.60
52	0.44	0.57	0.62	0.74	0.89	1.48	2.68
53	0.47	0.59	0.64	0.77	0.91	1.52	2.75
54	0.48	0.61	0.66	0.78	0.92	1.54	2.80
55	0.48	0.62	0.67	0.79	0.92	1.55	2.82
56	0.48	0.62	0.67	0.79	0.92	1.53	2.79
57	0.48	0.61	0.66	0.77	0.89	1.50	2.72
58	0.46	0.59	0.63	0.75	0.85	1.43	2.60
59	0.43	0.55	0.60	0.70	0.80	1.35	2.44
60	0.40	0.51	0.55	0.64	0.72	1.22	2.20
61	0.34	0.45	0.48	0.56	0.62	1.06	1.90
62	0.28	0.36	0.39	0.46	0.50	0.86	1.53

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.86	1.21	1.36	1.68	2.54	5.16	9.38
26	0.88	1.24	1.38	1.72	2.58	5.19	9.42
27	0.90	1.26	1.41	1.76	2.62	5.22	9.46
28	0.92	1.28	1.44	1.80	2.66	5.24	9.47
29	0.93	1.32	1.47	1.84	2.70	5.25	9.46
30	0.95	1.35	1.50	1.88	2.74	5.25	9.44
31	0.98	1.37	1.54	1.92	2.76	5.24	9.40
32	0.99	1.40	1.58	1.96	2.78	5.23	9.35
33	1.02	1.43	1.60	2.00	2.81	5.20	9.28
34	1.03	1.45	1.63	2.02	2.82	5.17	9.20
35	1.05	1.47	1.65	2.05	2.83	5.13	9.11
36	1.06	1.49	1.67	2.08	2.83	5.08	9.01
37	1.07	1.50	1.68	2.09	2.83	5.02	8.90
38	1.08	1.51	1.70	2.11	2.83	4.96	8.78
39	1.09	1.52	1.71	2.12	2.82	4.90	8.66
40	1.10	1.52	1.71	2.11	2.80	4.83	8.52
41	1.10	1.52	1.71	2.11	2.77	4.73	8.39
42	1.10	1.51	1.70	2.09	2.74	4.65	8.22
43	1.10	1.51	1.69	2.08	2.69	4.55	8.06
44	1.10	1.50	1.68	2.05	2.66	4.44	7.88
45	1.10	1.49	1.65	2.01	2.60	4.32	7.68
46	1.09	1.47	1.62	1.97	2.53	4.19	7.46
47	1.07	1.44	1.58	1.92	2.45	4.04	7.22
48	1.05	1.40	1.54	1.86	2.35	3.86	6.93
49	1.02	1.36	1.48	1.78	2.24	3.68	6.61
50	0.98	1.29	1.42	1.69	2.12	3.48	6.26
51	0.93	1.23	1.35	1.60	1.99	3.26	5.89
52	0.89	1.15	1.25	1.50	1.84	3.04	5.48
53	0.82	1.06	1.15	1.37	1.68	2.77	5.02
54	0.76	0.97	1.06	1.25	1.50	2.49	4.51
55	0.69	0.88	0.95	1.13	1.34	2.22	4.03
56	0.61	0.78	0.84	0.99	1.17	1.94	3.54
57	0.54	0.69	0.74	0.87	1.01	1.68	3.07
58	0.47	0.60	0.64	0.76	0.87	1.46	2.65
59	0.40	0.51	0.55	0.65	0.74	1.25	2.25
60	0.35	0.45	0.48	0.56	0.62	1.06	1.92
61	0.30	0.38	0.41	0.49	0.54	0.92	1.64
62	0.26	0.33	0.36	0.42	0.47	0.80	1.42
63	0.25	0.32	0.34	0.40	0.44	0.75	1.34
64	0.25	0.32	0.34	0.40	0.43	0.74	1.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.93	1.31	1.47	1.82	2.75	5.57	10.14
26	0.95	1.34	1.50	1.87	2.79	5.61	10.19
27	0.97	1.36	1.52	1.90	2.83	5.64	10.23
28	0.99	1.39	1.56	1.94	2.88	5.66	10.23
29	1.01	1.43	1.59	1.99	2.92	5.68	10.23
30	1.03	1.45	1.63	2.03	2.96	5.68	10.21
31	1.06	1.49	1.66	2.08	2.98	5.67	10.16
32	1.07	1.51	1.70	2.12	3.01	5.65	10.10
33	1.10	1.54	1.73	2.16	3.04	5.62	10.03
34	1.12	1.57	1.76	2.19	3.05	5.59	9.94
35	1.14	1.59	1.79	2.22	3.06	5.54	9.85
36	1.15	1.61	1.80	2.24	3.06	5.49	9.74
37	1.16	1.63	1.82	2.26	3.06	5.43	9.62
38	1.17	1.64	1.84	2.28	3.06	5.37	9.50
39	1.18	1.65	1.85	2.29	3.04	5.30	9.36
40	1.19	1.65	1.85	2.28	3.03	5.22	9.21
41	1.19	1.65	1.85	2.28	2.99	5.12	9.06
42	1.19	1.64	1.84	2.26	2.96	5.02	8.89
43	1.19	1.64	1.83	2.24	2.91	4.92	8.71
44	1.19	1.63	1.81	2.22	2.87	4.80	8.52
45	1.19	1.61	1.79	2.17	2.81	4.67	8.31
46	1.18	1.58	1.75	2.13	2.73	4.53	8.07
47	1.16	1.56	1.72	2.08	2.65	4.36	7.80
48	1.14	1.51	1.66	2.01	2.54	4.18	7.49
49	1.10	1.46	1.60	1.92	2.42	3.98	7.15
50	1.06	1.40	1.53	1.83	2.29	3.77	6.77
51	1.01	1.33	1.45	1.73	2.15	3.53	6.36
52	0.96	1.25	1.36	1.62	1.99	3.28	5.93
53	0.89	1.15	1.25	1.49	1.81	2.99	5.42
54	0.82	1.05	1.14	1.36	1.63	2.69	4.88
55	0.74	0.95	1.03	1.21	1.44	2.39	4.36
56	0.66	0.84	0.92	1.07	1.27	2.10	3.83
57	0.58	0.74	0.80	0.94	1.09	1.82	3.32
58	0.50	0.64	0.70	0.82	0.94	1.58	2.86
59	0.44	0.55	0.60	0.70	0.80	1.36	2.44
60	0.38	0.48	0.52	0.61	0.68	1.15	2.08
61	0.33	0.41	0.45	0.53	0.58	0.99	1.77
62	0.28	0.36	0.39	0.46	0.50	0.86	1.53
63	0.26	0.34	0.37	0.44	0.48	0.81	1.44
64	0.26	0.34	0.37	0.43	0.47	0.80	1.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.94	1.32	1.48	1.84	2.76	5.57	10.11
26	0.96	1.36	1.51	1.88	2.81	5.62	10.19
27	0.99	1.38	1.55	1.93	2.87	5.67	10.25
28	1.01	1.42	1.58	1.98	2.91	5.70	10.30
29	1.03	1.45	1.63	2.02	2.97	5.73	10.32
30	1.06	1.49	1.67	2.09	3.01	5.76	10.33
31	1.08	1.53	1.71	2.13	3.05	5.76	10.32
32	1.11	1.57	1.75	2.18	3.10	5.77	10.30
33	1.14	1.59	1.80	2.23	3.12	5.76	10.27
34	1.15	1.63	1.83	2.28	3.16	5.76	10.23
35	1.19	1.66	1.87	2.32	3.19	5.74	10.17
36	1.21	1.68	1.90	2.35	3.20	5.71	10.11
37	1.23	1.71	1.92	2.38	3.21	5.68	10.04
38	1.25	1.73	1.94	2.41	3.22	5.64	9.97
39	1.26	1.75	1.97	2.44	3.23	5.60	9.89
40	1.27	1.77	1.99	2.45	3.22	5.55	9.80
41	1.28	1.78	2.00	2.45	3.21	5.48	9.70
42	1.28	1.79	2.01	2.46	3.20	5.42	9.58
43	1.30	1.80	2.01	2.45	3.18	5.35	9.48
44	1.32	1.80	2.01	2.45	3.15	5.27	9.35
45	1.33	1.80	2.00	2.43	3.11	5.17	9.20
46	1.33	1.79	1.98	2.39	3.06	5.07	9.03
47	1.33	1.77	1.95	2.36	2.99	4.94	8.82
48	1.31	1.74	1.91	2.31	2.91	4.80	8.57
49	1.28	1.70	1.87	2.24	2.82	4.62	8.30
50	1.25	1.65	1.80	2.16	2.70	4.44	7.97
51	1.22	1.59	1.74	2.09	2.57	4.22	7.61
52	1.17	1.53	1.66	1.98	2.43	3.99	7.22
53	1.11	1.43	1.57	1.86	2.25	3.71	6.71
54	1.04	1.34	1.45	1.72	2.07	3.41	6.18
55	0.96	1.23	1.34	1.58	1.87	3.10	5.62
56	0.88	1.13	1.21	1.43	1.68	2.79	5.07
57	0.80	1.02	1.09	1.28	1.49	2.49	4.51
58	0.70	0.91	0.97	1.14	1.31	2.19	3.98
59	0.62	0.80	0.85	1.01	1.14	1.91	3.47
60	0.55	0.70	0.75	0.89	0.99	1.66	3.00
61	0.48	0.61	0.66	0.77	0.84	1.44	2.59
62	0.41	0.54	0.57	0.68	0.74	1.26	2.24
63	0.37	0.48	0.50	0.60	0.66	1.13	1.98
64	0.34	0.43	0.47	0.55	0.61	1.03	1.80
65	0.33	0.40	0.44	0.51	0.60	1.01	1.72
66	0.32	0.40	0.43	0.51	0.64	1.04	1.75

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.02	1.43	1.60	1.99	2.98	6.02	10.93
26	1.04	1.46	1.64	2.03	3.04	6.08	11.02
27	1.06	1.50	1.67	2.09	3.10	6.12	11.08
28	1.09	1.53	1.72	2.14	3.15	6.17	11.13
29	1.12	1.57	1.76	2.19	3.20	6.20	11.16
30	1.14	1.61	1.80	2.25	3.26	6.22	11.17
31	1.17	1.65	1.85	2.31	3.30	6.23	11.16
32	1.20	1.69	1.89	2.36	3.34	6.24	11.14
33	1.22	1.72	1.94	2.41	3.38	6.23	11.11
34	1.25	1.76	1.98	2.46	3.41	6.22	11.06
35	1.28	1.80	2.02	2.51	3.44	6.20	11.00
36	1.30	1.82	2.05	2.54	3.46	6.18	10.93
37	1.33	1.85	2.08	2.58	3.48	6.14	10.86
38	1.35	1.87	2.10	2.60	3.48	6.10	10.78
39	1.36	1.89	2.13	2.63	3.49	6.05	10.69
40	1.37	1.91	2.15	2.64	3.48	6.00	10.60
41	1.38	1.92	2.16	2.65	3.48	5.93	10.48
42	1.39	1.93	2.16	2.66	3.46	5.86	10.36
43	1.41	1.94	2.16	2.65	3.43	5.78	10.24
44	1.43	1.94	2.16	2.64	3.41	5.70	10.10
45	1.43	1.94	2.16	2.62	3.36	5.60	9.94
46	1.43	1.93	2.14	2.59	3.31	5.48	9.76
47	1.43	1.91	2.11	2.55	3.24	5.34	9.53
48	1.42	1.88	2.07	2.49	3.15	5.18	9.27
49	1.39	1.84	2.02	2.43	3.04	5.00	8.97
50	1.36	1.79	1.95	2.34	2.92	4.80	8.62
51	1.32	1.72	1.88	2.25	2.78	4.57	8.23
52	1.27	1.65	1.80	2.14	2.62	4.31	7.80
53	1.20	1.55	1.69	2.01	2.44	4.01	7.26
54	1.13	1.44	1.57	1.86	2.24	3.69	6.68
55	1.04	1.33	1.44	1.71	2.02	3.35	6.08
56	0.95	1.21	1.31	1.55	1.82	3.02	5.48
57	0.86	1.10	1.18	1.39	1.61	2.69	4.88
58	0.77	0.98	1.05	1.24	1.42	2.37	4.30
59	0.67	0.86	0.92	1.09	1.23	2.07	3.75
60	0.59	0.76	0.81	0.96	1.06	1.80	3.25
61	0.51	0.66	0.71	0.84	0.92	1.56	2.80
62	0.45	0.58	0.62	0.73	0.80	1.36	2.43
63	0.40	0.51	0.55	0.65	0.71	1.21	2.14
64	0.37	0.47	0.50	0.59	0.66	1.12	1.94
65	0.35	0.44	0.48	0.55	0.65	1.09	1.86
66	0.34	0.44	0.47	0.55	0.70	1.13	1.89

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.04	1.46	1.64	2.03	3.04		
26	1.06	1.50	1.68	2.09	3.10		
27	1.09	1.54	1.72	2.15	3.18		
28	1.13	1.58	1.78	2.21	3.24		
29	1.15	1.63	1.82	2.27	3.31		
30	1.19	1.68	1.88	2.34	3.37		
31	1.22	1.72	1.93	2.41	3.42		
32	1.26	1.77	1.99	2.47	3.48		
33	1.29	1.81	2.03	2.54	3.54		
34	1.33	1.87	2.09	2.60	3.58		
35	1.36	1.90	2.13	2.66	3.63		
36	1.39	1.94	2.18	2.71	3.67		
37	1.42	1.98	2.23	2.76	3.70		
38	1.45	2.02	2.26	2.80	3.74		
39	1.47	2.05	2.30	2.84	3.76		
40	1.50	2.08	2.33	2.88	3.78		
41	1.51	2.10	2.36	2.90	3.78		
42	1.54	2.12	2.38	2.92	3.79		
43	1.57	2.15	2.40	2.94	3.78		
44	1.59	2.16	2.42	2.95	3.78		
45	1.61	2.18	2.43	2.95	3.75		
46	1.63	2.19	2.43	2.94	3.71		
47	1.65	2.19	2.42	2.92	3.65		
48	1.65	2.18	2.40	2.89	3.58		
49	1.63	2.16	2.37	2.85	3.49		
50	1.61	2.12	2.33	2.78	3.39		
51	1.58	2.08	2.27	2.71	3.26		
52	1.56	2.02	2.20	2.62	3.11		
53	1.49	1.93	2.10	2.50	2.92		
54	1.43	1.83	1.99	2.36	2.72		
55	1.35	1.72	1.87	2.21	2.52		
56	1.26	1.61	1.74	2.06	2.31		
57	1.17	1.50	1.61	1.90	2.09		
58	1.08	1.38	1.49	1.76	1.90		
59	1.00	1.28	1.37	1.62	1.72		
60	0.92	1.17	1.25	1.48	1.56		
61	0.83	1.06	1.14	1.35	1.39		
62	0.75	0.97	1.03	1.22	1.24		
63	0.67	0.86	0.92	1.09	1.09		
64	0.60	0.77	0.82	0.97	0.96		
65	0.52	0.68	0.72	0.85	0.84		
66	0.47	0.60	0.64	0.77	0.74		
67	0.41	0.54	0.58	0.69	0.66		
68	0.38	0.49	0.54	0.63	0.60		
69	0.36	0.48	0.50	0.60	0.56		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.13	1.58	1.77	2.20	3.28		
26	1.15	1.62	1.81	2.25	3.35		
27	1.18	1.66	1.87	2.32	3.43		
28	1.21	1.71	1.92	2.38	3.50		
29	1.25	1.76	1.97	2.46	3.57		
30	1.28	1.81	2.03	2.53	3.64		
31	1.32	1.87	2.09	2.60	3.70		
32	1.36	1.91	2.15	2.68	3.77		
33	1.40	1.96	2.20	2.75	3.83		
34	1.43	2.02	2.25	2.81	3.87		
35	1.47	2.06	2.31	2.87	3.92		
36	1.50	2.10	2.36	2.93	3.97		
37	1.53	2.14	2.40	2.98	4.00		
38	1.57	2.18	2.45	3.03	4.04		
39	1.59	2.22	2.48	3.07	4.07		
40	1.62	2.24	2.52	3.11	4.08		
41	1.64	2.27	2.55	3.13	4.09		
42	1.66	2.29	2.58	3.16	4.10		
43	1.69	2.32	2.60	3.18	4.09		
44	1.72	2.34	2.61	3.19	4.08		
45	1.74	2.36	2.62	3.19	4.06		
46	1.76	2.37	2.62	3.18	4.01		
47	1.78	2.37	2.61	3.16	3.95		
48	1.78	2.36	2.60	3.12	3.87		
49	1.76	2.33	2.56	3.08	3.78		
50	1.74	2.30	2.52	3.01	3.66		
51	1.72	2.24	2.46	2.93	3.52		
52	1.68	2.18	2.38	2.83	3.36		
53	1.61	2.09	2.27	2.70	3.16		
54	1.54	1.98	2.15	2.55	2.94		
55	1.45	1.87	2.02	2.38	2.72		
56	1.36	1.74	1.88	2.23	2.49		
57	1.27	1.62	1.74	2.06	2.26		
58	1.17	1.50	1.61	1.90	2.06		
59	1.08	1.38	1.49	1.75	1.87		
60	0.99	1.27	1.36	1.60	1.68		
61	0.90	1.15	1.24	1.45	1.50		
62	0.81	1.05	1.12	1.32	1.34		
63	0.72	0.93	1.00	1.18	1.18		
64	0.64	0.83	0.89	1.05	1.04		
65	0.56	0.73	0.78	0.92	0.91		
66	0.50	0.65	0.70	0.83	0.80		
67	0.45	0.58	0.62	0.74	0.71		
68	0.40	0.54	0.58	0.69	0.65		
69	0.39	0.51	0.55	0.65	0.61		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.68	2.37	2.66	3.30			
26	1.74	2.45	2.74	3.41			
27	1.80	2.53	2.82	3.52			
28	1.86	2.60	2.92	3.63			
29	1.91	2.69	3.02	3.77			
30	1.98	2.79	3.12	3.90			
31	2.05	2.88	3.23	4.04			
32	2.12	2.98	3.34	4.18			
33	2.19	3.08	3.45	4.30			
34	2.26	3.18	3.56	4.44			
35	2.33	3.27	3.67	4.58			
36	2.40	3.36	3.78	4.70			
37	2.46	3.45	3.87	4.81			
38	2.53	3.53	3.96	4.92			
39	2.59	3.61	4.06	5.02			
40	2.65	3.68	4.13	5.10			
41	2.68	3.74	4.19	5.16			
42	2.73	3.78	4.24	5.22			
43	2.78	3.83	4.29	5.24			
44	2.82	3.85	4.29	5.25			
45	2.85	3.86	4.29	5.24			
46	2.88	3.86	4.29	5.20			
47	2.88	3.85	4.24	5.14			
48	2.85	3.79	4.17	5.03			
49	2.80	3.71	4.07	4.90			
50	2.74	3.62	3.96	4.74			
51	2.66	3.49	3.81	4.56			
52	2.56	3.34	3.64	4.35			
53	2.44	3.16	3.43	4.08			
54	2.29	2.96	3.20	3.80			
55	2.13	2.74	2.97	3.51			
56	1.97	2.52	2.71	3.20			
57	1.80	2.29	2.46	2.90			
58	1.61	2.05	2.21	2.60			
59	1.43	1.82	1.96	2.32			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.82	2.56	2.87	3.56			
26	1.88	2.64	2.96	3.68			
27	1.94	2.73	3.05	3.80			
28	2.01	2.82	3.16	3.93			
29	2.07	2.91	3.26	4.07			
30	2.14	3.02	3.38	4.22			
31	2.22	3.12	3.49	4.36			
32	2.29	3.22	3.62	4.51			
33	2.37	3.33	3.73	4.66			
34	2.45	3.43	3.85	4.80			
35	2.52	3.54	3.97	4.95			
36	2.60	3.63	4.08	5.08			
37	2.67	3.73	4.19	5.20			
38	2.74	3.82	4.29	5.32			
39	2.80	3.90	4.38	5.42			
40	2.86	3.98	4.46	5.51			
41	2.90	4.04	4.53	5.58			
42	2.95	4.08	4.58	5.64			
43	3.01	4.14	4.63	5.67			
44	3.05	4.17	4.65	5.68			
45	3.08	4.18	4.65	5.66			
46	3.11	4.18	4.63	5.62			
47	3.11	4.15	4.58	5.55			
48	3.08	4.10	4.51	5.44			
49	3.03	4.01	4.40	5.30			
50	2.96	3.91	4.28	5.13			
51	2.88	3.78	4.12	4.93			
52	2.77	3.62	3.94	4.70			
53	2.63	3.41	3.71	4.42			
54	2.47	3.19	3.47	4.11			
55	2.31	2.96	3.20	3.79			
56	2.13	2.72	2.93	3.47			
57	1.94	2.47	2.66	3.14			
58	1.74	2.22	2.38	2.82			
59	1.55	1.97	2.12	2.51			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.84	6.34	7.01	8.42	10.60	18.08	31.42
26	5.00	6.56	7.26	8.74	10.96	18.55	32.22
27	5.17	6.79	7.53	9.07	11.33	19.03	33.03
28	5.36	7.06	7.82	9.42	11.71	19.51	33.84
29	5.56	7.33	8.13	9.81	12.12	20.02	34.70
30	5.77	7.62	8.46	10.21	12.55	20.54	35.58
31	5.99	7.93	8.81	10.63	12.99	21.09	36.51
32	6.23	8.25	9.17	11.07	13.46	21.67	37.49
33	6.49	8.59	9.55	11.53	13.95	22.26	38.51
34	6.74	8.92	9.94	11.99	14.44	22.90	39.61
35	7.02	9.29	10.34	12.48	14.97	23.57	40.77
36	7.30	9.67	10.77	12.98	15.51	24.27	42.03
37	7.61	10.07	11.23	13.52	16.09	25.03	43.38
38	7.92	10.49	11.70	14.07	16.67	25.84	44.84
39	8.26	10.92	12.19	14.65	17.27	26.69	46.43
40	8.62	11.39	12.71	15.25	17.91	27.61	48.13
41	8.98	11.87	13.25	15.89	18.57	28.57	49.96
42	9.38	12.39	13.83	16.58	19.27	29.62	51.94
43	9.87	12.99	14.45	17.29	20.00	30.74	54.09
44	10.41	13.63	15.11	18.05	20.76	31.94	56.40
45	10.97	14.31	15.81	18.84	21.57	33.20	58.85
46	11.57	15.03	16.54	19.69	22.43	34.54	61.46
47	12.21	15.80	17.33	20.59	23.34	35.96	64.20
48	12.89	16.62	18.21	21.60	24.36	37.57	67.34
49	13.60	17.49	19.11	22.66	25.41	39.22	70.56
50	14.34	18.39	20.05	23.73	26.51	40.93	73.82
51	15.09	19.30	21.00	24.83	27.62	42.63	77.05
52	15.86	20.23	21.96	25.92	28.75	44.31	80.19
53	16.70	21.25	23.03	27.17	30.05	46.18	83.55
54	17.52	22.24	24.05	28.34	31.30	47.92	86.61
55	18.29	23.15	24.97	29.42	32.43	49.46	89.24
56	18.96	23.94	25.78	30.33	33.40	50.72	91.30
57	19.52	24.58	26.39	31.04	34.14	51.62	92.64
58	19.85	24.98	26.80	31.50	34.61	52.07	93.10
59	20.02	25.14	26.95	31.66	34.74	52.01	92.57
60	19.96	25.04	26.80	31.46	34.49	51.32	90.88
61	19.62	24.60	26.29	30.88	33.78	49.98	87.89
62	19.02	23.80	25.41	29.83	32.58	47.85	83.46

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.02	6.56	7.27	8.73	10.98	18.74	32.56
26	5.18	6.79	7.52	9.06	11.35	19.22	33.39
27	5.36	7.04	7.81	9.40	11.74	19.71	34.22
28	5.55	7.31	8.10	9.77	12.14	20.21	35.08
29	5.76	7.59	8.43	10.16	12.56	20.74	35.96
30	5.98	7.89	8.76	10.58	13.01	21.29	36.87
31	6.21	8.22	9.13	11.02	13.46	21.86	37.83
32	6.46	8.54	9.50	11.48	13.95	22.46	38.85
33	6.72	8.90	9.89	11.94	14.45	23.07	39.91
34	6.99	9.25	10.30	12.43	14.97	23.72	41.04
35	7.28	9.63	10.72	12.93	15.51	24.42	42.25
36	7.57	10.02	11.16	13.46	16.08	25.15	43.55
37	7.88	10.44	11.63	14.01	16.67	25.93	44.95
38	8.21	10.87	12.12	14.58	17.27	26.77	46.46
39	8.56	11.32	12.63	15.18	17.90	27.66	48.11
40	8.92	11.80	13.16	15.80	18.56	28.61	49.87
41	9.31	12.30	13.74	16.47	19.25	29.61	51.77
42	9.72	12.84	14.34	17.18	19.97	30.69	53.82
43	10.23	13.46	14.98	17.92	20.72	31.86	56.06
44	10.79	14.12	15.66	18.70	21.52	33.10	58.44
45	11.37	14.83	16.39	19.53	22.35	34.41	60.98
46	11.99	15.58	17.14	20.41	23.24	35.79	63.69
47	12.65	16.37	17.95	21.34	24.18	37.26	66.54
48	13.36	17.23	18.87	22.39	25.24	38.93	69.78
49	14.10	18.13	19.81	23.48	26.34	40.65	73.12
50	14.85	19.06	20.78	24.60	27.47	42.42	76.50
51	15.64	20.00	21.76	25.73	28.63	44.18	79.85
52	16.43	20.96	22.76	26.87	29.80	45.92	83.11
53	17.31	22.03	23.87	28.15	31.14	47.85	86.57
54	18.15	23.05	24.92	29.37	32.44	49.66	89.75
55	18.95	23.99	25.88	30.48	33.61	51.26	92.48
56	19.64	24.82	26.71	31.43	34.61	52.56	94.61
57	20.22	25.47	27.35	32.16	35.38	53.50	96.00
58	20.57	25.89	27.77	32.64	35.87	53.96	96.48
59	20.74	26.06	27.92	32.81	36.00	53.89	95.93
60	20.68	25.94	27.76	32.60	35.74	53.19	94.18
61	20.34	25.48	27.24	32.00	35.01	51.79	91.08
62	19.70	24.67	26.34	30.91	33.76	49.59	86.49

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.40	3.00	3.27	3.86	5.31	10.16	17.82
26	2.48	3.12	3.41	4.02	5.50	10.44	18.30
27	2.57	3.24	3.55	4.20	5.71	10.74	18.81
28	2.68	3.38	3.70	4.39	5.95	11.07	19.35
29	2.79	3.53	3.87	4.60	6.19	11.42	19.93
30	2.91	3.70	4.07	4.83	6.45	11.79	20.56
31	3.04	3.88	4.27	5.08	6.73	12.20	21.23
32	3.19	4.07	4.49	5.34	7.03	12.63	21.96
33	3.34	4.28	4.72	5.62	7.35	13.09	22.73
34	3.50	4.50	4.96	5.91	7.68	13.57	23.57
35	3.68	4.73	5.22	6.23	8.04	14.10	24.47
36	3.86	4.98	5.50	6.56	8.41	14.67	25.45
37	4.07	5.24	5.81	6.92	8.83	15.27	26.51
38	4.28	5.53	6.12	7.30	9.25	15.92	27.66
39	4.51	5.83	6.46	7.69	9.71	16.62	28.90
40	4.75	6.15	6.82	8.12	10.20	17.36	30.23
41	5.01	6.49	7.21	8.58	10.72	18.16	31.67
42	5.29	6.86	7.62	9.06	11.28	19.03	33.23
43	5.64	7.28	8.07	9.57	11.87	19.95	34.92
44	6.00	7.74	8.54	10.12	12.51	20.94	36.74
45	6.41	8.22	9.05	10.71	13.19	21.97	38.68
46	6.83	8.73	9.58	11.33	13.90	23.09	40.74
47	7.29	9.28	10.15	11.99	14.64	24.28	42.94
48	7.78	9.89	10.80	12.73	15.46	25.61	45.46
49	8.30	10.53	11.47	13.51	16.31	27.01	48.07
50	8.84	11.18	12.16	14.31	17.16	28.42	50.71
51	9.38	11.85	12.86	15.12	18.01	29.84	53.38
52	9.94	12.52	13.57	15.92	18.84	31.26	56.01
53	10.54	13.27	14.34	16.83	19.74	32.81	58.85
54	11.09	13.97	15.08	17.69	20.57	34.26	61.51
55	11.61	14.63	15.75	18.48	21.30	35.55	63.86
56	12.06	15.20	16.33	19.15	21.90	36.64	65.78
57	12.43	15.66	16.79	19.69	22.33	37.45	67.16
58	12.66	15.97	17.11	20.05	22.56	37.92	67.88
59	12.76	16.11	17.23	20.20	22.56	37.98	67.83
60	12.72	16.05	17.15	20.10	22.29	37.59	66.89
61	12.50	15.78	16.84	19.74	21.72	36.68	64.94
62	12.08	15.25	16.26	19.04	20.80	35.17	61.87

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.49	3.11	3.40	4.00	5.50	10.52	18.46
26	2.57	3.23	3.53	4.17	5.70	10.82	18.96
27	2.67	3.35	3.68	4.35	5.92	11.13	19.49
28	2.77	3.50	3.84	4.55	6.16	11.48	20.06
29	2.89	3.66	4.01	4.77	6.42	11.84	20.65
30	3.02	3.83	4.22	5.01	6.69	12.22	21.30
31	3.15	4.02	4.43	5.26	6.98	12.64	22.00
32	3.30	4.22	4.65	5.54	7.29	13.09	22.75
33	3.46	4.44	4.88	5.83	7.61	13.56	23.56
34	3.63	4.66	5.14	6.12	7.96	14.06	24.42
35	3.81	4.90	5.41	6.46	8.33	14.61	25.36
36	4.00	5.17	5.70	6.80	8.72	15.20	26.37
37	4.22	5.44	6.02	7.17	9.14	15.82	27.47
38	4.44	5.73	6.34	7.56	9.58	16.50	28.66
39	4.67	6.04	6.70	7.97	10.06	17.22	29.95
40	4.93	6.37	7.07	8.41	10.57	18.00	31.33
41	5.19	6.73	7.47	8.89	11.11	18.82	32.82
42	5.48	7.11	7.89	9.39	11.69	19.71	34.43
43	5.84	7.54	8.36	9.92	12.30	20.67	36.19
44	6.22	8.02	8.84	10.49	12.97	21.69	38.07
45	6.64	8.52	9.37	11.10	13.67	22.77	40.08
46	7.08	9.05	9.93	11.74	14.41	23.93	42.22
47	7.55	9.62	10.52	12.43	15.17	25.16	44.50
48	8.06	10.25	11.18	13.19	16.02	26.54	47.11
49	8.60	10.91	11.88	14.00	16.90	27.98	49.81
50	9.15	11.59	12.60	14.83	17.78	29.45	52.55
51	9.72	12.28	13.32	15.66	18.66	30.92	55.32
52	10.30	12.98	14.06	16.50	19.53	32.39	58.04
53	10.92	13.75	14.86	17.44	20.45	33.99	60.99
54	11.49	14.48	15.63	18.33	21.31	35.50	63.75
55	12.03	15.16	16.32	19.15	22.07	36.85	66.18
56	12.50	15.75	16.92	19.84	22.70	37.97	68.16
57	12.88	16.24	17.40	20.41	23.14	38.81	69.60
58	13.12	16.55	17.72	20.78	23.38	39.29	70.35
59	13.23	16.69	17.86	20.93	23.38	39.36	70.29
60	13.17	16.63	17.78	20.83	23.10	38.96	69.32
61	12.95	16.35	17.45	20.45	22.50	38.01	67.30
62	12.52	15.80	16.85	19.74	21.56	36.45	64.12

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.06	2.53	2.75	3.21	4.57	9.04	15.76
26	2.12	2.61	2.85	3.34	4.74	9.32	16.24
27	2.20	2.73	2.97	3.49	4.95	9.61	16.76
28	2.29	2.84	3.11	3.65	5.16	9.93	17.29
29	2.38	2.97	3.26	3.83	5.38	10.28	17.86
30	2.49	3.12	3.41	4.02	5.61	10.64	18.48
31	2.60	3.27	3.58	4.24	5.87	11.04	19.13
32	2.72	3.43	3.76	4.46	6.14	11.44	19.84
33	2.84	3.61	3.97	4.70	6.43	11.89	20.59
34	2.99	3.78	4.17	4.95	6.73	12.36	21.39
35	3.13	4.00	4.39	5.22	7.06	12.86	22.26
36	3.29	4.21	4.63	5.49	7.41	13.40	23.21
37	3.47	4.43	4.88	5.80	7.78	13.97	24.22
38	3.65	4.66	5.16	6.12	8.17	14.60	25.32
39	3.84	4.92	5.45	6.45	8.60	15.27	26.50
40	4.04	5.19	5.74	6.81	9.05	15.97	27.76
41	4.27	5.47	6.07	7.20	9.52	16.74	29.14
42	4.50	5.79	6.42	7.61	10.03	17.56	30.62
43	4.80	6.15	6.79	8.04	10.58	18.43	32.22
44	5.11	6.53	7.20	8.51	11.17	19.36	33.93
45	5.45	6.94	7.63	9.01	11.77	20.35	35.76
46	5.81	7.38	8.08	9.53	12.43	21.41	37.72
47	6.19	7.85	8.56	10.08	13.10	22.52	39.78
48	6.61	8.36	9.11	10.72	13.85	23.79	42.16
49	7.05	8.89	9.67	11.38	14.63	25.10	44.62
50	7.50	9.45	10.26	12.05	15.40	26.44	47.12
51	7.96	10.01	10.85	12.73	16.17	27.77	49.61
52	8.43	10.58	11.45	13.42	16.92	29.09	52.07
53	8.94	11.20	12.09	14.18	17.74	30.54	54.74
54	9.42	11.79	12.72	14.90	18.49	31.88	57.22
55	9.87	12.35	13.27	15.56	19.15	33.08	59.40
56	10.27	12.82	13.75	16.12	19.68	34.06	61.17
57	10.59	13.20	14.13	16.56	20.06	34.77	62.42
58	10.80	13.45	14.39	16.84	20.25	35.15	63.04
59	10.89	13.54	14.47	16.95	20.20	35.14	62.94
60	10.84	13.47	14.39	16.85	19.91	34.68	61.97
61	10.66	13.23	14.10	16.50	19.32	33.72	60.05
62	10.30	12.75	13.58	15.89	18.43	32.19	57.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.13	2.61	2.84	3.33	4.73	9.36	16.33
26	2.20	2.71	2.96	3.47	4.92	9.65	16.83
27	2.28	2.82	3.08	3.62	5.12	9.96	17.36
28	2.37	2.95	3.22	3.78	5.34	10.29	17.92
29	2.47	3.08	3.37	3.97	5.57	10.65	18.51
30	2.58	3.23	3.53	4.17	5.82	11.03	19.15
31	2.69	3.39	3.71	4.39	6.08	11.43	19.83
32	2.82	3.56	3.90	4.62	6.36	11.85	20.56
33	2.95	3.74	4.11	4.87	6.66	12.32	21.34
34	3.10	3.92	4.32	5.12	6.98	12.80	22.17
35	3.25	4.14	4.55	5.40	7.31	13.32	23.07
36	3.41	4.36	4.80	5.69	7.68	13.89	24.05
37	3.59	4.58	5.06	6.01	8.06	14.48	25.10
38	3.78	4.83	5.34	6.34	8.47	15.13	26.23
39	3.98	5.10	5.64	6.69	8.91	15.82	27.46
40	4.19	5.38	5.95	7.06	9.37	16.55	28.77
41	4.43	5.68	6.29	7.46	9.86	17.34	30.19
42	4.66	6.00	6.65	7.88	10.39	18.19	31.72
43	4.97	6.37	7.04	8.33	10.96	19.10	33.39
44	5.30	6.77	7.46	8.82	11.57	20.06	35.16
45	5.64	7.20	7.90	9.34	12.21	21.09	37.06
46	6.02	7.65	8.37	9.87	12.87	22.18	39.08
47	6.42	8.13	8.87	10.45	13.58	23.34	41.23
48	6.85	8.66	9.44	11.11	14.35	24.65	43.69
49	7.30	9.21	10.02	11.79	15.15	26.00	46.24
50	7.77	9.79	10.63	12.49	15.95	27.39	48.82
51	8.25	10.38	11.25	13.19	16.76	28.78	51.41
52	8.74	10.96	11.86	13.90	17.54	30.15	53.96
53	9.27	11.61	12.53	14.69	18.38	31.64	56.72
54	9.77	12.22	13.17	15.44	19.16	33.04	59.29
55	10.23	12.80	13.75	16.12	19.84	34.28	61.56
56	10.64	13.29	14.26	16.70	20.39	35.29	63.39
57	10.97	13.68	14.64	17.16	20.79	36.03	64.68
58	11.18	13.93	14.91	17.45	20.98	36.42	65.33
59	11.28	14.04	15.00	17.56	20.94	36.41	65.22
60	11.24	13.97	14.91	17.46	20.64	35.94	64.21
61	11.04	13.70	14.61	17.10	20.03	34.94	62.22
62	10.67	13.22	14.07	16.46	19.10	33.36	59.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.87	2.28	2.46	2.87	4.02	7.85	13.59
26	1.94	2.36	2.56	3.00	4.21	8.13	14.07
27	2.02	2.46	2.68	3.13	4.39	8.42	14.57
28	2.09	2.57	2.80	3.28	4.58	8.74	15.11
29	2.18	2.69	2.94	3.46	4.80	9.07	15.67
30	2.28	2.82	3.09	3.63	5.02	9.42	16.27
31	2.38	2.97	3.25	3.82	5.26	9.80	16.91
32	2.50	3.12	3.42	4.03	5.52	10.20	17.59
33	2.61	3.27	3.60	4.25	5.78	10.62	18.32
34	2.75	3.46	3.78	4.49	6.07	11.07	19.10
35	2.88	3.63	4.00	4.73	6.38	11.55	19.93
36	3.03	3.84	4.22	4.99	6.70	12.06	20.82
37	3.19	4.04	4.46	5.27	7.05	12.62	21.78
38	3.35	4.26	4.71	5.57	7.42	13.21	22.82
39	3.53	4.50	4.97	5.89	7.81	13.82	23.93
40	3.72	4.75	5.25	6.21	8.23	14.49	25.12
41	3.93	5.02	5.56	6.57	8.68	15.21	26.41
42	4.14	5.32	5.89	6.95	9.15	15.96	27.78
43	4.42	5.65	6.23	7.37	9.66	16.79	29.28
44	4.71	5.99	6.60	7.80	10.21	17.65	30.89
45	5.02	6.38	7.00	8.25	10.78	18.58	32.59
46	5.35	6.78	7.42	8.74	11.38	19.55	34.40
47	5.70	7.21	7.87	9.26	12.01	20.60	36.32
48	6.09	7.68	8.37	9.84	12.71	21.77	38.51
49	6.49	8.18	8.89	10.45	13.41	22.98	40.79
50	6.92	8.69	9.43	11.07	14.13	24.21	43.08
51	7.34	9.21	9.98	11.70	14.85	25.44	45.40
52	7.77	9.73	10.52	12.32	15.53	26.66	47.66
53	8.24	10.31	11.11	13.02	16.28	27.99	50.11
54	8.68	10.84	11.69	13.68	16.97	29.22	52.36
55	9.09	11.34	12.20	14.27	17.56	30.30	54.34
56	9.44	11.77	12.63	14.78	18.05	31.18	55.93
57	9.73	12.11	12.96	15.17	18.37	31.81	57.05
58	9.91	12.32	13.18	15.42	18.53	32.15	57.58
59	9.98	12.40	13.24	15.50	18.47	32.09	57.40
60	9.93	12.32	13.15	15.38	18.18	31.64	56.44
61	9.74	12.06	12.86	15.04	17.61	30.69	54.60
62	9.39	11.61	12.36	14.44	16.76	29.23	51.75

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.94	2.36	2.55	2.97	4.17	8.13	14.08
26	2.01	2.45	2.66	3.11	4.36	8.42	14.58
27	2.09	2.55	2.77	3.25	4.55	8.73	15.10
28	2.16	2.67	2.90	3.41	4.75	9.06	15.66
29	2.26	2.79	3.04	3.58	4.97	9.40	16.24
30	2.36	2.93	3.20	3.77	5.20	9.77	16.86
31	2.47	3.08	3.36	3.96	5.46	10.16	17.53
32	2.59	3.24	3.55	4.18	5.72	10.57	18.23
33	2.71	3.40	3.73	4.40	5.99	11.01	18.98
34	2.84	3.58	3.92	4.65	6.29	11.48	19.79
35	2.98	3.77	4.14	4.90	6.61	11.98	20.65
36	3.13	3.98	4.37	5.17	6.94	12.50	21.58
37	3.30	4.19	4.62	5.46	7.30	13.08	22.57
38	3.48	4.42	4.88	5.77	7.69	13.68	23.65
39	3.66	4.66	5.15	6.10	8.10	14.33	24.80
40	3.85	4.93	5.45	6.44	8.53	15.02	26.03
41	4.07	5.20	5.76	6.81	8.99	15.76	27.37
42	4.29	5.51	6.10	7.21	9.49	16.54	28.79
43	4.58	5.85	6.46	7.63	10.01	17.40	30.34
44	4.88	6.21	6.84	8.08	10.58	18.30	32.01
45	5.20	6.61	7.25	8.55	11.17	19.25	33.77
46	5.54	7.03	7.69	9.06	11.79	20.27	35.65
47	5.91	7.47	8.15	9.59	12.44	21.35	37.64
48	6.31	7.96	8.68	10.20	13.16	22.56	39.91
49	6.73	8.47	9.21	10.82	13.90	23.81	42.27
50	7.16	9.01	9.78	11.48	14.64	25.09	44.65
51	7.60	9.55	10.34	12.12	15.38	26.36	47.04
52	8.05	10.08	10.90	12.77	16.10	27.63	49.39
53	8.54	10.68	11.52	13.49	16.87	29.00	51.92
54	8.99	11.24	12.11	14.17	17.58	30.27	54.26
55	9.42	11.76	12.64	14.79	18.20	31.40	56.31
56	9.79	12.20	13.09	15.32	18.70	32.31	57.97
57	10.08	12.55	13.43	15.73	19.04	32.96	59.12
58	10.27	12.77	13.66	15.98	19.20	33.31	59.66
59	10.34	12.85	13.73	16.06	19.14	33.26	59.49
60	10.29	12.77	13.62	15.94	18.84	32.78	58.49
61	10.09	12.50	13.32	15.58	18.25	31.81	56.58
62	9.73	12.03	12.80	14.97	17.36	30.30	53.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.69	2.02	2.18	2.53	3.49	6.67	11.38
26	1.75	2.10	2.28	2.64	3.65	6.93	11.84
27	1.82	2.20	2.38	2.77	3.82	7.22	12.34
28	1.88	2.31	2.49	2.90	4.00	7.52	12.86
29	1.97	2.41	2.61	3.05	4.20	7.83	13.39
30	2.06	2.53	2.75	3.22	4.41	8.16	13.96
31	2.15	2.66	2.90	3.40	4.63	8.51	14.56
32	2.25	2.79	3.04	3.58	4.86	8.88	15.20
33	2.36	2.94	3.21	3.78	5.10	9.28	15.88
34	2.48	3.09	3.38	3.99	5.37	9.69	16.60
35	2.60	3.26	3.56	4.22	5.64	10.13	17.34
36	2.74	3.43	3.77	4.45	5.94	10.60	18.17
37	2.87	3.62	3.99	4.70	6.25	11.10	19.04
38	3.03	3.82	4.21	4.96	6.58	11.62	19.98
39	3.19	4.03	4.44	5.24	6.93	12.20	20.99
40	3.35	4.25	4.70	5.54	7.31	12.80	22.07
41	3.53	4.50	4.97	5.87	7.71	13.44	23.22
42	3.73	4.75	5.25	6.20	8.13	14.12	24.46
43	3.98	5.05	5.57	6.56	8.60	14.85	25.80
44	4.23	5.37	5.90	6.95	9.08	15.64	27.23
45	4.50	5.70	6.25	7.37	9.58	16.45	28.75
46	4.80	6.06	6.63	7.80	10.12	17.33	30.35
47	5.11	6.44	7.01	8.25	10.67	18.24	32.06
48	5.46	6.86	7.46	8.77	11.29	19.28	33.99
49	5.82	7.30	7.93	9.31	11.92	20.35	36.00
50	6.19	7.75	8.40	9.85	12.56	21.44	38.02
51	6.56	8.21	8.88	10.41	13.19	22.51	40.04
52	6.93	8.66	9.35	10.96	13.79	23.58	42.02
53	7.36	9.17	9.88	11.55	14.44	24.72	44.14
54	7.74	9.64	10.38	12.14	15.03	25.79	46.09
55	8.10	10.07	10.82	12.65	15.55	26.72	47.79
56	8.40	10.44	11.18	13.09	15.95	27.47	49.15
57	8.64	10.73	11.48	13.42	16.23	28.00	50.07
58	8.79	10.90	11.64	13.62	16.35	28.25	50.47
59	8.84	10.96	11.69	13.67	16.27	28.17	50.26
60	8.79	10.87	11.58	13.54	15.99	27.72	49.35
61	8.61	10.62	11.31	13.22	15.46	26.85	47.64
62	8.28	10.21	10.84	12.67	14.68	25.52	45.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	1.75	2.09	2.26	2.61	3.62	6.91	11.79
26	1.81	2.18	2.36	2.74	3.78	7.18	12.28
27	1.88	2.28	2.46	2.87	3.96	7.48	12.79
28	1.95	2.38	2.58	3.01	4.15	7.79	13.32
29	2.04	2.50	2.71	3.17	4.35	8.11	13.88
30	2.13	2.62	2.85	3.34	4.57	8.46	14.47
31	2.23	2.75	3.00	3.52	4.80	8.82	15.09
32	2.33	2.90	3.16	3.71	5.03	9.20	15.75
33	2.45	3.04	3.33	3.92	5.29	9.61	16.45
34	2.57	3.20	3.50	4.13	5.56	10.04	17.20
35	2.69	3.37	3.70	4.36	5.84	10.50	17.98
36	2.83	3.56	3.91	4.61	6.15	10.98	18.83
37	2.97	3.75	4.13	4.87	6.48	11.50	19.74
38	3.13	3.96	4.36	5.14	6.82	12.05	20.71
39	3.30	4.18	4.60	5.44	7.19	12.64	21.75
40	3.48	4.41	4.87	5.75	7.58	13.26	22.87
41	3.66	4.66	5.15	6.08	7.99	13.92	24.07
42	3.86	4.93	5.45	6.43	8.43	14.63	25.34
43	4.12	5.24	5.77	6.80	8.91	15.39	26.73
44	4.38	5.56	6.12	7.21	9.41	16.20	28.21
45	4.66	5.90	6.48	7.63	9.94	17.05	29.79
46	4.97	6.28	6.86	8.08	10.49	17.95	31.45
47	5.30	6.68	7.27	8.55	11.06	18.90	33.22
48	5.66	7.11	7.74	9.09	11.70	19.98	35.23
49	6.03	7.57	8.22	9.64	12.36	21.08	37.30
50	6.41	8.03	8.71	10.21	13.02	22.21	39.41
51	6.79	8.51	9.20	10.79	13.67	23.33	41.49
52	7.19	8.98	9.70	11.35	14.29	24.43	43.54
53	7.62	9.50	10.24	11.98	14.96	25.62	45.74
54	8.02	10.00	10.75	12.58	15.58	26.73	47.77
55	8.39	10.44	11.21	13.11	16.11	27.68	49.53
56	8.70	10.82	11.59	13.56	16.54	28.47	50.93
57	8.96	11.11	11.89	13.90	16.82	29.01	51.88
58	9.11	11.30	12.06	14.12	16.94	29.27	52.30
59	9.16	11.35	12.11	14.16	16.86	29.19	52.08
60	9.11	11.26	12.00	14.04	16.57	28.72	51.14
61	8.91	11.01	11.72	13.69	16.02	27.83	49.37
62	8.58	10.58	11.24	13.13	15.21	26.44	46.69

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.33	11.19	12.46	15.16	19.35	33.02	57.69
26	8.63	11.62	12.94	15.75	20.03	33.93	59.26
27	8.95	12.06	13.43	16.36	20.72	34.83	60.78
28	9.28	12.50	13.95	17.00	21.42	35.70	62.27
29	9.62	12.98	14.47	17.65	22.13	36.58	63.71
30	9.96	13.46	15.01	18.33	22.84	37.44	65.13
31	10.32	13.97	15.58	19.01	23.57	38.28	66.53
32	10.69	14.47	16.14	19.70	24.29	39.12	67.92
33	11.06	14.97	16.69	20.38	25.01	39.93	69.29
34	11.44	15.47	17.27	21.06	25.74	40.74	70.66
35	11.81	15.97	17.83	21.74	26.46	41.55	72.05
36	12.20	16.47	18.40	22.42	27.17	42.36	73.48
37	12.58	16.98	18.97	23.09	27.86	43.17	74.92
38	12.96	17.48	19.54	23.74	28.53	44.00	76.46
39	13.36	17.98	20.10	24.40	29.18	44.84	78.03
40	13.75	18.48	20.66	25.04	29.82	45.68	79.66
41	14.13	18.98	21.23	25.68	30.44	46.52	81.32
42	14.52	19.47	21.80	26.32	31.03	47.36	83.02
43	15.04	20.06	22.36	26.95	31.63	48.24	84.86
44	15.56	20.65	22.93	27.58	32.19	49.12	86.72
45	16.09	21.23	23.50	28.20	32.73	49.98	88.56
46	16.61	21.82	24.04	28.80	33.24	50.80	90.38
47	17.13	22.37	24.58	29.37	33.70	51.59	92.13
48	17.61	22.92	25.12	29.96	34.14	52.40	93.94
49	18.08	23.44	25.63	30.52	34.52	53.11	95.60
50	18.52	23.92	26.11	31.02	34.87	53.74	97.06
51	18.94	24.37	26.53	31.46	35.15	54.26	98.25
52	19.31	24.75	26.89	31.84	35.37	54.64	99.13
53	19.62	25.07	27.17	32.13	35.58	54.83	99.45
54	19.88	25.32	27.38	32.32	35.72	54.84	99.36
55	20.07	25.48	27.50	32.42	35.76	54.67	98.86
56	20.20	25.56	27.51	32.39	35.70	54.30	97.91
57	20.25	25.53	27.42	32.26	35.51	53.72	96.53
58	19.81	24.92	26.73	31.42	34.52	51.97	92.85
59	19.36	24.31	26.04	30.58	33.54	50.21	89.14
60	18.98	23.79	25.45	29.87	32.71	48.67	85.83
61	18.74	23.46	25.07	29.43	32.17	47.56	83.35
62	18.72	23.43	25.02	29.37	32.07	47.11	82.17
63	19.43	24.36	26.02	30.57	33.37	48.74	84.99
64	20.42	25.65	27.42	32.25	35.20	51.16	89.38

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.77	11.78	13.12	15.96	20.37	34.75	60.73
26	9.09	12.22	13.61	16.58	21.08	35.72	62.37
27	9.42	12.69	14.13	17.22	21.82	36.66	63.98
28	9.76	13.16	14.68	17.90	22.55	37.58	65.54
29	10.12	13.67	15.23	18.59	23.29	38.51	67.06
30	10.49	14.18	15.80	19.30	24.05	39.41	68.56
31	10.87	14.70	16.39	20.01	24.81	40.30	70.03
32	11.26	15.22	16.99	20.74	25.56	41.18	71.49
33	11.64	15.75	17.57	21.45	26.33	42.03	72.93
34	12.04	16.28	18.17	22.17	27.10	42.89	74.39
35	12.43	16.81	18.77	22.89	27.85	43.74	75.85
36	12.84	17.34	19.37	23.60	28.60	44.59	77.34
37	13.24	17.86	19.97	24.31	29.33	45.44	78.87
38	13.65	18.39	20.57	24.99	30.03	46.31	80.48
39	14.06	18.92	21.16	25.69	30.72	47.19	82.14
40	14.47	19.45	21.75	26.36	31.39	48.08	83.85
41	14.88	19.98	22.34	27.03	32.04	48.96	85.60
42	15.29	20.50	22.94	27.70	32.67	49.85	87.39
43	15.83	21.11	23.54	28.37	33.29	50.78	89.33
44	16.38	21.74	24.14	29.03	33.89	51.71	91.28
45	16.93	22.34	24.73	29.68	34.45	52.61	93.23
46	17.48	22.96	25.31	30.32	34.99	53.48	95.14
47	18.03	23.55	25.87	30.92	35.48	54.31	96.98
48	18.53	24.12	26.44	31.54	35.93	55.15	98.89
49	19.03	24.68	26.98	32.12	36.34	55.91	100.64
50	19.50	25.18	27.48	32.65	36.70	56.57	102.17
51	19.93	25.65	27.93	33.11	37.00	57.12	103.43
52	20.32	26.06	28.31	33.51	37.23	57.52	104.35
53	20.65	26.39	28.61	33.82	37.45	57.72	104.68
54	20.93	26.65	28.82	34.02	37.60	57.73	104.59
55	21.13	26.82	28.94	34.13	37.65	57.55	104.06
56	21.27	26.90	28.96	34.10	37.58	57.16	103.07
57	21.31	26.88	28.86	33.96	37.37	56.55	101.60
58	20.85	26.23	28.13	33.07	36.34	54.71	97.73
59	20.38	25.59	27.41	32.19	35.31	52.85	93.83
60	19.98	25.04	26.79	31.44	34.43	51.23	90.34
61	19.72	24.69	26.39	30.98	33.86	50.06	87.74
62	19.70	24.67	26.34	30.91	33.76	49.59	86.49
63	20.45	25.64	27.39	32.18	35.13	51.30	89.46
64	21.49	27.00	28.86	33.95	37.06	53.86	94.09

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.93	5.15	5.69	6.86	9.77	19.06	33.98
26	4.08	5.35	5.91	7.15	10.13	19.60	34.87
27	4.23	5.58	6.16	7.45	10.52	20.14	35.79
28	4.41	5.81	6.44	7.79	10.92	20.70	36.71
29	4.59	6.07	6.72	8.14	11.33	21.28	37.66
30	4.78	6.34	7.03	8.53	11.77	21.86	38.63
31	5.00	6.63	7.36	8.92	12.21	22.47	39.62
32	5.22	6.94	7.69	9.34	12.66	23.08	40.64
33	5.45	7.25	8.04	9.77	13.14	23.72	41.69
34	5.69	7.58	8.41	10.21	13.63	24.37	42.77
35	5.94	7.91	8.78	10.66	14.13	25.04	43.89
36	6.20	8.25	9.18	11.12	14.63	25.73	45.06
37	6.48	8.62	9.59	11.62	15.16	26.44	46.28
38	6.76	8.98	10.00	12.10	15.69	27.17	47.57
39	7.04	9.35	10.43	12.60	16.24	27.95	48.92
40	7.34	9.75	10.86	13.11	16.80	28.73	50.32
41	7.64	10.14	11.31	13.63	17.35	29.52	51.77
42	7.96	10.55	11.77	14.15	17.93	30.35	53.27
43	8.35	11.02	12.25	14.70	18.55	31.21	54.89
44	8.76	11.49	12.73	15.26	19.17	32.08	56.53
45	9.17	11.98	13.23	15.80	19.79	32.96	58.19
46	9.60	12.47	13.71	16.36	20.38	33.83	59.86
47	10.02	12.96	14.20	16.90	20.97	34.68	61.50
48	10.45	13.46	14.71	17.48	21.52	35.55	63.24
49	10.85	13.93	15.20	18.01	22.04	36.39	64.89
50	11.26	14.39	15.66	18.52	22.51	37.15	66.41
51	11.62	14.81	16.10	19.00	22.91	37.83	67.77
52	11.98	15.20	16.48	19.42	23.21	38.39	68.89
53	12.28	15.53	16.81	19.76	23.39	38.76	69.64
54	12.55	15.80	17.05	20.03	23.48	38.99	70.09
55	12.69	15.99	17.23	20.22	23.46	39.06	70.24
56	12.80	16.12	17.32	20.32	23.34	38.99	70.06
57	12.83	16.17	17.34	20.34	23.14	38.74	69.52
58	12.57	15.83	16.96	19.88	22.40	37.62	67.23
59	12.29	15.49	16.56	19.40	21.67	36.48	64.91
60	12.06	15.19	16.22	19.00	21.04	35.51	62.86
61	11.91	15.00	16.01	18.75	20.62	34.83	61.42
62	11.90	15.01	16.01	18.75	20.49	34.63	60.91
63	12.35	15.64	16.67	19.54	21.30	35.95	63.38
64	12.96	16.47	17.59	20.65	22.49	37.85	67.00

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.14	5.42	5.99	7.22	10.28	20.06	35.76
26	4.29	5.63	6.22	7.52	10.67	20.63	36.71
27	4.45	5.87	6.49	7.85	11.07	21.20	37.67
28	4.64	6.12	6.78	8.20	11.49	21.79	38.65
29	4.83	6.39	7.08	8.57	11.92	22.40	39.64
30	5.03	6.68	7.40	8.98	12.38	23.01	40.66
31	5.26	6.98	7.74	9.39	12.85	23.65	41.70
32	5.49	7.30	8.10	9.83	13.33	24.30	42.78
33	5.74	7.63	8.47	10.28	13.83	24.97	43.88
34	5.99	7.97	8.85	10.74	14.34	25.65	45.02
35	6.26	8.32	9.25	11.22	14.87	26.36	46.20
36	6.53	8.69	9.66	11.71	15.41	27.09	47.43
37	6.82	9.06	10.09	12.22	15.96	27.83	48.72
38	7.11	9.45	10.52	12.73	16.52	28.61	50.08
39	7.41	9.85	10.97	13.26	17.10	29.42	51.50
40	7.73	10.26	11.43	13.80	17.68	30.25	52.97
41	8.04	10.67	11.91	14.34	18.27	31.08	54.50
42	8.38	11.11	12.38	14.90	18.88	31.94	56.07
43	8.79	11.60	12.89	15.47	19.53	32.86	57.77
44	9.21	12.10	13.40	16.06	20.18	33.77	59.51
45	9.65	12.61	13.92	16.64	20.83	34.70	61.26
46	10.10	13.13	14.43	17.22	21.45	35.60	63.01
47	10.55	13.64	14.95	17.79	22.07	36.50	64.74
48	10.99	14.16	15.49	18.39	22.66	37.43	66.56
49	11.42	14.66	16.00	18.96	23.21	38.31	68.31
50	11.84	15.14	16.49	19.50	23.70	39.11	69.91
51	12.24	15.59	16.95	20.00	24.11	39.82	71.33
52	12.61	16.00	17.35	20.44	24.44	40.41	72.51
53	12.93	16.35	17.69	20.79	24.62	40.81	73.30
54	13.21	16.63	17.95	21.08	24.71	41.04	73.78
55	13.36	16.83	18.14	21.29	24.69	41.12	73.94
56	13.46	16.97	18.23	21.39	24.57	41.04	73.74
57	13.51	17.03	18.25	21.41	24.35	40.78	73.18
58	13.23	16.67	17.85	20.93	23.58	39.60	70.77
59	12.94	16.31	17.43	20.42	22.82	38.40	68.32
60	12.69	15.99	17.07	20.00	22.15	37.37	66.17
61	12.53	15.80	16.85	19.74	21.70	36.66	64.65
62	12.52	15.80	16.85	19.74	21.56	36.45	64.12
63	13.00	16.46	17.55	20.57	22.42	37.84	66.71
64	13.65	17.34	18.52	21.74	23.67	39.84	70.53

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.40	4.41	4.86	5.83	8.69	17.72	31.53
26	3.52	4.58	5.05	6.08	9.03	18.24	32.42
27	3.65	4.77	5.26	6.34	9.38	18.78	33.32
28	3.80	4.97	5.49	6.63	9.75	19.32	34.21
29	3.95	5.19	5.74	6.94	10.12	19.87	35.13
30	4.13	5.43	6.00	7.26	10.52	20.43	36.05
31	4.30	5.67	6.27	7.59	10.92	21.01	37.01
32	4.49	5.93	6.56	7.95	11.33	21.60	37.99
33	4.69	6.20	6.86	8.31	11.77	22.21	38.98
34	4.89	6.47	7.17	8.69	12.21	22.83	40.01
35	5.10	6.76	7.49	9.07	12.66	23.46	41.08
36	5.32	7.05	7.82	9.46	13.13	24.11	42.19
37	5.55	7.35	8.17	9.87	13.61	24.78	43.33
38	5.78	7.66	8.52	10.29	14.10	25.48	44.55
39	6.03	7.97	8.87	10.70	14.59	26.18	45.80
40	6.27	8.30	9.24	11.12	15.09	26.91	47.09
41	6.54	8.62	9.62	11.56	15.60	27.66	48.44
42	6.79	8.97	10.00	12.00	16.12	28.42	49.83
43	7.12	9.36	10.39	12.46	16.68	29.21	51.31
44	7.46	9.76	10.80	12.92	17.24	30.02	52.83
45	7.81	10.16	11.20	13.38	17.78	30.81	54.34
46	8.16	10.57	11.61	13.82	18.31	31.59	55.85
47	8.51	10.96	12.00	14.27	18.82	32.36	57.34
48	8.85	11.37	12.43	14.73	19.32	33.15	58.89
49	9.19	11.76	12.81	15.17	19.77	33.88	60.36
50	9.51	12.13	13.19	15.58	20.16	34.55	61.70
51	9.82	12.46	13.53	15.96	20.50	35.14	62.88
52	10.10	12.78	13.84	16.29	20.76	35.60	63.84
53	10.34	13.03	14.09	16.54	20.90	35.90	64.44
54	10.55	13.24	14.28	16.75	20.95	36.05	64.78
55	10.68	13.38	14.41	16.89	20.91	36.07	64.82
56	10.78	13.47	14.47	16.96	20.79	35.94	64.58
57	10.82	13.51	14.47	16.95	20.57	35.66	64.03
58	10.62	13.23	14.14	16.56	19.94	34.58	61.91
59	10.41	12.94	13.81	16.17	19.31	33.50	59.77
60	10.23	12.68	13.53	15.83	18.74	32.56	57.89
61	10.12	12.54	13.37	15.64	18.31	31.90	56.60
62	10.14	12.56	13.37	15.64	18.15	31.69	56.17
63	10.53	13.07	13.93	16.31	18.72	32.86	58.45
64	11.08	13.78	14.69	17.22	19.59	34.56	61.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.57	4.64	5.11	6.14	9.15	18.66	33.19
26	3.70	4.82	5.32	6.40	9.50	19.20	34.13
27	3.85	5.02	5.54	6.68	9.87	19.76	35.07
28	4.00	5.24	5.78	6.98	10.26	20.34	36.02
29	4.16	5.46	6.04	7.30	10.66	20.92	36.98
30	4.35	5.71	6.32	7.64	11.07	21.51	37.95
31	4.53	5.97	6.61	7.99	11.49	22.12	38.96
32	4.73	6.24	6.91	8.37	11.93	22.74	39.99
33	4.94	6.52	7.22	8.75	12.39	23.38	41.03
34	5.15	6.81	7.55	9.14	12.86	24.02	42.12
35	5.38	7.11	7.88	9.55	13.33	24.69	43.24
36	5.61	7.42	8.24	9.96	13.82	25.38	44.40
37	5.84	7.74	8.60	10.39	14.33	26.08	45.61
38	6.09	8.06	8.97	10.82	14.84	26.81	46.89
39	6.34	8.40	9.34	11.26	15.36	27.56	48.21
40	6.61	8.74	9.72	11.71	15.88	28.33	49.57
41	6.88	9.08	10.12	12.17	16.42	29.11	50.99
42	7.15	9.44	10.52	12.64	16.97	29.91	52.45
43	7.50	9.86	10.94	13.11	17.56	30.75	54.01
44	7.86	10.27	11.37	13.60	18.15	31.59	55.61
45	8.22	10.69	11.79	14.08	18.72	32.43	57.20
46	8.59	11.12	12.21	14.56	19.28	33.26	58.79
47	8.96	11.55	12.64	15.02	19.82	34.06	60.36
48	9.32	11.97	13.08	15.51	20.34	34.89	61.99
49	9.67	12.37	13.49	15.97	20.81	35.67	63.54
50	10.01	12.77	13.89	16.40	21.23	36.37	64.94
51	10.34	13.12	14.25	16.80	21.58	36.99	66.18
52	10.63	13.45	14.57	17.14	21.85	37.48	67.21
53	10.89	13.72	14.83	17.42	22.00	37.79	67.83
54	11.11	13.94	15.03	17.63	22.05	37.95	68.18
55	11.25	14.09	15.16	17.78	22.01	37.97	68.24
56	11.34	14.19	15.22	17.85	21.88	37.83	67.98
57	11.40	14.22	15.22	17.84	21.66	37.53	67.40
58	11.18	13.92	14.89	17.43	20.99	36.41	65.16
59	10.96	13.61	14.54	17.02	20.32	35.26	62.91
60	10.76	13.35	14.25	16.67	19.72	34.28	60.93
61	10.66	13.20	14.07	16.46	19.28	33.58	59.58
62	10.67	13.22	14.07	16.46	19.10	33.36	59.13
63	11.09	13.75	14.66	17.17	19.70	34.58	61.53
64	11.66	14.50	15.46	18.13	20.62	36.38	65.08

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.14	4.06	4.46	5.36	7.95	16.12	28.58
26	3.26	4.22	4.65	5.59	8.26	16.62	29.44
27	3.38	4.40	4.84	5.83	8.59	17.12	30.29
28	3.52	4.58	5.06	6.10	8.93	17.64	31.15
29	3.66	4.79	5.28	6.38	9.28	18.15	32.02
30	3.82	5.00	5.53	6.67	9.64	18.68	32.89
31	3.98	5.23	5.78	6.98	10.01	19.23	33.78
32	4.15	5.46	6.05	7.30	10.40	19.77	34.70
33	4.33	5.71	6.32	7.64	10.80	20.33	35.62
34	4.52	5.96	6.61	7.98	11.20	20.90	36.56
35	4.72	6.22	6.89	8.33	11.62	21.48	37.54
36	4.92	6.49	7.19	8.69	12.05	22.07	38.54
37	5.12	6.76	7.50	9.06	12.48	22.67	39.58
38	5.33	7.04	7.81	9.43	12.92	23.30	40.67
39	5.55	7.32	8.14	9.81	13.36	23.94	41.80
40	5.77	7.61	8.47	10.20	13.81	24.60	42.96
41	6.00	7.92	8.80	10.59	14.26	25.25	44.15
42	6.24	8.22	9.14	10.97	14.73	25.92	45.38
43	6.53	8.56	9.50	11.38	15.22	26.61	46.68
44	6.83	8.91	9.86	11.78	15.71	27.32	48.00
45	7.14	9.28	10.21	12.18	16.18	28.00	49.31
46	7.44	9.62	10.57	12.58	16.64	28.67	50.60
47	7.76	9.97	10.91	12.96	17.09	29.32	51.88
48	8.05	10.31	11.26	13.35	17.49	29.97	53.18
49	8.34	10.65	11.61	13.73	17.87	30.58	54.40
50	8.62	10.96	11.92	14.07	18.19	31.13	55.50
51	8.88	11.26	12.21	14.38	18.46	31.59	56.45
52	9.12	11.51	12.46	14.65	18.66	31.97	57.24
53	9.33	11.73	12.66	14.86	18.75	32.18	57.68
54	9.50	11.90	12.82	15.02	18.78	32.27	57.90
55	9.62	12.01	12.92	15.14	18.73	32.25	57.90
56	9.69	12.09	12.96	15.19	18.60	32.12	57.65
57	9.74	12.13	12.97	15.19	18.42	31.87	57.16
58	9.57	11.90	12.71	14.87	17.89	30.99	55.40
59	9.41	11.66	12.45	14.56	17.36	30.11	53.64
60	9.28	11.48	12.24	14.30	16.91	29.37	52.14
61	9.20	11.39	12.13	14.18	16.60	28.87	51.16
62	9.25	11.43	12.16	14.22	16.49	28.78	50.94
63	9.62	11.91	12.67	14.83	17.02	29.85	53.05
64	10.10	12.54	13.36	15.66	17.81	31.39	56.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.31	4.27	4.70	5.64	8.36	16.97	30.09
26	3.42	4.44	4.89	5.88	8.69	17.49	30.98
27	3.56	4.63	5.10	6.13	9.04	18.02	31.88
28	3.70	4.82	5.32	6.42	9.40	18.56	32.79
29	3.85	5.04	5.56	6.71	9.77	19.11	33.70
30	4.02	5.26	5.82	7.02	10.16	19.67	34.63
31	4.19	5.50	6.09	7.35	10.54	20.24	35.56
32	4.37	5.75	6.36	7.69	10.95	20.81	36.52
33	4.56	6.01	6.65	8.04	11.37	21.40	37.50
34	4.76	6.27	6.95	8.40	11.79	22.00	38.49
35	4.96	6.55	7.25	8.77	12.23	22.61	39.52
36	5.17	6.83	7.57	9.15	12.68	23.23	40.58
37	5.39	7.11	7.89	9.54	13.14	23.87	41.67
38	5.61	7.41	8.23	9.93	13.60	24.53	42.81
39	5.84	7.71	8.57	10.33	14.06	25.20	44.00
40	6.08	8.02	8.91	10.74	14.54	25.89	45.22
41	6.32	8.33	9.27	11.14	15.01	26.58	46.47
42	6.56	8.65	9.63	11.55	15.51	27.28	47.77
43	6.87	9.01	10.00	11.98	16.02	28.01	49.13
44	7.19	9.38	10.38	12.40	16.54	28.75	50.52
45	7.52	9.76	10.74	12.82	17.04	29.47	51.90
46	7.84	10.13	11.12	13.24	17.52	30.18	53.27
47	8.17	10.50	11.48	13.64	17.99	30.86	54.60
48	8.47	10.86	11.85	14.05	18.42	31.55	55.98
49	8.78	11.21	12.21	14.45	18.81	32.19	57.26
50	9.07	11.54	12.55	14.81	19.15	32.76	58.42
51	9.35	11.84	12.85	15.14	19.43	33.26	59.43
52	9.60	12.12	13.12	15.43	19.65	33.65	60.24
53	9.82	12.35	13.33	15.65	19.74	33.87	60.71
54	10.00	12.52	13.50	15.81	19.76	33.97	60.95
55	10.12	12.65	13.60	15.93	19.71	33.95	60.94
56	10.20	12.72	13.65	15.99	19.58	33.81	60.68
57	10.25	12.76	13.66	15.99	19.39	33.55	60.17
58	10.08	12.52	13.38	15.66	18.83	32.62	58.31
59	9.90	12.28	13.10	15.33	18.28	31.70	56.46
60	9.76	12.08	12.88	15.06	17.80	30.91	54.89
61	9.69	11.99	12.77	14.92	17.47	30.40	53.86
62	9.73	12.03	12.80	14.97	17.36	30.30	53.63
63	10.12	12.53	13.34	15.61	17.92	31.42	55.84
64	10.63	13.20	14.06	16.48	18.74	33.04	59.04

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.82	3.62	3.98	4.76	7.01	14.13	24.94
26	2.93	3.77	4.14	4.95	7.30	14.58	25.70
27	3.04	3.92	4.31	5.17	7.59	15.03	26.48
28	3.15	4.09	4.50	5.41	7.89	15.49	27.24
29	3.27	4.27	4.70	5.66	8.19	15.95	28.01
30	3.42	4.45	4.91	5.91	8.52	16.42	28.78
31	3.56	4.65	5.12	6.19	8.84	16.89	29.56
32	3.70	4.85	5.36	6.46	9.17	17.35	30.35
33	3.86	5.06	5.60	6.76	9.51	17.84	31.14
34	4.02	5.27	5.83	7.05	9.86	18.31	31.94
35	4.19	5.49	6.09	7.34	10.22	18.81	32.76
36	4.36	5.72	6.34	7.65	10.58	19.31	33.60
37	4.53	5.95	6.60	7.96	10.94	19.81	34.45
38	4.71	6.19	6.86	8.27	11.30	20.32	35.35
39	4.89	6.42	7.13	8.59	11.66	20.83	36.26
40	5.08	6.66	7.41	8.91	12.03	21.36	37.20
41	5.27	6.92	7.68	9.22	12.41	21.89	38.14
42	5.46	7.15	7.96	9.54	12.78	22.40	39.11
43	5.69	7.44	8.25	9.86	13.16	22.95	40.13
44	5.94	7.73	8.53	10.18	13.55	23.50	41.15
45	6.19	8.01	8.81	10.50	13.93	24.01	42.15
46	6.44	8.29	9.10	10.81	14.29	24.52	43.14
47	6.69	8.57	9.36	11.11	14.62	25.00	44.09
48	6.92	8.83	9.63	11.40	14.92	25.46	45.02
49	7.14	9.09	9.88	11.68	15.17	25.87	45.89
50	7.36	9.32	10.12	11.94	15.40	26.26	46.68
51	7.57	9.55	10.34	12.17	15.59	26.58	47.36
52	7.76	9.75	10.54	12.38	15.73	26.85	47.92
53	7.94	9.94	10.73	12.57	15.81	27.03	48.32
54	8.10	10.10	10.87	12.72	15.85	27.16	48.58
55	8.21	10.23	10.97	12.84	15.84	27.20	48.67
56	8.30	10.31	11.05	12.93	15.80	27.17	48.60
57	8.37	10.38	11.10	12.96	15.68	27.05	48.38
58	8.27	10.23	10.93	12.77	15.31	26.44	47.13
59	8.17	10.09	10.76	12.58	14.97	25.85	45.91
60	8.10	9.99	10.64	12.43	14.66	25.36	44.91
61	8.09	9.96	10.60	12.38	14.47	25.09	44.33
62	8.15	10.05	10.67	12.47	14.45	25.12	44.36
63	8.47	10.45	11.12	13.00	14.92	26.06	46.18
64	8.89	10.99	11.71	13.70	15.58	27.37	48.78

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.97	3.81	4.19	5.01	7.38	14.87	26.25
26	3.08	3.96	4.36	5.22	7.68	15.35	27.06
27	3.19	4.13	4.54	5.45	7.99	15.82	27.87
28	3.32	4.30	4.73	5.69	8.31	16.31	28.68
29	3.45	4.49	4.95	5.96	8.62	16.79	29.49
30	3.60	4.69	5.17	6.22	8.97	17.28	30.30
31	3.75	4.89	5.39	6.51	9.31	17.78	31.12
32	3.90	5.10	5.64	6.80	9.65	18.27	31.94
33	4.07	5.32	5.89	7.11	10.01	18.78	32.78
34	4.23	5.55	6.14	7.42	10.38	19.28	33.62
35	4.41	5.78	6.41	7.73	10.75	19.80	34.49
36	4.58	6.02	6.67	8.05	11.13	20.32	35.37
37	4.77	6.27	6.94	8.38	11.51	20.85	36.26
38	4.95	6.51	7.22	8.70	11.90	21.38	37.21
39	5.15	6.76	7.51	9.04	12.28	21.93	38.17
40	5.34	7.01	7.80	9.37	12.66	22.48	39.15
41	5.54	7.28	8.09	9.71	13.06	23.04	40.15
42	5.75	7.53	8.38	10.04	13.45	23.58	41.17
43	5.99	7.83	8.68	10.38	13.86	24.16	42.24
44	6.26	8.13	8.98	10.72	14.26	24.73	43.31
45	6.51	8.43	9.28	11.05	14.66	25.27	44.37
46	6.78	8.73	9.57	11.38	15.04	25.81	45.41
47	7.04	9.02	9.86	11.70	15.38	26.31	46.41
48	7.28	9.29	10.14	12.00	15.70	26.80	47.39
49	7.52	9.57	10.40	12.29	15.97	27.24	48.30
50	7.74	9.81	10.66	12.57	16.21	27.64	49.13
51	7.96	10.05	10.89	12.81	16.41	27.98	49.85
52	8.17	10.26	11.10	13.03	16.56	28.27	50.45
53	8.35	10.46	11.29	13.23	16.65	28.46	50.86
54	8.52	10.63	11.44	13.39	16.68	28.58	51.13
55	8.64	10.76	11.55	13.52	16.68	28.64	51.23
56	8.74	10.86	11.63	13.60	16.62	28.60	51.16
57	8.81	10.92	11.68	13.65	16.51	28.48	50.93
58	8.70	10.77	11.50	13.44	16.12	27.83	49.61
59	8.60	10.62	11.33	13.24	15.75	27.21	48.33
60	8.53	10.52	11.20	13.08	15.44	26.70	47.27
61	8.51	10.49	11.16	13.03	15.23	26.41	46.66
62	8.58	10.58	11.24	13.13	15.21	26.44	46.69
63	8.91	11.00	11.70	13.68	15.70	27.43	48.61
64	9.35	11.57	12.33	14.42	16.40	28.81	51.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.60	11.55	12.86	15.64	19.91	33.91	59.24
26	8.91	11.99	13.36	16.27	20.64	34.90	60.95
27	9.26	12.46	13.90	16.93	21.38	35.88	62.62
28	9.61	12.96	14.45	17.63	22.15	36.86	64.27
29	9.98	13.47	15.03	18.33	22.92	37.83	65.89
30	10.37	14.01	15.63	19.07	23.71	38.79	67.50
31	10.76	14.56	16.24	19.82	24.50	39.76	69.11
32	11.17	15.12	16.87	20.59	25.32	40.72	70.72
33	11.58	15.66	17.49	21.35	26.14	41.68	72.32
34	12.00	16.24	18.14	22.11	26.95	42.63	73.96
35	12.44	16.81	18.78	22.89	27.78	43.60	75.64
36	12.87	17.39	19.44	23.66	28.60	44.58	77.36
37	13.32	17.98	20.10	24.46	29.43	45.58	79.15
38	13.78	18.57	20.77	25.23	30.23	46.61	81.05
39	14.24	19.17	21.44	26.01	31.02	47.67	83.03
40	14.70	19.78	22.12	26.80	31.82	48.75	85.09
41	15.18	20.39	22.83	27.60	32.60	49.86	87.23
42	15.66	21.01	23.52	28.41	33.39	51.00	89.46
43	16.31	21.75	24.26	29.22	34.19	52.19	91.88
44	16.96	22.49	25.00	30.06	34.97	53.42	94.36
45	17.62	23.26	25.75	30.90	35.75	54.64	96.90
46	18.30	24.03	26.51	31.74	36.53	55.88	99.46
47	18.98	24.82	27.27	32.59	37.29	57.10	102.03
48	19.65	25.60	28.07	33.48	38.05	58.41	104.79
49	20.33	26.38	28.86	34.36	38.80	59.68	107.47
50	20.99	27.15	29.64	35.21	39.52	60.89	110.00
51	21.64	27.88	30.37	36.03	40.21	62.00	112.30
52	22.25	28.56	31.06	36.78	40.84	62.99	114.29
53	22.86	29.26	31.72	37.52	41.55	63.92	115.95
54	23.41	29.86	32.31	38.17	42.18	64.65	117.15
55	23.88	30.36	32.78	38.68	42.66	65.14	117.81
56	24.25	30.74	33.11	39.02	42.99	65.34	117.86
57	24.50	30.96	33.26	39.17	43.10	65.19	117.22
58	24.53	30.95	33.22	39.08	42.97	64.65	115.79
59	24.41	30.74	32.96	38.75	42.56	63.69	113.51
60	24.10	30.29	32.45	38.13	41.81	62.23	110.30
61	23.56	29.59	31.64	37.19	40.71	60.24	106.08
62	22.80	28.60	30.55	35.90	39.20	57.66	100.74
63	21.76	27.28	29.14	34.21	37.24	54.45	94.23
64	20.49	25.64	27.37	32.14	34.82	50.56	86.47
65	18.93	23.65	25.22	29.61	31.86	45.94	77.35
66	17.08	21.29	22.67	26.61	28.36	40.55	66.83

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.05	12.15	13.53	16.46	20.96	35.69	62.36
26	9.38	12.63	14.06	17.12	21.73	36.74	64.15
27	9.74	13.12	14.63	17.82	22.51	37.77	65.91
28	10.11	13.65	15.21	18.55	23.31	38.80	67.65
29	10.51	14.19	15.82	19.30	24.13	39.82	69.35
30	10.91	14.75	16.45	20.07	24.96	40.83	71.05
31	11.33	15.32	17.10	20.86	25.79	41.85	72.74
32	11.76	15.91	17.76	21.67	26.65	42.86	74.44
33	12.19	16.49	18.42	22.48	27.51	43.87	76.13
34	12.64	17.09	19.09	23.28	28.37	44.87	77.85
35	13.09	17.70	19.76	24.09	29.24	45.89	79.61
36	13.55	18.30	20.46	24.91	30.10	46.93	81.44
37	14.03	18.93	21.16	25.74	30.98	47.98	83.31
38	14.50	19.54	21.86	26.56	31.82	49.07	85.32
39	14.99	20.18	22.56	27.39	32.66	50.18	87.40
40	15.48	20.82	23.28	28.21	33.49	51.32	89.57
41	15.98	21.46	24.02	29.05	34.32	52.48	91.83
42	16.49	22.12	24.76	29.90	35.15	53.68	94.17
43	17.16	22.90	25.54	30.76	35.98	54.94	96.71
44	17.85	23.68	26.31	31.64	36.81	56.22	99.33
45	18.54	24.48	27.10	32.52	37.64	57.52	102.00
46	19.25	25.30	27.90	33.41	38.45	58.82	104.69
47	19.98	26.12	28.71	34.30	39.25	60.11	107.40
48	20.69	26.95	29.55	35.24	40.06	61.49	110.31
49	21.40	27.77	30.39	36.17	40.84	62.82	113.13
50	22.10	28.57	31.20	37.07	41.60	64.09	115.79
51	22.77	29.35	31.97	37.92	42.32	65.27	118.21
52	23.42	30.07	32.69	38.71	42.99	66.31	120.30
53	24.07	30.80	33.40	39.49	43.74	67.28	122.05
54	24.64	31.43	34.01	40.17	44.40	68.06	123.31
55	25.14	31.96	34.50	40.71	44.91	68.57	124.02
56	25.53	32.36	34.85	41.07	45.25	68.78	124.06
57	25.78	32.59	35.02	41.23	45.37	68.62	123.38
58	25.83	32.58	34.97	41.14	45.23	68.06	121.89
59	25.70	32.36	34.70	40.79	44.79	67.04	119.49
60	25.37	31.88	34.15	40.14	44.01	65.51	116.11
61	24.80	31.14	33.31	39.14	42.85	63.40	111.65
62	24.00	30.10	32.16	37.79	41.25	60.69	106.04
63	22.91	28.71	30.67	36.02	39.20	57.31	99.19
64	21.56	26.99	28.81	33.83	36.65	53.22	91.02
65	19.92	24.90	26.55	31.17	33.55	48.36	81.43
66	17.98	22.40	23.87	28.01	29.86	42.69	70.35

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.08	5.34	5.90	7.12	10.10	19.65	35.02
26	4.23	5.56	6.15	7.44	10.50	20.24	36.02
27	4.41	5.80	6.42	7.77	10.92	20.85	37.04
28	4.59	6.06	6.72	8.13	11.35	21.48	38.07
29	4.80	6.34	7.04	8.53	11.81	22.11	39.14
30	5.02	6.64	7.37	8.95	12.29	22.78	40.23
31	5.25	6.96	7.74	9.38	12.79	23.47	41.38
32	5.49	7.30	8.11	9.84	13.30	24.17	42.56
33	5.76	7.66	8.50	10.31	13.83	24.90	43.77
34	6.02	8.02	8.91	10.81	14.39	25.67	45.04
35	6.31	8.40	9.34	11.33	14.96	26.45	46.38
36	6.61	8.79	9.79	11.86	15.54	27.27	47.77
37	6.92	9.20	10.25	12.42	16.14	28.12	49.24
38	7.24	9.63	10.73	12.97	16.77	29.01	50.79
39	7.58	10.08	11.23	13.56	17.42	29.94	52.43
40	7.92	10.52	11.74	14.16	18.08	30.91	54.16
41	8.28	11.00	12.28	14.78	18.76	31.91	55.96
42	8.66	11.48	12.82	15.43	19.47	32.95	57.86
43	9.13	12.06	13.41	16.10	20.23	34.05	59.90
44	9.62	12.64	14.01	16.79	21.01	35.18	62.02
45	10.12	13.24	14.63	17.49	21.82	36.34	64.20
46	10.65	13.87	15.26	18.20	22.61	37.52	66.43
47	11.19	14.49	15.90	18.93	23.39	38.71	68.70
48	11.75	15.15	16.59	19.70	24.20	39.99	71.17
49	12.29	15.81	17.27	20.48	24.98	41.25	73.61
50	12.85	16.46	17.94	21.23	25.71	42.45	75.96
51	13.38	17.09	18.59	21.96	26.38	43.60	78.17
52	13.90	17.69	19.19	22.62	26.98	44.63	80.17
53	14.42	18.27	19.78	23.28	27.50	45.58	81.97
54	14.87	18.80	20.30	23.85	27.90	46.38	83.44
55	15.21	19.21	20.71	24.33	28.18	46.97	84.52
56	15.47	19.54	21.01	24.68	28.33	47.33	85.14
57	15.64	19.76	21.21	24.90	28.31	47.41	85.22
58	15.67	19.83	21.25	24.95	28.11	47.22	84.71
59	15.60	19.75	21.15	24.82	27.72	46.68	83.53
60	15.40	19.50	20.86	24.48	27.12	45.78	81.61
61	15.07	19.08	20.38	23.91	26.29	44.47	78.89
62	14.57	18.45	19.69	23.09	25.21	42.72	75.30
63	13.90	17.60	18.77	22.00	23.87	40.50	70.75
64	13.04	16.52	17.60	20.64	22.26	37.76	65.20
65	12.00	15.19	16.17	18.94	20.35	34.50	58.57
66	10.77	13.60	14.45	16.92	18.13	30.64	50.79

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.29	5.62	6.21	7.50	10.63	20.69	36.86
26	4.45	5.85	6.48	7.82	11.05	21.30	37.91
27	4.64	6.11	6.76	8.18	11.49	21.95	38.98
28	4.83	6.38	7.08	8.56	11.95	22.61	40.08
29	5.05	6.68	7.41	8.98	12.43	23.28	41.20
30	5.28	7.00	7.76	9.42	12.94	23.98	42.35
31	5.53	7.33	8.14	9.87	13.46	24.70	43.55
32	5.78	7.69	8.54	10.36	14.00	25.45	44.79
33	6.05	8.06	8.95	10.86	14.56	26.22	46.08
34	6.34	8.44	9.38	11.38	15.14	27.02	47.41
35	6.64	8.84	9.83	11.92	15.74	27.84	48.81
36	6.95	9.26	10.30	12.49	16.36	28.71	50.28
37	7.28	9.69	10.79	13.07	16.99	29.60	51.82
38	7.62	10.14	11.29	13.66	17.65	30.54	53.47
39	7.97	10.60	11.82	14.27	18.33	31.51	55.19
40	8.33	11.08	12.36	14.91	19.03	32.53	57.01
41	8.72	11.58	12.92	15.56	19.75	33.59	58.91
42	9.12	12.09	13.50	16.24	20.50	34.68	60.90
43	9.61	12.69	14.12	16.94	21.30	35.84	63.05
44	10.13	13.31	14.75	17.67	22.12	37.03	65.29
45	10.66	13.94	15.40	18.41	22.96	38.25	67.58
46	11.21	14.60	16.06	19.16	23.80	39.49	69.92
47	11.78	15.26	16.74	19.92	24.62	40.74	72.32
48	12.36	15.95	17.46	20.74	25.48	42.09	74.91
49	12.94	16.65	18.18	21.55	26.29	43.42	77.48
50	13.53	17.33	18.88	22.34	27.07	44.69	79.96
51	14.09	17.99	19.56	23.11	27.77	45.89	82.28
52	14.63	18.62	20.20	23.81	28.40	46.98	84.38
53	15.18	19.23	20.82	24.51	28.94	47.99	86.28
54	15.66	19.78	21.37	25.11	29.37	48.81	87.83
55	16.01	20.22	21.80	25.61	29.66	49.44	88.97
56	16.28	20.57	22.12	25.99	29.81	49.82	89.62
57	16.46	20.80	22.33	26.21	29.80	49.91	89.71
58	16.50	20.87	22.37	26.26	29.59	49.70	89.17
59	16.42	20.79	22.26	26.13	29.18	49.14	87.93
60	16.21	20.53	21.96	25.77	28.55	48.19	85.91
61	15.86	20.08	21.45	25.17	27.68	46.81	83.05
62	15.34	19.42	20.73	24.31	26.54	44.97	79.26
63	14.63	18.52	19.76	23.16	25.13	42.63	74.47
64	13.73	17.39	18.52	21.72	23.43	39.75	68.63
65	12.64	15.99	17.02	19.93	21.42	36.31	61.65
66	11.33	14.31	15.21	17.81	19.08	32.25	53.47

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.52	4.58	5.05	6.07	9.01	18.31	32.56
26	3.65	4.77	5.26	6.34	9.37	18.88	33.54
27	3.80	4.97	5.49	6.62	9.76	19.47	34.53
28	3.96	5.20	5.75	6.94	10.16	20.07	35.54
29	4.14	5.44	6.01	7.28	10.58	20.70	36.58
30	4.33	5.69	6.30	7.62	11.01	21.33	37.64
31	4.52	5.97	6.61	8.00	11.46	21.99	38.73
32	4.73	6.26	6.93	8.40	11.93	22.67	39.86
33	4.95	6.55	7.27	8.79	12.42	23.37	41.03
34	5.18	6.86	7.61	9.22	12.92	24.09	42.24
35	5.43	7.18	7.97	9.65	13.45	24.84	43.51
36	5.68	7.52	8.36	10.11	13.97	25.62	44.83
37	5.94	7.87	8.75	10.58	14.54	26.43	46.22
38	6.21	8.23	9.15	11.05	15.11	27.26	47.69
39	6.49	8.61	9.57	11.55	15.69	28.13	49.24
40	6.78	8.98	10.01	12.06	16.30	29.04	50.85
41	7.10	9.38	10.45	12.58	16.92	29.98	52.54
42	7.42	9.79	10.92	13.12	17.56	30.94	54.30
43	7.81	10.28	11.41	13.68	18.26	31.97	56.20
44	8.22	10.76	11.92	14.26	18.97	33.03	58.16
45	8.64	11.27	12.43	14.84	19.68	34.09	60.18
46	9.09	11.78	12.96	15.44	20.39	35.18	62.24
47	9.54	12.31	13.48	16.04	21.10	36.27	64.32
48	9.99	12.86	14.05	16.68	21.82	37.44	66.58
49	10.45	13.39	14.62	17.31	22.50	38.58	68.80
50	10.90	13.93	15.16	17.93	23.14	39.68	70.92
51	11.34	14.44	15.69	18.52	23.73	40.70	72.90
52	11.77	14.93	16.18	19.06	24.25	41.62	74.69
53	12.18	15.39	16.65	19.58	24.68	42.42	76.24
54	12.55	15.80	17.06	20.03	25.01	43.08	77.49
55	12.84	16.14	17.38	20.41	25.24	43.56	78.39
56	13.08	16.39	17.63	20.67	25.34	43.83	78.87
57	13.24	16.57	17.77	20.83	25.30	43.87	78.89
58	13.29	16.62	17.80	20.87	25.11	43.63	78.39
59	13.25	16.55	17.71	20.77	24.75	43.09	77.32
60	13.12	16.36	17.49	20.50	24.22	42.24	75.61
61	12.87	16.03	17.12	20.06	23.49	41.05	73.22
62	12.50	15.56	16.59	19.43	22.55	39.46	70.10
63	11.99	14.91	15.88	18.60	21.40	37.47	66.18
64	11.35	14.07	14.98	17.55	20.01	35.03	61.41
65	10.55	13.06	13.89	16.25	18.37	32.15	55.73
66	9.61	11.84	12.58	14.71	16.48	28.76	49.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.70	4.82	5.32	6.39	9.49	19.27	34.28
26	3.85	5.02	5.54	6.67	9.86	19.88	35.31
27	4.00	5.24	5.78	6.97	10.27	20.50	36.35
28	4.17	5.47	6.05	7.30	10.69	21.13	37.42
29	4.36	5.72	6.33	7.66	11.13	21.79	38.51
30	4.56	5.99	6.64	8.03	11.59	22.46	39.62
31	4.76	6.28	6.96	8.42	12.06	23.15	40.77
32	4.98	6.58	7.30	8.84	12.56	23.87	41.96
33	5.22	6.89	7.65	9.26	13.07	24.60	43.19
34	5.46	7.22	8.02	9.71	13.60	25.36	44.47
35	5.71	7.56	8.40	10.16	14.15	26.15	45.80
36	5.98	7.91	8.80	10.64	14.71	26.96	47.19
37	6.25	8.28	9.20	11.13	15.30	27.82	48.65
38	6.54	8.66	9.64	11.63	15.90	28.70	50.20
39	6.84	9.06	10.08	12.15	16.52	29.61	51.82
40	7.15	9.46	10.53	12.69	17.15	30.57	53.52
41	7.47	9.87	11.01	13.24	17.81	31.56	55.30
42	7.81	10.31	11.49	13.81	18.49	32.57	57.16
43	8.22	10.82	12.01	14.40	19.22	33.65	59.15
44	8.65	11.33	12.54	15.00	19.97	34.76	61.22
45	9.10	11.86	13.09	15.62	20.72	35.89	63.35
46	9.57	12.40	13.64	16.25	21.46	37.03	65.52
47	10.04	12.96	14.19	16.89	22.21	38.18	67.71
48	10.52	13.53	14.79	17.56	22.96	39.41	70.08
49	11.00	14.10	15.38	18.22	23.69	40.61	72.42
50	11.48	14.66	15.96	18.87	24.36	41.76	74.65
51	11.94	15.20	16.52	19.49	24.98	42.84	76.74
52	12.39	15.72	17.04	20.06	25.53	43.81	78.62
53	12.82	16.20	17.53	20.61	25.98	44.66	80.26
54	13.21	16.63	17.96	21.08	26.33	45.36	81.57
55	13.52	16.98	18.30	21.48	26.57	45.86	82.52
56	13.76	17.26	18.55	21.76	26.67	46.14	83.02
57	13.93	17.44	18.70	21.93	26.63	46.17	83.05
58	13.98	17.49	18.74	21.97	26.43	45.93	82.52
59	13.95	17.42	18.64	21.86	26.05	45.36	81.38
60	13.81	17.22	18.41	21.58	25.49	44.47	79.59
61	13.55	16.88	18.02	21.11	24.72	43.21	77.08
62	13.16	16.38	17.46	20.45	23.74	41.54	73.79
63	12.63	15.69	16.71	19.58	22.53	39.44	69.66
64	11.95	14.81	15.77	18.47	21.07	36.88	64.64
65	11.11	13.75	14.62	17.11	19.34	33.84	58.66
66	10.11	12.46	13.24	15.49	17.35	30.27	51.68

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.26	4.22	4.65	5.58	8.25	16.68	29.58
26	3.39	4.40	4.85	5.83	8.60	17.23	30.52
27	3.53	4.59	5.07	6.10	8.95	17.79	31.48
28	3.68	4.80	5.30	6.39	9.33	18.37	32.44
29	3.84	5.02	5.55	6.70	9.72	18.96	33.41
30	4.01	5.26	5.82	7.02	10.12	19.55	34.42
31	4.20	5.51	6.11	7.37	10.54	20.17	35.45
32	4.39	5.77	6.40	7.74	10.97	20.81	36.50
33	4.59	6.05	6.71	8.11	11.42	21.45	37.58
34	4.80	6.34	7.02	8.49	11.89	22.12	38.71
35	5.02	6.63	7.36	8.90	12.36	22.81	39.87
36	5.25	6.94	7.70	9.30	12.86	23.51	41.08
37	5.48	7.25	8.06	9.73	13.36	24.25	42.35
38	5.74	7.59	8.43	10.16	13.89	25.01	43.68
39	5.99	7.92	8.80	10.62	14.41	25.81	45.07
40	6.27	8.27	9.20	11.08	14.97	26.62	46.54
41	6.54	8.62	9.61	11.55	15.52	27.46	48.06
42	6.82	8.99	10.02	12.03	16.10	28.33	49.62
43	7.17	9.42	10.46	12.53	16.72	29.23	51.32
44	7.54	9.86	10.91	13.05	17.35	30.17	53.06
45	7.93	10.31	11.37	13.57	17.99	31.12	54.84
46	8.32	10.78	11.84	14.10	18.61	32.06	56.65
47	8.72	11.24	12.30	14.63	19.23	33.01	58.46
48	9.12	11.71	12.80	15.18	19.84	34.01	60.40
49	9.52	12.18	13.29	15.73	20.43	34.99	62.30
50	9.92	12.64	13.76	16.25	20.99	35.90	64.10
51	10.29	13.09	14.21	16.76	21.47	36.76	65.77
52	10.66	13.50	14.63	17.22	21.89	37.52	67.26
53	11.00	13.88	15.00	17.64	22.22	38.15	68.47
54	11.31	14.22	15.34	18.00	22.47	38.64	69.42
55	11.55	14.48	15.60	18.30	22.62	38.99	70.08
56	11.75	14.70	15.80	18.52	22.68	39.19	70.43
57	11.89	14.85	15.92	18.66	22.63	39.20	70.42
58	11.95	14.92	15.96	18.70	22.48	39.02	70.02
59	11.94	14.88	15.92	18.65	22.20	38.63	69.21
60	11.86	14.78	15.78	18.48	21.82	38.02	67.97
61	11.71	14.56	15.54	18.20	21.30	37.17	66.24
62	11.48	14.26	15.19	17.78	20.64	36.06	63.99
63	11.13	13.82	14.71	17.23	19.83	34.69	61.22
64	10.71	13.26	14.12	16.52	18.88	33.03	57.87
65	10.18	12.58	13.38	15.66	17.78	31.06	53.92
66	9.55	11.78	12.51	14.63	16.52	28.78	49.33

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.43	4.44	4.89	5.87	8.69	17.56	31.13
26	3.56	4.63	5.10	6.13	9.05	18.14	32.13
27	3.71	4.83	5.33	6.42	9.42	18.73	33.13
28	3.87	5.05	5.58	6.72	9.82	19.33	34.14
29	4.04	5.29	5.84	7.05	10.23	19.95	35.17
30	4.22	5.54	6.12	7.39	10.66	20.58	36.23
31	4.42	5.80	6.42	7.75	11.10	21.23	37.31
32	4.62	6.08	6.73	8.14	11.55	21.90	38.42
33	4.83	6.36	7.06	8.54	12.02	22.58	39.56
34	5.05	6.67	7.39	8.94	12.51	23.28	40.74
35	5.29	6.98	7.74	9.36	13.02	24.01	41.97
36	5.53	7.30	8.10	9.79	13.53	24.75	43.24
37	5.77	7.63	8.48	10.24	14.06	25.53	44.58
38	6.04	7.98	8.87	10.70	14.62	26.33	45.98
39	6.31	8.33	9.27	11.18	15.17	27.17	47.45
40	6.59	8.70	9.68	11.66	15.75	28.02	48.99
41	6.88	9.08	10.11	12.15	16.34	28.91	50.58
42	7.18	9.47	10.55	12.66	16.95	29.81	52.24
43	7.55	9.92	11.02	13.19	17.60	30.77	54.02
44	7.94	10.38	11.48	13.74	18.27	31.75	55.85
45	8.34	10.86	11.97	14.28	18.94	32.75	57.73
46	8.76	11.34	12.46	14.84	19.59	33.75	59.63
47	9.18	11.83	12.95	15.39	20.24	34.74	61.54
48	9.60	12.33	13.47	15.98	20.89	35.80	63.58
49	10.02	12.82	13.98	16.55	21.51	36.83	65.58
50	10.44	13.31	14.48	17.11	22.09	37.80	67.47
51	10.83	13.77	14.96	17.64	22.60	38.69	69.23
52	11.22	14.21	15.40	18.13	23.05	39.49	70.80
53	11.58	14.61	15.80	18.57	23.39	40.15	72.07
54	11.91	14.97	16.15	18.95	23.65	40.67	73.08
55	12.15	15.25	16.42	19.25	23.81	41.04	73.77
56	12.36	15.48	16.62	19.49	23.87	41.25	74.13
57	12.51	15.64	16.76	19.64	23.82	41.25	74.12
58	12.58	15.70	16.80	19.69	23.66	41.07	73.71
59	12.57	15.66	16.76	19.63	23.37	40.66	72.86
60	12.49	15.55	16.61	19.46	22.96	40.02	71.54
61	12.33	15.33	16.36	19.16	22.41	39.12	69.72
62	12.08	15.00	15.99	18.72	21.72	37.96	67.36
63	11.72	14.55	15.49	18.14	20.87	36.51	64.44
64	11.27	13.96	14.86	17.39	19.88	34.76	60.91
65	10.72	13.24	14.09	16.49	18.72	32.69	56.75
66	10.05	12.40	13.17	15.41	17.39	30.29	51.93

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.93	3.77	4.14	4.96	7.30	14.66	25.87
26	3.04	3.93	4.32	5.18	7.61	15.15	26.73
27	3.17	4.10	4.51	5.43	7.94	15.66	27.58
28	3.30	4.28	4.73	5.68	8.26	16.17	28.45
29	3.44	4.48	4.94	5.95	8.61	16.69	29.32
30	3.60	4.69	5.17	6.24	8.96	17.22	30.20
31	3.76	4.91	5.42	6.54	9.32	17.77	31.10
32	3.92	5.13	5.68	6.86	9.70	18.31	32.02
33	4.09	5.37	5.94	7.18	10.09	18.88	32.96
34	4.27	5.61	6.22	7.52	10.49	19.45	33.92
35	4.46	5.87	6.50	7.86	10.90	20.03	34.90
36	4.66	6.13	6.79	8.21	11.32	20.64	35.92
37	4.86	6.41	7.10	8.57	11.75	21.25	36.99
38	5.08	6.68	7.42	8.94	12.18	21.89	38.10
39	5.29	6.96	7.74	9.31	12.63	22.54	39.25
40	5.51	7.26	8.07	9.70	13.09	23.21	40.44
41	5.75	7.56	8.40	10.09	13.54	23.89	41.68
42	5.98	7.86	8.75	10.49	14.02	24.59	42.95
43	6.27	8.21	9.11	10.90	14.52	25.33	44.31
44	6.58	8.57	9.47	11.32	15.03	26.06	45.70
45	6.89	8.94	9.85	11.75	15.54	26.80	47.10
46	7.21	9.31	10.22	12.16	16.04	27.54	48.51
47	7.53	9.68	10.60	12.58	16.52	28.27	49.91
48	7.85	10.06	10.97	13.01	16.98	29.01	51.38
49	8.16	10.43	11.35	13.44	17.42	29.74	52.80
50	8.47	10.78	11.71	13.83	17.82	30.41	54.14
51	8.77	11.12	12.06	14.21	18.18	31.02	55.36
52	9.06	11.44	12.38	14.56	18.48	31.57	56.43
53	9.30	11.71	12.65	14.85	18.68	31.97	57.22
54	9.55	11.96	12.89	15.12	18.82	32.28	57.82
55	9.73	12.16	13.09	15.33	18.92	32.50	58.25
56	9.89	12.34	13.24	15.51	18.95	32.63	58.48
57	10.02	12.48	13.36	15.64	18.93	32.67	58.52
58	10.10	12.57	13.44	15.73	18.85	32.61	58.37
59	10.15	12.62	13.47	15.78	18.74	32.47	58.02
60	10.16	12.63	13.46	15.77	18.57	32.24	57.47
61	10.16	12.60	13.43	15.71	18.35	31.92	56.72
62	10.12	12.52	13.33	15.61	18.10	31.50	55.77
63	10.02	12.41	13.20	15.44	17.80	30.99	54.60
64	9.90	12.24	13.02	15.23	17.47	30.39	53.22
65	9.73	12.03	12.79	14.96	17.10	29.69	51.61
66	9.54	11.77	12.50	14.63	16.68	28.90	49.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.09	3.97	4.36	5.23	7.69	15.44	27.24
26	3.20	4.14	4.55	5.46	8.02	15.95	28.13
27	3.34	4.32	4.75	5.71	8.35	16.49	29.03
28	3.48	4.51	4.97	5.98	8.69	17.03	29.95
29	3.63	4.72	5.20	6.27	9.06	17.57	30.86
30	3.78	4.94	5.45	6.56	9.43	18.13	31.79
31	3.95	5.17	5.70	6.88	9.81	18.70	32.74
32	4.13	5.40	5.98	7.22	10.21	19.28	33.70
33	4.30	5.65	6.26	7.56	10.62	19.87	34.69
34	4.50	5.91	6.55	7.91	11.04	20.47	35.70
35	4.70	6.18	6.85	8.27	11.48	21.08	36.74
36	4.90	6.46	7.15	8.64	11.92	21.72	37.81
37	5.11	6.74	7.47	9.02	12.36	22.37	38.93
38	5.34	7.03	7.81	9.41	12.82	23.04	40.10
39	5.57	7.33	8.14	9.80	13.30	23.72	41.32
40	5.80	7.64	8.49	10.21	13.77	24.43	42.57
41	6.05	7.96	8.84	10.62	14.26	25.15	43.87
42	6.29	8.27	9.20	11.04	14.76	25.88	45.21
43	6.60	8.64	9.58	11.48	15.29	26.66	46.64
44	6.93	9.02	9.97	11.92	15.82	27.43	48.10
45	7.25	9.41	10.37	12.36	16.36	28.21	49.58
46	7.59	9.80	10.75	12.80	16.89	28.99	51.07
47	7.93	10.19	11.15	13.24	17.39	29.75	52.54
48	8.26	10.59	11.55	13.69	17.88	30.54	54.08
49	8.59	10.97	11.95	14.14	18.34	31.30	55.58
50	8.91	11.34	12.33	14.56	18.76	32.01	56.99
51	9.23	11.70	12.70	14.96	19.14	32.66	58.27
52	9.53	12.04	13.03	15.33	19.46	33.23	59.40
53	9.79	12.33	13.31	15.64	19.67	33.65	60.23
54	10.05	12.59	13.57	15.91	19.82	33.98	60.87
55	10.24	12.80	13.77	16.14	19.91	34.21	61.31
56	10.41	12.99	13.93	16.32	19.94	34.35	61.56
57	10.55	13.14	14.06	16.46	19.92	34.39	61.60
58	10.63	13.23	14.14	16.55	19.84	34.33	61.44
59	10.68	13.28	14.19	16.61	19.72	34.18	61.07
60	10.70	13.29	14.18	16.60	19.54	33.94	60.50
61	10.69	13.26	14.13	16.54	19.32	33.60	59.71
62	10.65	13.18	14.04	16.43	19.05	33.16	58.70
63	10.55	13.06	13.90	16.25	18.74	32.62	57.47
64	10.42	12.88	13.70	16.03	18.38	31.99	56.02
65	10.24	12.66	13.46	15.74	18.00	31.26	54.33
66	10.04	12.39	13.16	15.40	17.56	30.42	52.42

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.95	12.01	13.38	16.28	20.65		
26	9.29	12.50	13.94	16.98	21.45		
27	9.67	13.03	14.52	17.70	22.27		
28	10.07	13.59	15.14	18.46	23.12		
29	10.47	14.15	15.80	19.25	23.99		
30	10.91	14.76	16.46	20.08	24.87		
31	11.36	15.36	17.14	20.93	25.77		
32	11.83	16.00	17.86	21.80	26.67		
33	12.30	16.64	18.58	22.66	27.58		
34	12.79	17.30	19.32	23.55	28.49		
35	13.30	17.97	20.07	24.46	29.42		
36	13.81	18.65	20.85	25.38	30.35		
37	14.34	19.35	21.65	26.32	31.29		
38	14.89	20.07	22.45	27.27	32.23		
39	15.46	20.81	23.28	28.23	33.19		
40	16.03	21.56	24.14	29.22	34.15		
41	16.64	22.34	25.01	30.25	35.12		
42	17.27	23.16	25.92	31.29	36.11		
43	18.06	24.09	26.88	32.38	37.09		
44	18.88	25.06	27.86	33.50	38.10		
45	19.75	26.08	28.88	34.65	39.12		
46	20.64	27.14	29.95	35.86	40.15		
47	21.59	28.23	31.04	37.09	41.18		
48	22.54	29.37	32.23	38.44	42.28		
49	23.52	30.55	33.45	39.82	43.38		
50	24.53	31.75	34.68	41.22	44.46		
51	25.54	32.96	35.91	42.62	45.51		
52	26.56	34.16	37.14	44.01	46.52		
53	27.66	35.45	38.46	45.51	47.56		
54	28.71	36.70	39.72	46.95	48.51		
55	29.70	37.85	40.88	48.27	49.32		
56	30.61	38.88	41.89	49.41	49.95		
57	31.37	39.73	42.72	50.35	50.38		
58	31.76	40.15	43.12	50.77	50.33		
59	31.99	40.37	43.30	50.94	50.04		
60	32.06	40.38	43.27	50.89	49.54		
61	31.99	40.22	43.05	50.61	48.82		
62	31.72	39.88	42.64	50.13	47.94		
63	30.86	38.84	41.55	48.88	46.34		
64	29.99	37.78	40.43	47.59	44.73		
65	29.18	36.83	39.42	46.46	43.27		
66	28.55	36.10	38.68	45.63	42.11		
67	28.20	35.75	38.33	45.28	41.40		
68	28.26	35.89	38.53	45.58	41.32		
69	28.80	36.67	39.40	46.68	42.00		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.42	12.65	14.09	17.13	21.74		
26	9.79	13.16	14.67	17.86	22.58		
27	10.18	13.72	15.29	18.63	23.44		
28	10.60	14.30	15.94	19.43	24.33		
29	11.03	14.90	16.62	20.27	25.25		
30	11.48	15.53	17.33	21.14	26.18		
31	11.96	16.17	18.05	22.03	27.12		
32	12.45	16.84	18.81	22.94	28.07		
33	12.95	17.51	19.55	23.86	29.03		
34	13.46	18.21	20.34	24.79	29.99		
35	13.99	18.91	21.13	25.74	30.97		
36	14.54	19.63	21.95	26.72	31.95		
37	15.10	20.37	22.78	27.70	32.94		
38	15.67	21.13	23.63	28.71	33.93		
39	16.27	21.90	24.51	29.72	34.94		
40	16.88	22.70	25.41	30.76	35.95		
41	17.51	23.52	26.33	31.84	36.97		
42	18.17	24.38	27.29	32.94	38.01		
43	19.01	25.36	28.29	34.08	39.05		
44	19.87	26.38	29.33	35.26	40.10		
45	20.79	27.46	30.40	36.48	41.18		
46	21.73	28.56	31.52	37.74	42.26		
47	22.72	29.72	32.67	39.05	43.34		
48	23.72	30.92	33.92	40.46	44.50		
49	24.76	32.16	35.21	41.91	45.66		
50	25.82	33.42	36.50	43.38	46.80		
51	26.88	34.69	37.80	44.86	47.91		
52	27.96	35.96	39.10	46.32	48.96		
53	29.11	37.31	40.49	47.91	50.06		
54	30.22	38.62	41.82	49.42	51.07		
55	31.27	39.84	43.03	50.81	51.91		
56	32.22	40.92	44.10	52.02	52.58		
57	33.03	41.83	44.98	53.00	53.03		
58	33.43	42.26	45.39	53.44	52.98		
59	33.67	42.49	45.58	53.63	52.67		
60	33.75	42.50	45.55	53.57	52.14		
61	33.67	42.34	45.31	53.28	51.39		
62	33.39	41.98	44.88	52.77	50.47		
63	32.49	40.88	43.74	51.44	48.78		
64	31.57	39.77	42.56	50.10	47.09		
65	30.71	38.76	41.50	48.90	45.55		
66	30.05	38.00	40.72	48.03	44.33		
67	29.69	37.63	40.35	47.66	43.59		
68	29.74	37.78	40.55	47.98	43.50		
69	30.32	38.60	41.47	49.13	44.21		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.27	5.61	6.20	7.48	10.55		
26	4.44	5.85	6.48	7.82	10.99		
27	4.64	6.12	6.78	8.20	11.46		
28	4.86	6.42	7.11	8.62	11.96		
29	5.09	6.74	7.46	9.05	12.46		
30	5.33	7.08	7.85	9.51	13.01		
31	5.60	7.44	8.26	10.01	13.57		
32	5.88	7.81	8.69	10.53	14.16		
33	6.17	8.22	9.13	11.08	14.78		
34	6.49	8.63	9.61	11.65	15.42		
35	6.81	9.08	10.11	12.25	16.08		
36	7.16	9.55	10.62	12.87	16.77		
37	7.53	10.02	11.18	13.53	17.49		
38	7.92	10.53	11.75	14.19	18.25		
39	8.32	11.06	12.34	14.90	19.04		
40	8.74	11.62	12.96	15.64	19.85		
41	9.18	12.20	13.62	16.40	20.71		
42	9.64	12.80	14.31	17.20	21.58		
43	10.23	13.51	15.04	18.05	22.49		
44	10.83	14.26	15.80	18.93	23.43		
45	11.48	15.02	16.61	19.84	24.38		
46	12.15	15.83	17.44	20.81	25.36		
47	12.87	16.68	18.31	21.81	26.35		
48	13.61	17.59	19.26	22.89	27.40		
49	14.38	18.52	20.24	24.00	28.46		
50	15.16	19.47	21.23	25.12	29.49		
51	15.96	20.42	22.22	26.25	30.48		
52	16.76	21.36	23.20	27.37	31.42		
53	17.61	22.37	24.24	28.55	32.36		
54	18.43	23.33	25.22	29.67	33.19		
55	19.10	24.20	26.11	30.70	33.92		
56	19.71	24.98	26.88	31.61	34.48		
57	20.23	25.63	27.53	32.36	34.87		
58	20.49	25.96	27.84	32.72	34.85		
59	20.61	26.14	28.01	32.90	34.65		
60	20.64	26.19	28.03	32.92	34.26		
61	20.56	26.11	27.91	32.78	33.72		
62	20.38	25.90	27.67	32.50	33.04		
63	19.82	25.24	26.97	31.69	31.86		
64	19.24	24.55	26.25	30.85	30.69		
65	18.70	23.93	25.59	30.11	29.59		
66	18.28	23.44	25.10	29.56	28.70		
67	18.02	23.20	24.85	29.32	28.12		
68	18.02	23.28	24.97	29.49	27.96		
69	18.34	23.77	25.51	30.18	28.34		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.50	5.90	6.53	7.88	11.11		
26	4.68	6.16	6.82	8.24	11.57		
27	4.88	6.45	7.14	8.63	12.06		
28	5.11	6.76	7.49	9.06	12.58		
29	5.35	7.09	7.86	9.52	13.12		
30	5.61	7.44	8.26	10.01	13.69		
31	5.89	7.83	8.69	10.54	14.28		
32	6.19	8.23	9.14	11.09	14.91		
33	6.49	8.65	9.62	11.66	15.55		
34	6.83	9.09	10.11	12.27	16.23		
35	7.17	9.56	10.64	12.89	16.92		
36	7.54	10.05	11.18	13.55	17.65		
37	7.93	10.55	11.77	14.24	18.42		
38	8.33	11.09	12.36	14.94	19.21		
39	8.76	11.64	12.99	15.68	20.05		
40	9.20	12.23	13.65	16.46	20.90		
41	9.66	12.84	14.34	17.27	21.80		
42	10.16	13.48	15.07	18.11	22.71		
43	10.76	14.22	15.83	19.00	23.67		
44	11.40	15.00	16.63	19.92	24.66		
45	12.08	15.81	17.48	20.89	25.67		
46	12.80	16.67	18.36	21.90	26.70		
47	13.54	17.56	19.27	22.95	27.74		
48	14.33	18.52	20.28	24.09	28.85		
49	15.14	19.49	21.30	25.26	29.96		
50	15.96	20.49	22.34	26.44	31.04		
51	16.80	21.49	23.39	27.63	32.08		
52	17.64	22.48	24.42	28.81	33.08		
53	18.53	23.55	25.52	30.05	34.06		
54	19.40	24.56	26.55	31.23	34.94		
55	20.11	25.48	27.48	32.32	35.70		
56	20.75	26.29	28.30	33.27	36.29		
57	21.30	26.98	28.98	34.06	36.70		
58	21.56	27.32	29.31	34.44	36.68		
59	21.69	27.52	29.49	34.64	36.47		
60	21.72	27.57	29.51	34.65	36.06		
61	21.64	27.48	29.38	34.50	35.50		
62	21.45	27.26	29.12	34.21	34.78		
63	20.86	26.57	28.39	33.35	33.55		
64	20.25	25.85	27.63	32.48	32.30		
65	19.69	25.19	26.94	31.70	31.14		
66	19.24	24.68	26.42	31.12	30.21		
67	18.97	24.42	26.16	30.86	29.60		
68	18.97	24.50	26.28	31.04	29.43		
69	19.31	25.02	26.86	31.77	29.82		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.70	4.80	5.31	6.39	9.44		
26	3.85	5.02	5.54	6.68	9.84		
27	4.01	5.26	5.81	7.00	10.27		
28	4.20	5.51	6.10	7.36	10.72		
29	4.39	5.78	6.40	7.74	11.18		
30	4.60	6.07	6.72	8.13	11.68		
31	4.83	6.38	7.08	8.56	12.20		
32	5.07	6.71	7.44	9.00	12.74		
33	5.32	7.05	7.82	9.47	13.30		
34	5.60	7.41	8.23	9.95	13.89		
35	5.87	7.78	8.65	10.46	14.49		
36	6.17	8.18	9.10	11.00	15.14		
37	6.48	8.60	9.57	11.55	15.80		
38	6.80	9.02	10.05	12.13	16.50		
39	7.15	9.47	10.55	12.72	17.22		
40	7.51	9.94	11.09	13.35	17.98		
41	7.88	10.45	11.63	14.00	18.75		
42	8.28	10.96	12.22	14.68	19.54		
43	8.77	11.55	12.84	15.39	20.38		
44	9.28	12.17	13.48	16.14	21.24		
45	9.82	12.83	14.16	16.91	22.11		
46	10.40	13.51	14.86	17.72	23.00		
47	11.00	14.23	15.60	18.55	23.91		
48	11.62	14.98	16.39	19.47	24.86		
49	12.27	15.76	17.21	20.39	25.81		
50	12.93	16.54	18.03	21.33	26.74		
51	13.59	17.34	18.86	22.26	27.63		
52	14.26	18.13	19.67	23.19	28.48		
53	14.95	18.96	20.52	24.16	29.30		
54	15.63	19.74	21.32	25.07	30.03		
55	16.21	20.45	22.04	25.91	30.66		
56	16.75	21.08	22.67	26.64	31.14		
57	17.19	21.60	23.18	27.23	31.45		
58	17.40	21.83	23.41	27.48	31.39		
59	17.51	21.95	23.50	27.59	31.17		
60	17.53	21.96	23.49	27.55	30.78		
61	17.48	21.85	23.35	27.40	30.26		
62	17.34	21.66	23.13	27.14	29.64		
63	16.90	21.12	22.55	26.48	28.61		
64	16.45	20.57	21.97	25.82	27.58		
65	16.02	20.07	21.45	25.22	26.65		
66	15.72	19.70	21.08	24.81	25.90		
67	15.55	19.53	20.91	24.65	25.43		
68	15.59	19.63	21.03	24.83	25.34		
69	15.91	20.06	21.52	25.45	25.72		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.89	5.06	5.59	6.72	9.94		
26	4.05	5.29	5.83	7.03	10.36		
27	4.22	5.54	6.12	7.37	10.81		
28	4.42	5.80	6.42	7.74	11.28		
29	4.62	6.09	6.73	8.14	11.77		
30	4.85	6.39	7.08	8.56	12.29		
31	5.09	6.71	7.44	9.01	12.84		
32	5.33	7.06	7.83	9.48	13.41		
33	5.61	7.42	8.24	9.97	14.00		
34	5.89	7.80	8.66	10.48	14.62		
35	6.18	8.19	9.11	11.02	15.26		
36	6.49	8.61	9.57	11.58	15.94		
37	6.82	9.05	10.07	12.16	16.63		
38	7.16	9.50	10.58	12.77	17.37		
39	7.52	9.97	11.11	13.39	18.13		
40	7.90	10.46	11.67	14.05	18.92		
41	8.30	10.99	12.25	14.74	19.74		
42	8.71	11.53	12.87	15.45	20.57		
43	9.23	12.16	13.52	16.20	21.45		
44	9.78	12.81	14.19	16.99	22.36		
45	10.34	13.51	14.91	17.80	23.28		
46	10.95	14.22	15.65	18.66	24.22		
47	11.58	14.98	16.42	19.53	25.17		
48	12.23	15.77	17.26	20.49	26.17		
49	12.91	16.59	18.12	21.46	27.17		
50	13.60	17.42	18.98	22.46	28.15		
51	14.30	18.25	19.85	23.43	29.08		
52	15.00	19.08	20.71	24.41	29.97		
53	15.73	19.95	21.60	25.42	30.84		
54	16.45	20.78	22.45	26.39	31.62		
55	17.06	21.52	23.21	27.27	32.27		
56	17.63	22.18	23.87	28.04	32.78		
57	18.09	22.73	24.40	28.66	33.11		
58	18.31	22.99	24.64	28.93	33.04		
59	18.44	23.10	24.74	29.04	32.81		
60	18.45	23.11	24.72	29.00	32.40		
61	18.39	23.00	24.58	28.85	31.86		
62	18.25	22.80	24.34	28.56	31.20		
63	17.78	22.23	23.74	27.87	30.11		
64	17.31	21.65	23.13	27.17	29.03		
65	16.87	21.13	22.58	26.55	28.05		
66	16.54	20.74	22.18	26.11	27.26		
67	16.37	20.56	22.01	25.94	26.77		
68	16.41	20.66	22.14	26.14	26.67		
69	16.75	21.12	22.66	26.79	27.08		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.43	4.44	4.90	5.89	8.67		
26	3.57	4.65	5.12	6.16	9.05		
27	3.73	4.87	5.37	6.46	9.45		
28	3.90	5.10	5.63	6.78	9.87		
29	4.08	5.35	5.92	7.14	10.31		
30	4.28	5.61	6.22	7.52	10.78		
31	4.49	5.91	6.54	7.91	11.26		
32	4.71	6.21	6.88	8.32	11.76		
33	4.94	6.53	7.24	8.76	12.28		
34	5.18	6.86	7.61	9.20	12.82		
35	5.45	7.21	8.00	9.67	13.38		
36	5.72	7.57	8.41	10.16	13.97		
37	6.00	7.95	8.84	10.67	14.59		
38	6.30	8.34	9.28	11.20	15.22		
39	6.61	8.76	9.75	11.75	15.88		
40	6.94	9.18	10.23	12.31	16.57		
41	7.29	9.63	10.74	12.91	17.28		
42	7.65	10.10	11.27	13.53	18.00		
43	8.10	10.64	11.83	14.17	18.76		
44	8.56	11.20	12.41	14.84	19.54		
45	9.05	11.79	13.02	15.54	20.32		
46	9.57	12.41	13.65	16.26	21.12		
47	10.10	13.05	14.30	17.00	21.92		
48	10.66	13.72	15.00	17.81	22.77		
49	11.23	14.41	15.73	18.64	23.59		
50	11.80	15.11	16.46	19.46	24.39		
51	12.39	15.80	17.17	20.28	25.17		
52	12.96	16.47	17.87	21.07	25.88		
53	13.58	17.19	18.61	21.89	26.57		
54	14.15	17.86	19.30	22.66	27.17		
55	14.65	18.46	19.89	23.36	27.66		
56	15.09	18.98	20.41	23.96	28.01		
57	15.46	19.40	20.81	24.43	28.22		
58	15.59	19.54	20.94	24.57	28.06		
59	15.64	19.58	20.96	24.59	27.76		
60	15.62	19.53	20.87	24.49	27.34		
61	15.54	19.40	20.72	24.31	26.83		
62	15.41	19.21	20.50	24.05	26.25		
63	15.07	18.81	20.08	23.57	25.44		
64	14.75	18.42	19.67	23.09	24.66		
65	14.47	18.08	19.32	22.71	23.98		
66	14.27	17.87	19.11	22.49	23.47		
67	14.21	17.82	19.08	22.48	23.19		
68	14.32	18.00	19.29	22.76	23.23		
69	14.64	18.46	19.79	23.39	23.65		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.61	4.68	5.16	6.20	9.13		
26	3.76	4.89	5.39	6.49	9.52		
27	3.92	5.12	5.65	6.80	9.94		
28	4.10	5.37	5.93	7.15	10.39		
29	4.29	5.63	6.23	7.52	10.86		
30	4.51	5.91	6.55	7.91	11.34		
31	4.73	6.22	6.88	8.32	11.84		
32	4.95	6.54	7.24	8.76	12.37		
33	5.20	6.87	7.62	9.21	12.93		
34	5.46	7.22	8.01	9.69	13.50		
35	5.74	7.59	8.42	10.18	14.09		
36	6.02	7.96	8.85	10.70	14.71		
37	6.32	8.37	9.30	11.24	15.36		
38	6.64	8.78	9.77	11.79	16.02		
39	6.96	9.21	10.26	12.36	16.72		
40	7.30	9.66	10.76	12.96	17.44		
41	7.67	10.14	11.30	13.59	18.19		
42	8.05	10.63	11.86	14.24	18.95		
43	8.52	11.20	12.45	14.92	19.75		
44	9.01	11.79	13.06	15.62	20.57		
45	9.52	12.42	13.70	16.36	21.39		
46	10.07	13.06	14.37	17.12	22.23		
47	10.63	13.74	15.06	17.90	23.07		
48	11.22	14.44	15.80	18.75	23.96		
49	11.82	15.17	16.55	19.62	24.83		
50	12.43	15.90	17.32	20.48	25.68		
51	13.04	16.62	18.08	21.34	26.49		
52	13.65	17.34	18.81	22.18	27.24		
53	14.29	18.09	19.59	23.05	27.97		
54	14.90	18.81	20.31	23.86	28.59		
55	15.43	19.43	20.94	24.60	29.11		
56	15.88	19.98	21.48	25.22	29.49		
57	16.27	20.42	21.90	25.71	29.71		
58	16.41	20.57	22.04	25.86	29.54		
59	16.46	20.61	22.06	25.88	29.22		
60	16.44	20.56	21.97	25.78	28.78		
61	16.36	20.42	21.82	25.58	28.24		
62	16.22	20.22	21.59	25.32	27.63		
63	15.87	19.80	21.14	24.81	26.78		
64	15.52	19.39	20.71	24.31	25.95		
65	15.22	19.03	20.35	23.91	25.24		
66	15.02	18.81	20.12	23.67	24.70		
67	14.96	18.76	20.08	23.66	24.41		
68	15.07	18.95	20.30	23.95	24.46		
69	15.42	19.43	20.83	24.62	24.90		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.09	3.98	4.38	5.25	7.69		
26	3.22	4.15	4.58	5.50	8.04		
27	3.35	4.36	4.80	5.77	8.40		
28	3.50	4.57	5.03	6.06	8.77		
29	3.66	4.78	5.28	6.36	9.16		
30	3.84	5.02	5.55	6.70	9.57		
31	4.02	5.27	5.83	7.04	9.99		
32	4.22	5.54	6.12	7.40	10.44		
33	4.42	5.81	6.44	7.78	10.89		
34	4.63	6.10	6.77	8.17	11.36		
35	4.86	6.40	7.10	8.58	11.85		
36	5.10	6.71	7.44	8.99	12.36		
37	5.33	7.04	7.81	9.44	12.88		
38	5.59	7.37	8.19	9.88	13.43		
39	5.85	7.73	8.60	10.35	13.98		
40	6.12	8.10	9.00	10.83	14.57		
41	6.42	8.47	9.43	11.33	15.16		
42	6.72	8.86	9.87	11.84	15.77		
43	7.10	9.31	10.34	12.39	16.39		
44	7.49	9.79	10.82	12.95	17.04		
45	7.90	10.28	11.33	13.53	17.68		
46	8.32	10.79	11.84	14.12	18.32		
47	8.76	11.30	12.37	14.71	18.96		
48	9.21	11.84	12.94	15.36	19.63		
49	9.67	12.39	13.52	16.01	20.28		
50	10.13	12.94	14.09	16.65	20.88		
51	10.60	13.48	14.63	17.28	21.46		
52	11.04	14.01	15.18	17.89	21.98		
53	11.50	14.54	15.73	18.50	22.45		
54	11.93	15.03	16.23	19.05	22.83		
55	12.31	15.47	16.66	19.55	23.14		
56	12.63	15.84	17.02	19.97	23.33		
57	12.90	16.14	17.30	20.29	23.42		
58	12.96	16.21	17.35	20.35	23.21		
59	12.98	16.21	17.34	20.32	22.92		
60	12.96	16.15	17.26	20.22	22.55		
61	12.90	16.06	17.14	20.08	22.14		
62	12.81	15.95	16.99	19.91	21.69		
63	12.64	15.74	16.79	19.68	21.20		
64	12.49	15.56	16.61	19.48	20.75		
65	12.38	15.44	16.48	19.35	20.40		
66	12.34	15.42	16.47	19.36	20.18		
67	12.39	15.51	16.59	19.53	20.14		
68	12.58	15.77	16.88	19.90	20.32		
69	12.90	16.21	17.37	20.51	20.76		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.25	4.19	4.61	5.53	8.10		
26	3.39	4.37	4.82	5.79	8.47		
27	3.53	4.58	5.05	6.07	8.84		
28	3.69	4.80	5.30	6.38	9.23		
29	3.85	5.03	5.56	6.70	9.64		
30	4.04	5.29	5.84	7.05	10.08		
31	4.23	5.55	6.13	7.41	10.52		
32	4.44	5.83	6.45	7.79	10.98		
33	4.65	6.12	6.78	8.18	11.46		
34	4.88	6.42	7.12	8.60	11.96		
35	5.11	6.73	7.47	9.03	12.48		
36	5.36	7.07	7.84	9.47	13.01		
37	5.61	7.41	8.23	9.94	13.56		
38	5.88	7.76	8.62	10.40	14.13		
39	6.16	8.13	9.05	10.89	14.72		
40	6.45	8.52	9.48	11.40	15.34		
41	6.76	8.91	9.93	11.92	15.96		
42	7.08	9.33	10.39	12.47	16.60		
43	7.47	9.80	10.89	13.04	17.26		
44	7.88	10.30	11.40	13.63	17.93		
45	8.32	10.82	11.92	14.24	18.61		
46	8.76	11.35	12.47	14.85	19.29		
47	9.22	11.90	13.02	15.49	19.96		
48	9.70	12.47	13.62	16.17	20.66		
49	10.18	13.04	14.23	16.85	21.34		
50	10.67	13.62	14.83	17.53	21.98		
51	11.15	14.19	15.41	18.19	22.59		
52	11.62	14.75	15.98	18.83	23.14		
53	12.11	15.30	16.55	19.47	23.63		
54	12.56	15.82	17.08	20.06	24.03		
55	12.96	16.28	17.54	20.58	24.35		
56	13.30	16.68	17.92	21.01	24.56		
57	13.58	16.98	18.21	21.36	24.65		
58	13.65	17.06	18.27	21.42	24.44		
59	13.67	17.06	18.25	21.38	24.12		
60	13.64	17.00	18.16	21.29	23.73		
61	13.58	16.90	18.04	21.14	23.30		
62	13.49	16.78	17.89	20.96	22.84		
63	13.31	16.57	17.67	20.72	22.32		
64	13.15	16.38	17.48	20.50	21.84		
65	13.03	16.25	17.35	20.37	21.47		
66	12.99	16.23	17.34	20.38	21.24		
67	13.04	16.32	17.46	20.56	21.20		
68	13.24	16.60	17.77	20.94	21.38		
69	13.58	17.06	18.29	21.60	21.85		

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.29	12.53	13.97	17.00			
26	9.66	13.04	14.53	17.71			
27	10.05	13.58	15.14	18.48			
28	10.45	14.14	15.78	19.26			
29	10.87	14.73	16.44	20.08			
30	11.31	15.34	17.12	20.93			
31	11.77	15.97	17.82	21.80			
32	12.23	16.61	18.54	22.67			
33	12.71	17.25	19.26	23.55			
34	13.18	17.89	19.98	24.43			
35	13.67	18.54	20.72	25.32			
36	14.16	19.20	21.46	26.20			
37	14.66	19.85	22.20	27.07			
38	15.15	20.50	22.94	27.93			
39	15.66	21.16	23.66	28.79			
40	16.15	21.80	24.39	29.62			
41	16.64	22.43	25.11	30.44			
42	17.12	23.06	25.82	31.24			
43	17.75	23.77	26.51	32.02			
44	18.37	24.47	27.19	32.78			
45	18.98	25.16	27.85	33.50			
46	19.59	25.82	28.49	34.19			
47	20.17	26.45	29.08	34.82			
48	20.70	27.04	29.66	35.44			
49	21.20	27.58	30.18	35.99			
50	21.66	28.06	30.64	36.47			
51	22.05	28.48	31.02	36.85			
52	22.39	28.80	31.31	37.12			
53	22.65	29.02	31.49	37.26			
54	22.83	29.15	31.53	37.27			
55	22.90	29.15	31.46	37.14			
56	22.88	29.01	31.24	36.85			
57	22.75	28.75	30.89	36.38			
58	22.20	28.01	30.05	35.37			
59	21.60	27.17	29.13	34.24			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.79	13.19	14.70	17.90			
26	10.17	13.73	15.29	18.65			
27	10.58	14.29	15.93	19.45			
28	11.00	14.89	16.61	20.28			
29	11.44	15.51	17.30	21.14			
30	11.91	16.15	18.02	22.03			
31	12.38	16.81	18.76	22.94			
32	12.87	17.48	19.52	23.87			
33	13.38	18.15	20.28	24.79			
34	13.88	18.83	21.04	25.71			
35	14.39	19.52	21.82	26.65			
36	14.91	20.21	22.59	27.58			
37	15.44	20.90	23.37	28.49			
38	15.95	21.59	24.15	29.40			
39	16.48	22.26	24.91	30.31			
40	17.00	22.94	25.68	31.18			
41	17.51	23.61	26.43	32.04			
42	18.02	24.27	27.17	32.89			
43	18.68	25.02	27.91	33.70			
44	19.33	25.76	28.63	34.50			
45	19.98	26.48	29.32	35.26			
46	20.62	27.17	29.98	35.98			
47	21.23	27.84	30.61	36.65			
48	21.79	28.47	31.21	37.30			
49	22.32	29.03	31.77	37.88			
50	22.79	29.54	32.25	38.39			
51	23.21	29.97	32.66	38.79			
52	23.57	30.32	32.96	39.07			
53	23.84	30.55	33.14	39.22			
54	24.02	30.68	33.19	39.23			
55	24.10	30.68	33.11	39.09			
56	24.09	30.54	32.89	38.78			
57	23.94	30.26	32.52	38.30			
58	23.37	29.48	31.64	37.22			
59	22.74	28.61	30.66	36.04			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.38	5.77	6.39	7.73			
26	4.56	6.02	6.66	8.07			
27	4.75	6.28	6.96	8.45			
28	4.95	6.59	7.30	8.86			
29	5.18	6.90	7.66	9.30			
30	5.43	7.24	8.03	9.78			
31	5.68	7.60	8.44	10.27			
32	5.96	7.97	8.85	10.78			
33	6.26	8.36	9.29	11.32			
34	6.56	8.77	9.76	11.87			
35	6.86	9.20	10.23	12.45			
36	7.19	9.63	10.73	13.04			
37	7.53	10.08	11.23	13.64			
38	7.88	10.54	11.76	14.26			
39	8.24	11.01	12.28	14.89			
40	8.61	11.49	12.83	15.53			
41	8.98	11.99	13.38	16.17			
42	9.36	12.49	13.95	16.82			
43	9.84	13.06	14.53	17.49			
44	10.32	13.63	15.12	18.15			
45	10.81	14.20	15.69	18.81			
46	11.30	14.78	16.27	19.46			
47	11.79	15.34	16.83	20.08			
48	12.28	15.89	17.40	20.72			
49	12.72	16.42	17.94	21.31			
50	13.16	16.91	18.44	21.85			
51	13.56	17.35	18.88	22.33			
52	13.92	17.74	19.25	22.73			
53	14.21	18.04	19.53	23.01			
54	14.44	18.26	19.72	23.20			
55	14.56	18.37	19.80	23.27			
56	14.59	18.39	19.77	23.21			
57	14.52	18.30	19.63	23.04			
58	14.18	17.88	19.16	22.48			
59	13.79	17.40	18.61	21.82			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.61	6.08	6.72	8.13			
26	4.80	6.34	7.01	8.49			
27	5.00	6.62	7.33	8.90			
28	5.22	6.93	7.68	9.33			
29	5.46	7.26	8.06	9.79			
30	5.71	7.62	8.46	10.29			
31	5.98	8.00	8.88	10.81			
32	6.27	8.40	9.32	11.34			
33	6.58	8.80	9.79	11.92			
34	6.90	9.23	10.27	12.50			
35	7.22	9.68	10.77	13.10			
36	7.57	10.14	11.29	13.73			
37	7.93	10.60	11.82	14.36			
38	8.29	11.10	12.37	15.01			
39	8.67	11.59	12.93	15.67			
40	9.06	12.10	13.51	16.35			
41	9.45	12.62	14.09	17.03			
42	9.86	13.15	14.68	17.71			
43	10.36	13.75	15.29	18.41			
44	10.87	14.35	15.91	19.11			
45	11.38	14.95	16.52	19.80			
46	11.90	15.56	17.12	20.48			
47	12.42	16.15	17.71	21.14			
48	12.92	16.73	18.31	21.81			
49	13.39	17.28	18.88	22.43			
50	13.85	17.80	19.40	23.00			
51	14.27	18.27	19.87	23.50			
52	14.65	18.67	20.27	23.93			
53	14.96	18.99	20.56	24.23			
54	15.20	19.22	20.76	24.42			
55	15.32	19.34	20.84	24.49			
56	15.36	19.36	20.81	24.44			
57	15.29	19.26	20.66	24.25			
58	14.92	18.82	20.17	23.66			
59	14.51	18.31	19.59	22.98			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.78	4.95	5.46	6.59			
26	3.93	5.16	5.70	6.88			
27	4.10	5.39	5.96	7.22			
28	4.28	5.64	6.25	7.57			
29	4.48	5.92	6.56	7.95			
30	4.68	6.20	6.88	8.34			
31	4.91	6.51	7.22	8.76			
32	5.14	6.83	7.59	9.20			
33	5.39	7.16	7.96	9.66			
34	5.64	7.52	8.34	10.14			
35	5.91	7.88	8.76	10.62			
36	6.19	8.25	9.17	11.13			
37	6.47	8.62	9.60	11.64			
38	6.78	9.02	10.05	12.17			
39	7.08	9.42	10.50	12.71			
40	7.39	9.83	10.96	13.24			
41	7.71	10.25	11.43	13.80			
42	8.03	10.67	11.91	14.34			
43	8.43	11.14	12.39	14.90			
44	8.84	11.62	12.88	15.46			
45	9.25	12.11	13.37	16.01			
46	9.65	12.59	13.84	16.54			
47	10.07	13.05	14.30	17.05			
48	10.45	13.51	14.78	17.57			
49	10.83	13.95	15.22	18.06			
50	11.19	14.34	15.62	18.49			
51	11.51	14.70	15.97	18.88			
52	11.80	15.00	16.27	19.18			
53	12.03	15.22	16.47	19.40			
54	12.21	15.38	16.61	19.52			
55	12.29	15.47	16.65	19.55			
56	12.34	15.46	16.61	19.48			
57	12.29	15.36	16.47	19.31			
58	12.02	15.00	16.06	18.81			
59	11.70	14.58	15.59	18.26			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.99	5.21	5.75	6.93			
26	4.14	5.43	6.00	7.24			
27	4.32	5.68	6.27	7.59			
28	4.51	5.94	6.57	7.96			
29	4.72	6.23	6.90	8.36			
30	4.93	6.53	7.24	8.78			
31	5.17	6.86	7.59	9.22			
32	5.41	7.19	7.98	9.69			
33	5.67	7.54	8.38	10.17			
34	5.94	7.91	8.78	10.67			
35	6.22	8.29	9.21	11.18			
36	6.51	8.68	9.65	11.72			
37	6.81	9.08	10.10	12.26			
38	7.13	9.50	10.58	12.81			
39	7.44	9.92	11.05	13.38			
40	7.78	10.35	11.54	13.94			
41	8.11	10.79	12.03	14.52			
42	8.45	11.23	12.53	15.09			
43	8.87	11.73	13.04	15.68			
44	9.30	12.24	13.56	16.27			
45	9.73	12.74	14.07	16.85			
46	10.16	13.25	14.57	17.42			
47	10.60	13.74	15.06	17.95			
48	11.01	14.22	15.55	18.50			
49	11.40	14.68	16.02	19.01			
50	11.78	15.09	16.44	19.47			
51	12.12	15.47	16.81	19.87			
52	12.43	15.79	17.12	20.20			
53	12.66	16.02	17.34	20.42			
54	12.85	16.19	17.49	20.55			
55	12.94	16.28	17.53	20.58			
56	12.99	16.27	17.49	20.50			
57	12.94	16.17	17.34	20.32			
58	12.65	15.79	16.90	19.81			
59	12.32	15.35	16.41	19.22			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.51	4.58	5.04	6.07			
26	3.65	4.77	5.27	6.35			
27	3.81	4.99	5.51	6.65			
28	3.98	5.23	5.77	6.99			
29	4.16	5.48	6.06	7.34			
30	4.36	5.76	6.36	7.72			
31	4.57	6.04	6.69	8.10			
32	4.78	6.33	7.02	8.52			
33	5.01	6.64	7.37	8.94			
34	5.24	6.96	7.74	9.38			
35	5.49	7.30	8.10	9.83			
36	5.75	7.63	8.48	10.29			
37	6.01	7.98	8.89	10.77			
38	6.27	8.35	9.28	11.26			
39	6.56	8.72	9.71	11.74			
40	6.84	9.09	10.12	12.23			
41	7.13	9.47	10.55	12.73			
42	7.43	9.85	10.98	13.23			
43	7.78	10.29	11.42	13.73			
44	8.15	10.72	11.86	14.23			
45	8.52	11.14	12.29	14.72			
46	8.90	11.57	12.72	15.19			
47	9.26	11.98	13.13	15.64			
48	9.60	12.38	13.53	16.10			
49	9.93	12.75	13.91	16.50			
50	10.23	13.09	14.26	16.87			
51	10.51	13.39	14.55	17.19			
52	10.75	13.65	14.80	17.44			
53	10.95	13.83	14.96	17.60			
54	11.09	13.96	15.06	17.68			
55	11.16	14.00	15.07	17.68			
56	11.18	13.98	15.01	17.61			
57	11.12	13.90	14.88	17.44			
58	10.89	13.58	14.52	17.00			
59	10.62	13.22	14.12	16.53			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.70	4.81	5.31	6.39			
26	3.85	5.02	5.54	6.69			
27	4.01	5.25	5.80	7.00			
28	4.19	5.50	6.08	7.36			
29	4.38	5.77	6.38	7.73			
30	4.58	6.05	6.70	8.12			
31	4.80	6.35	7.04	8.53			
32	5.03	6.66	7.39	8.97			
33	5.27	6.99	7.75	9.41			
34	5.52	7.33	8.14	9.87			
35	5.78	7.68	8.53	10.35			
36	6.05	8.03	8.93	10.83			
37	6.33	8.40	9.35	11.33			
38	6.61	8.79	9.78	11.84			
39	6.91	9.18	10.22	12.36			
40	7.20	9.57	10.66	12.87			
41	7.51	9.97	11.11	13.40			
42	7.81	10.37	11.56	13.92			
43	8.19	10.82	12.02	14.45			
44	8.58	11.28	12.49	14.98			
45	8.97	11.73	12.94	15.50			
46	9.36	12.18	13.38	15.99			
47	9.74	12.61	13.82	16.46			
48	10.10	13.03	14.24	16.94			
49	10.45	13.42	14.64	17.37			
50	10.77	13.78	15.00	17.76			
51	11.06	14.10	15.31	18.09			
52	11.32	14.37	15.58	18.36			
53	11.52	14.56	15.74	18.52			
54	11.67	14.69	15.85	18.61			
55	11.75	14.74	15.87	18.61			
56	11.77	14.72	15.80	18.53			
57	11.71	14.63	15.66	18.36			
58	11.47	14.29	15.29	17.90			
59	11.18	13.91	14.86	17.40			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.17	4.10	4.51	5.43			
26	3.30	4.28	4.73	5.68			
27	3.43	4.48	4.94	5.95			
28	3.59	4.69	5.17	6.26			
29	3.75	4.92	5.44	6.56			
30	3.92	5.16	5.70	6.90			
31	4.10	5.41	5.98	7.24			
32	4.29	5.67	6.27	7.61			
33	4.49	5.94	6.58	7.97			
34	4.70	6.22	6.90	8.36			
35	4.92	6.51	7.22	8.76			
36	5.13	6.80	7.56	9.16			
37	5.37	7.11	7.90	9.57			
38	5.61	7.43	8.25	9.99			
39	5.83	7.74	8.62	10.41			
40	6.08	8.06	8.97	10.82			
41	6.33	8.38	9.33	11.25			
42	6.57	8.70	9.69	11.67			
43	6.87	9.06	10.06	12.09			
44	7.19	9.42	10.43	12.50			
45	7.49	9.78	10.78	12.89			
46	7.80	10.12	11.12	13.28			
47	8.10	10.45	11.45	13.63			
48	8.37	10.77	11.77	13.97			
49	8.62	11.06	12.06	14.30			
50	8.87	11.32	12.31	14.57			
51	9.09	11.55	12.54	14.80			
52	9.28	11.75	12.72	14.99			
53	9.44	11.90	12.86	15.12			
54	9.57	12.00	12.94	15.19			
55	9.63	12.06	12.96	15.20			
56	9.66	12.06	12.94	15.14			
57	9.64	11.99	12.84	15.03			
58	9.46	11.76	12.57	14.70			
59	9.27	11.48	12.27	14.34			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.34	4.32	4.75	5.71			
26	3.48	4.51	4.97	5.98			
27	3.62	4.72	5.20	6.27			
28	3.78	4.94	5.45	6.58			
29	3.94	5.17	5.72	6.91			
30	4.13	5.43	6.00	7.26			
31	4.32	5.69	6.29	7.62			
32	4.51	5.97	6.60	8.01			
33	4.73	6.25	6.93	8.40			
34	4.95	6.55	7.26	8.80			
35	5.17	6.86	7.60	9.22			
36	5.40	7.16	7.96	9.64			
37	5.65	7.49	8.32	10.08			
38	5.90	7.81	8.69	10.52			
39	6.14	8.15	9.06	10.96			
40	6.40	8.48	9.44	11.40			
41	6.66	8.82	9.82	11.84			
42	6.92	9.16	10.20	12.28			
43	7.23	9.54	10.59	12.72			
44	7.57	9.92	10.97	13.16			
45	7.88	10.29	11.34	13.57			
46	8.21	10.66	11.70	13.97			
47	8.52	11.01	12.05	14.35			
48	8.81	11.33	12.38	14.71			
49	9.08	11.64	12.69	15.05			
50	9.34	11.92	12.96	15.34			
51	9.57	12.16	13.20	15.58			
52	9.77	12.36	13.39	15.78			
53	9.94	12.52	13.53	15.91			
54	10.07	12.64	13.62	15.99			
55	10.14	12.69	13.65	16.00			
56	10.17	12.69	13.61	15.95			
57	10.15	12.63	13.52	15.82			
58	9.96	12.37	13.23	15.48			
59	9.75	12.09	12.91	15.09			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.14	0.19	0.22	0.26	0.38	0.75	1.35
26	0.14	0.20	0.23	0.27	0.40	0.77	1.40
27	0.16	0.22	0.25	0.29	0.42	0.80	1.46
28	0.17	0.23	0.26	0.31	0.43	0.84	1.51
29	0.18	0.25	0.26	0.33	0.46	0.88	1.58
30	0.18	0.26	0.28	0.35	0.48	0.92	1.65
31	0.20	0.26	0.31	0.38	0.51	0.95	1.72
32	0.21	0.29	0.33	0.40	0.55	0.99	1.78
33	0.23	0.31	0.34	0.42	0.57	1.04	1.86
34	0.25	0.33	0.37	0.45	0.60	1.09	1.94
35	0.26	0.34	0.40	0.48	0.63	1.14	2.02
36	0.26	0.37	0.42	0.51	0.67	1.19	2.11
37	0.29	0.40	0.44	0.54	0.70	1.25	2.22
38	0.31	0.42	0.47	0.57	0.75	1.30	2.31
39	0.33	0.44	0.50	0.61	0.78	1.36	2.43
40	0.35	0.47	0.53	0.64	0.83	1.43	2.54
41	0.37	0.50	0.57	0.69	0.87	1.50	2.67
42	0.40	0.54	0.59	0.72	0.92	1.58	2.80
43	0.42	0.57	0.63	0.77	0.97	1.65	2.95
44	0.45	0.61	0.68	0.81	1.02	1.74	3.10
45	0.48	0.64	0.72	0.86	1.08	1.82	3.26
46	0.52	0.69	0.76	0.92	1.14	1.91	3.42
47	0.55	0.73	0.80	0.96	1.20	2.00	3.59
48	0.59	0.77	0.85	1.02	1.26	2.09	3.78
49	0.62	0.82	0.90	1.07	1.32	2.20	3.96
50	0.67	0.86	0.94	1.13	1.37	2.29	4.14
51	0.70	0.91	0.99	1.17	1.43	2.38	4.29
52	0.73	0.94	1.03	1.22	1.46	2.44	4.44
53	0.76	0.98	1.06	1.26	1.50	2.50	4.55
54	0.78	1.00	1.09	1.28	1.52	2.54	4.61
55	0.79	1.02	1.10	1.29	1.52	2.55	4.64
56	0.79	1.02	1.09	1.29	1.50	2.53	4.60
57	0.78	1.00	1.08	1.28	1.47	2.46	4.48
58	0.76	0.97	1.05	1.23	1.41	2.37	4.29
59	0.71	0.92	0.98	1.15	1.31	2.21	4.00
60	0.65	0.84	0.90	1.06	1.18	2.00	3.61
61	0.57	0.73	0.77	0.92	1.02	1.73	3.12
62	0.46	0.59	0.63	0.76	0.82	1.41	2.50

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.15	0.20	0.23	0.27	0.40	0.78	1.42
26	0.15	0.21	0.24	0.29	0.41	0.81	1.47
27	0.17	0.23	0.26	0.31	0.44	0.84	1.54
28	0.18	0.24	0.26	0.33	0.46	0.88	1.59
29	0.18	0.26	0.28	0.34	0.48	0.92	1.66
30	0.19	0.27	0.30	0.37	0.51	0.96	1.73
31	0.21	0.28	0.33	0.40	0.54	1.00	1.80
32	0.22	0.31	0.34	0.41	0.57	1.05	1.87
33	0.24	0.33	0.36	0.44	0.60	1.09	1.95
34	0.26	0.34	0.39	0.48	0.63	1.14	2.04
35	0.27	0.36	0.41	0.50	0.67	1.20	2.13
36	0.28	0.39	0.44	0.54	0.70	1.25	2.23
37	0.31	0.41	0.47	0.56	0.74	1.31	2.33
38	0.33	0.44	0.49	0.60	0.78	1.37	2.44
39	0.34	0.47	0.53	0.64	0.83	1.43	2.55
40	0.37	0.49	0.55	0.68	0.87	1.50	2.68
41	0.39	0.53	0.60	0.72	0.92	1.58	2.81
42	0.41	0.56	0.62	0.76	0.97	1.65	2.95
43	0.45	0.60	0.67	0.81	1.02	1.74	3.11
44	0.48	0.64	0.71	0.85	1.07	1.83	3.26
45	0.51	0.68	0.76	0.91	1.14	1.92	3.42
46	0.55	0.72	0.80	0.96	1.20	2.01	3.60
47	0.58	0.77	0.84	1.01	1.26	2.10	3.78
48	0.62	0.81	0.90	1.07	1.32	2.21	3.98
49	0.66	0.86	0.94	1.13	1.39	2.31	4.17
50	0.70	0.91	0.99	1.19	1.44	2.41	4.36
51	0.74	0.95	1.04	1.23	1.50	2.50	4.52
52	0.77	0.99	1.08	1.28	1.54	2.57	4.66
53	0.80	1.03	1.12	1.32	1.58	2.63	4.79
54	0.83	1.06	1.14	1.36	1.60	2.68	4.86
55	0.84	1.07	1.16	1.36	1.60	2.68	4.88
56	0.84	1.07	1.15	1.36	1.58	2.66	4.84
57	0.83	1.06	1.14	1.35	1.55	2.60	4.72
58	0.79	1.02	1.10	1.29	1.48	2.49	4.51
59	0.75	0.96	1.03	1.21	1.38	2.32	4.22
60	0.69	0.88	0.94	1.11	1.24	2.10	3.80
61	0.60	0.77	0.82	0.97	1.07	1.82	3.28
62	0.48	0.62	0.67	0.79	0.86	1.48	2.63

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.69	2.38	2.66	3.31	5.00	10.16	18.51
26	1.72	2.41	2.70	3.36	5.06	10.20	18.52
27	1.74	2.45	2.75	3.42	5.12	10.20	18.51
28	1.78	2.49	2.79	3.48	5.17	10.20	18.44
29	1.80	2.54	2.85	3.55	5.23	10.17	18.36
30	1.83	2.58	2.90	3.62	5.26	10.13	18.22
31	1.87	2.63	2.95	3.68	5.30	10.08	18.08
32	1.90	2.67	2.99	3.74	5.32	10.01	17.89
33	1.92	2.71	3.04	3.79	5.34	9.91	17.69
34	1.94	2.75	3.08	3.84	5.35	9.81	17.46
35	1.97	2.77	3.11	3.87	5.34	9.70	17.21
36	2.00	2.79	3.13	3.90	5.33	9.57	16.96
37	2.01	2.81	3.16	3.92	5.31	9.42	16.68
38	2.02	2.82	3.17	3.92	5.27	9.28	16.39
39	2.02	2.82	3.17	3.92	5.24	9.11	16.10
40	2.02	2.82	3.17	3.91	5.17	8.93	15.80
41	2.02	2.80	3.15	3.88	5.11	8.74	15.46
42	2.01	2.78	3.12	3.85	5.03	8.54	15.11
43	2.01	2.77	3.10	3.79	4.94	8.32	14.75
44	2.01	2.74	3.05	3.73	4.83	8.10	14.38
45	2.00	2.70	3.00	3.65	4.72	7.86	13.96
46	1.97	2.66	2.94	3.56	4.58	7.59	13.51
47	1.94	2.59	2.86	3.46	4.41	7.30	13.01
48	1.88	2.51	2.76	3.33	4.22	6.95	12.44
49	1.82	2.41	2.65	3.19	4.00	6.59	11.83
50	1.75	2.31	2.52	3.02	3.78	6.21	11.17
51	1.66	2.18	2.38	2.84	3.53	5.81	10.46
52	1.58	2.04	2.23	2.66	3.26	5.38	9.72
53	1.45	1.88	2.04	2.43	2.97	4.88	8.84
54	1.33	1.71	1.86	2.20	2.66	4.38	7.96
55	1.20	1.53	1.66	1.97	2.34	3.88	7.06
56	1.06	1.36	1.47	1.73	2.04	3.40	6.18
57	0.93	1.19	1.28	1.51	1.76	2.94	5.34
58	0.82	1.03	1.12	1.31	1.50	2.53	4.59
59	0.70	0.90	0.96	1.14	1.28	2.16	3.91
60	0.60	0.77	0.82	0.97	1.08	1.84	3.31
61	0.51	0.66	0.70	0.84	0.92	1.58	2.82
62	0.45	0.58	0.62	0.73	0.80	1.36	2.44
63	0.42	0.55	0.59	0.70	0.75	1.28	2.29
64	0.41	0.54	0.58	0.69	0.74	1.26	2.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.83	2.57	2.88	3.58	5.40	10.99	20.00
26	1.86	2.60	2.92	3.63	5.47	11.03	20.02
27	1.88	2.65	2.97	3.70	5.54	11.03	20.00
28	1.92	2.69	3.02	3.77	5.60	11.03	19.94
29	1.94	2.75	3.08	3.84	5.65	11.00	19.84
30	1.98	2.79	3.13	3.91	5.69	10.95	19.70
31	2.02	2.84	3.19	3.98	5.73	10.89	19.54
32	2.05	2.89	3.24	4.04	5.76	10.82	19.34
33	2.08	2.93	3.28	4.10	5.77	10.71	19.12
34	2.10	2.97	3.33	4.14	5.78	10.60	18.88
35	2.13	3.00	3.36	4.19	5.77	10.48	18.61
36	2.16	3.02	3.39	4.22	5.76	10.34	18.33
37	2.17	3.04	3.41	4.24	5.74	10.18	18.03
38	2.18	3.05	3.42	4.24	5.70	10.02	17.72
39	2.19	3.05	3.42	4.24	5.66	9.85	17.41
40	2.19	3.04	3.42	4.22	5.60	9.65	17.07
41	2.18	3.03	3.41	4.20	5.53	9.45	16.71
42	2.17	3.01	3.38	4.15	5.44	9.23	16.33
43	2.17	2.99	3.34	4.10	5.34	9.00	15.95
44	2.16	2.96	3.30	4.03	5.23	8.76	15.54
45	2.16	2.92	3.25	3.95	5.10	8.49	15.09
46	2.13	2.87	3.18	3.85	4.95	8.20	14.60
47	2.09	2.80	3.09	3.74	4.77	7.88	14.06
48	2.03	2.71	2.98	3.60	4.56	7.52	13.46
49	1.97	2.60	2.86	3.44	4.33	7.13	12.79
50	1.89	2.49	2.72	3.26	4.08	6.71	12.07
51	1.80	2.36	2.57	3.07	3.82	6.27	11.31
52	1.70	2.21	2.40	2.87	3.53	5.81	10.50
53	1.57	2.03	2.21	2.62	3.20	5.28	9.57
54	1.43	1.85	2.01	2.38	2.87	4.73	8.60
55	1.29	1.65	1.80	2.13	2.53	4.20	7.63
56	1.15	1.47	1.59	1.87	2.21	3.67	6.68
57	1.01	1.28	1.39	1.64	1.90	3.18	5.77
58	0.88	1.12	1.21	1.42	1.63	2.73	4.96
59	0.76	0.97	1.04	1.22	1.38	2.33	4.22
60	0.65	0.83	0.89	1.05	1.17	1.99	3.58
61	0.55	0.71	0.77	0.91	0.99	1.70	3.04
62	0.48	0.62	0.67	0.79	0.86	1.48	2.63
63	0.46	0.59	0.63	0.75	0.81	1.39	2.47
64	0.45	0.58	0.62	0.74	0.80	1.36	2.44

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	1.86	2.60	2.91	3.63	5.46	11.04	20.06
26	1.88	2.65	2.97	3.70	5.54	11.11	20.13
27	1.92	2.70	3.03	3.77	5.61	11.14	20.17
28	1.95	2.75	3.09	3.85	5.70	11.17	20.17
29	2.00	2.82	3.15	3.93	5.76	11.18	20.13
30	2.04	2.88	3.22	4.02	5.83	11.17	20.06
31	2.09	2.93	3.29	4.10	5.89	11.14	19.96
32	2.12	2.99	3.35	4.19	5.93	11.11	19.83
33	2.16	3.04	3.42	4.27	5.98	11.04	19.69
34	2.20	3.10	3.48	4.33	6.01	10.98	19.52
35	2.24	3.14	3.53	4.39	6.03	10.90	19.33
36	2.27	3.19	3.57	4.44	6.05	10.80	19.13
37	2.30	3.21	3.61	4.49	6.05	10.69	18.91
38	2.33	3.24	3.63	4.51	6.04	10.59	18.70
39	2.34	3.26	3.66	4.53	6.03	10.46	18.47
40	2.36	3.27	3.68	4.54	6.00	10.32	18.22
41	2.37	3.28	3.69	4.54	5.95	10.16	17.96
42	2.37	3.28	3.69	4.52	5.90	10.01	17.69
43	2.39	3.29	3.68	4.51	5.84	9.83	17.42
44	2.41	3.29	3.65	4.47	5.77	9.65	17.11
45	2.41	3.26	3.63	4.42	5.68	9.44	16.77
46	2.41	3.24	3.58	4.36	5.56	9.20	16.39
47	2.39	3.20	3.53	4.27	5.43	8.95	15.96
48	2.36	3.13	3.45	4.16	5.26	8.64	15.46
49	2.31	3.05	3.35	4.03	5.05	8.31	14.90
50	2.24	2.96	3.24	3.88	4.83	7.94	14.26
51	2.17	2.84	3.10	3.71	4.58	7.53	13.57
52	2.09	2.71	2.96	3.52	4.31	7.09	12.81
53	1.96	2.54	2.76	3.28	3.99	6.56	11.88
54	1.82	2.36	2.55	3.04	3.64	6.02	10.90
55	1.68	2.16	2.34	2.77	3.29	5.45	9.88
56	1.54	1.97	2.12	2.51	2.94	4.88	8.87
57	1.38	1.77	1.90	2.24	2.60	4.33	7.87
58	1.23	1.58	1.68	1.99	2.27	3.81	6.90
59	1.07	1.38	1.48	1.75	1.96	3.31	6.00
60	0.93	1.21	1.29	1.52	1.69	2.88	5.17
61	0.82	1.05	1.14	1.33	1.46	2.48	4.46
62	0.71	0.92	0.99	1.16	1.27	2.17	3.86
63	0.63	0.82	0.88	1.03	1.14	1.94	3.42
64	0.59	0.75	0.81	0.94	1.06	1.81	3.14
65	0.57	0.72	0.77	0.92	1.07	1.79	3.04
66	0.57	0.72	0.78	0.92	1.15	1.88	3.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.01	2.82	3.15	3.92	5.90	11.94	21.69
26	2.03	2.86	3.21	4.00	5.98	12.00	21.77
27	2.08	2.92	3.27	4.07	6.07	12.05	21.81
28	2.11	2.97	3.34	4.16	6.16	12.07	21.81
29	2.16	3.04	3.41	4.25	6.23	12.08	21.76
30	2.21	3.11	3.48	4.35	6.30	12.07	21.68
31	2.25	3.17	3.56	4.44	6.36	12.05	21.58
32	2.30	3.24	3.63	4.53	6.42	12.00	21.44
33	2.34	3.29	3.70	4.61	6.46	11.94	21.28
34	2.38	3.34	3.76	4.68	6.49	11.87	21.10
35	2.42	3.40	3.81	4.74	6.52	11.78	20.90
36	2.46	3.44	3.86	4.80	6.54	11.68	20.68
37	2.48	3.48	3.90	4.85	6.54	11.56	20.44
38	2.52	3.50	3.93	4.88	6.53	11.44	20.21
39	2.53	3.53	3.96	4.90	6.51	11.31	19.97
40	2.55	3.54	3.98	4.91	6.49	11.16	19.70
41	2.56	3.55	3.99	4.91	6.43	10.99	19.42
42	2.56	3.55	3.99	4.89	6.38	10.82	19.12
43	2.59	3.56	3.98	4.87	6.32	10.63	18.82
44	2.60	3.56	3.95	4.83	6.24	10.44	18.50
45	2.60	3.53	3.92	4.78	6.13	10.21	18.13
46	2.60	3.50	3.87	4.71	6.01	9.95	17.72
47	2.59	3.46	3.81	4.61	5.87	9.67	17.26
48	2.55	3.39	3.73	4.50	5.68	9.35	16.71
49	2.50	3.30	3.63	4.36	5.46	8.98	16.10
50	2.43	3.19	3.50	4.20	5.23	8.58	15.42
51	2.35	3.07	3.35	4.01	4.95	8.14	14.67
52	2.25	2.93	3.19	3.80	4.66	7.66	13.85
53	2.12	2.75	2.98	3.55	4.31	7.09	12.84
54	1.97	2.55	2.76	3.28	3.94	6.50	11.78
55	1.82	2.34	2.53	2.99	3.56	5.89	10.68
56	1.66	2.13	2.30	2.71	3.18	5.28	9.59
57	1.50	1.91	2.05	2.43	2.81	4.68	8.51
58	1.33	1.70	1.82	2.15	2.46	4.12	7.46
59	1.16	1.50	1.60	1.89	2.12	3.58	6.49
60	1.01	1.30	1.40	1.65	1.83	3.11	5.60
61	0.89	1.14	1.22	1.43	1.58	2.68	4.82
62	0.77	0.99	1.06	1.26	1.37	2.35	4.18
63	0.69	0.89	0.95	1.12	1.23	2.10	3.70
64	0.63	0.81	0.87	1.02	1.15	1.96	3.40
65	0.62	0.78	0.84	0.99	1.16	1.93	3.29
66	0.62	0.78	0.84	1.00	1.25	2.03	3.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.06	2.90	3.24	4.04	6.04		
26	2.10	2.96	3.31	4.12	6.15		
27	2.15	3.02	3.39	4.22	6.26		
28	2.20	3.10	3.47	4.32	6.36		
29	2.24	3.17	3.56	4.44	6.46		
30	2.31	3.25	3.63	4.54	6.56		
31	2.36	3.33	3.73	4.66	6.65		
32	2.42	3.41	3.82	4.76	6.73		
33	2.47	3.48	3.90	4.87	6.79		
34	2.53	3.55	3.98	4.95	6.86		
35	2.58	3.62	4.06	5.05	6.92		
36	2.63	3.68	4.13	5.13	6.96		
37	2.68	3.74	4.19	5.20	7.00		
38	2.71	3.78	4.25	5.26	7.02		
39	2.75	3.83	4.29	5.32	7.04		
40	2.78	3.86	4.34	5.36	7.05		
41	2.81	3.90	4.37	5.38	7.04		
42	2.83	3.92	4.40	5.39	7.01		
43	2.88	3.95	4.42	5.41	6.99		
44	2.91	3.98	4.44	5.41	6.93		
45	2.95	3.99	4.44	5.39	6.86		
46	2.97	4.00	4.41	5.36	6.77		
47	2.97	3.98	4.39	5.30	6.64		
48	2.97	3.94	4.33	5.22	6.48		
49	2.93	3.88	4.26	5.12	6.29		
50	2.89	3.80	4.17	4.99	6.07		
51	2.83	3.70	4.05	4.84	5.81		
52	2.75	3.59	3.91	4.66	5.54		
53	2.64	3.42	3.72	4.42	5.17		
54	2.51	3.23	3.51	4.16	4.80		
55	2.36	3.03	3.28	3.88	4.42		
56	2.22	2.82	3.04	3.60	4.03		
57	2.04	2.60	2.81	3.31	3.63		
58	1.89	2.41	2.59	3.05	3.31		
59	1.72	2.22	2.38	2.80	2.98		
60	1.58	2.02	2.17	2.55	2.68		
61	1.43	1.84	1.97	2.33	2.40		
62	1.29	1.66	1.79	2.10	2.14		
63	1.15	1.48	1.58	1.87	1.88		
64	1.02	1.32	1.41	1.66	1.65		
65	0.90	1.16	1.25	1.47	1.45		
66	0.80	1.03	1.12	1.31	1.27		
67	0.71	0.92	0.99	1.18	1.14		
68	0.65	0.85	0.92	1.09	1.03		
69	0.61	0.81	0.87	1.03	0.97		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.23	3.13	3.50	4.36	6.53		
26	2.27	3.19	3.58	4.45	6.65		
27	2.32	3.26	3.66	4.56	6.77		
28	2.38	3.34	3.75	4.67	6.88		
29	2.43	3.42	3.85	4.80	6.99		
30	2.49	3.51	3.93	4.91	7.09		
31	2.55	3.60	4.03	5.03	7.19		
32	2.61	3.68	4.13	5.15	7.28		
33	2.68	3.76	4.22	5.26	7.35		
34	2.74	3.84	4.30	5.36	7.42		
35	2.79	3.91	4.38	5.46	7.48		
36	2.84	3.98	4.46	5.54	7.52		
37	2.90	4.04	4.53	5.62	7.57		
38	2.93	4.09	4.59	5.69	7.59		
39	2.97	4.14	4.65	5.75	7.61		
40	3.01	4.18	4.69	5.79	7.62		
41	3.04	4.22	4.73	5.82	7.61		
42	3.06	4.23	4.76	5.83	7.59		
43	3.12	4.27	4.78	5.85	7.55		
44	3.15	4.30	4.80	5.85	7.50		
45	3.19	4.31	4.80	5.83	7.42		
46	3.20	4.32	4.77	5.79	7.31		
47	3.21	4.30	4.74	5.73	7.18		
48	3.20	4.26	4.68	5.64	7.00		
49	3.17	4.20	4.60	5.54	6.80		
50	3.12	4.11	4.51	5.39	6.56		
51	3.06	4.00	4.37	5.24	6.28		
52	2.97	3.88	4.22	5.03	5.98		
53	2.85	3.70	4.02	4.78	5.60		
54	2.71	3.49	3.79	4.50	5.19		
55	2.55	3.27	3.55	4.20	4.78		
56	2.39	3.05	3.29	3.89	4.36		
57	2.21	2.82	3.04	3.58	3.93		
58	2.04	2.60	2.80	3.30	3.57		
59	1.87	2.39	2.57	3.03	3.23		
60	1.71	2.18	2.35	2.76	2.90		
61	1.55	1.99	2.13	2.52	2.60		
62	1.40	1.80	1.93	2.27	2.31		
63	1.25	1.60	1.72	2.02	2.03		
64	1.10	1.43	1.52	1.80	1.79		
65	0.97	1.26	1.36	1.59	1.57		
66	0.86	1.12	1.21	1.42	1.37		
67	0.77	1.00	1.07	1.28	1.22		
68	0.70	0.92	0.99	1.18	1.12		
69	0.66	0.87	0.94	1.12	1.05		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.85	4.00	4.48	5.58			
26	2.91	4.09	4.59	5.72			
27	2.98	4.20	4.72	5.88			
28	3.07	4.32	4.84	6.04			
29	3.15	4.44	4.98	6.22			
30	3.24	4.57	5.12	6.40			
31	3.33	4.70	5.26	6.57			
32	3.42	4.83	5.41	6.76			
33	3.51	4.95	5.55	6.93			
34	3.60	5.07	5.69	7.10			
35	3.69	5.18	5.82	7.26			
36	3.77	5.30	5.94	7.40			
37	3.85	5.39	6.05	7.54			
38	3.92	5.48	6.15	7.65			
39	3.98	5.56	6.24	7.74			
40	4.04	5.61	6.31	7.81			
41	4.07	5.67	6.35	7.85			
42	4.10	5.69	6.39	7.87			
43	4.14	5.71	6.39	7.84			
44	4.18	5.71	6.36	7.79			
45	4.18	5.69	6.32	7.70			
46	4.18	5.63	6.24	7.58			
47	4.14	5.55	6.12	7.43			
48	4.07	5.42	5.97	7.22			
49	3.96	5.26	5.78	6.96			
50	3.85	5.07	5.55	6.67			
51	3.70	4.85	5.30	6.35			
52	3.53	4.61	5.02	5.99			
53	3.31	4.29	4.67	5.57			
54	3.08	3.97	4.31	5.12			
55	2.82	3.63	3.93	4.66			
56	2.57	3.29	3.56	4.20			
57	2.31	2.95	3.18	3.75			
58	2.05	2.61	2.81	3.31			
59	1.80	2.30	2.46	2.90			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.08	4.32	4.84	6.03			
26	3.15	4.43	4.96	6.19			
27	3.23	4.54	5.10	6.35			
28	3.32	4.67	5.24	6.53			
29	3.41	4.80	5.39	6.72			
30	3.50	4.94	5.54	6.92			
31	3.60	5.08	5.69	7.11			
32	3.70	5.22	5.85	7.30			
33	3.79	5.35	6.00	7.50			
34	3.89	5.48	6.15	7.67			
35	3.99	5.61	6.29	7.85			
36	4.07	5.73	6.42	8.00			
37	4.16	5.83	6.55	8.15			
38	4.23	5.93	6.65	8.26			
39	4.30	6.01	6.75	8.36			
40	4.36	6.07	6.82	8.44			
41	4.40	6.12	6.87	8.48			
42	4.44	6.15	6.91	8.50			
43	4.48	6.18	6.91	8.47			
44	4.51	6.18	6.88	8.42			
45	4.52	6.15	6.83	8.32			
46	4.51	6.09	6.74	8.19			
47	4.48	6.00	6.62	8.03			
48	4.40	5.86	6.45	7.80			
49	4.29	5.69	6.25	7.52			
50	4.15	5.48	6.00	7.21			
51	4.00	5.24	5.73	6.86			
52	3.81	4.98	5.42	6.48			
53	3.58	4.65	5.05	6.02			
54	3.33	4.29	4.66	5.54			
55	3.05	3.92	4.25	5.04			
56	2.78	3.56	3.85	4.54			
57	2.50	3.19	3.43	4.05			
58	2.22	2.82	3.04	3.58			
59	1.94	2.48	2.67	3.14			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.11	0.11	0.15	0.21	0.43	0.77
26	0.09	0.11	0.12	0.16	0.23	0.45	0.81
27	0.10	0.11	0.13	0.17	0.24	0.47	0.84
28	0.10	0.12	0.14	0.18	0.26	0.48	0.88
29	0.10	0.13	0.15	0.19	0.27	0.50	0.91
30	0.11	0.14	0.17	0.20	0.28	0.52	0.94
31	0.11	0.16	0.18	0.22	0.30	0.55	0.99
32	0.11	0.17	0.18	0.23	0.31	0.57	1.03
33	0.12	0.18	0.20	0.25	0.33	0.60	1.07
34	0.13	0.19	0.21	0.26	0.34	0.62	1.11
35	0.14	0.20	0.23	0.28	0.36	0.65	1.16
36	0.16	0.22	0.25	0.30	0.39	0.69	1.22
37	0.17	0.23	0.26	0.31	0.40	0.71	1.28
38	0.18	0.25	0.27	0.33	0.43	0.75	1.33
39	0.19	0.26	0.29	0.34	0.46	0.78	1.40
40	0.20	0.27	0.30	0.37	0.48	0.83	1.47
41	0.21	0.29	0.32	0.40	0.49	0.87	1.53
42	0.23	0.31	0.34	0.42	0.53	0.90	1.61
43	0.25	0.33	0.37	0.44	0.55	0.95	1.69
44	0.26	0.34	0.39	0.48	0.59	1.00	1.79
45	0.28	0.37	0.41	0.49	0.62	1.06	1.88
46	0.30	0.40	0.44	0.52	0.66	1.10	1.97
47	0.32	0.42	0.47	0.55	0.70	1.15	2.07
48	0.34	0.45	0.49	0.59	0.72	1.21	2.18
49	0.36	0.48	0.52	0.62	0.76	1.27	2.29
50	0.39	0.49	0.55	0.65	0.79	1.32	2.39
51	0.40	0.52	0.57	0.69	0.83	1.37	2.48
52	0.42	0.55	0.60	0.70	0.85	1.41	2.56
53	0.44	0.56	0.62	0.72	0.87	1.45	2.64
54	0.46	0.58	0.63	0.75	0.89	1.48	2.68
55	0.47	0.59	0.64	0.76	0.89	1.49	2.69
56	0.47	0.60	0.64	0.76	0.88	1.48	2.68
57	0.46	0.58	0.63	0.74	0.86	1.44	2.62
58	0.45	0.56	0.61	0.71	0.83	1.38	2.51
59	0.42	0.53	0.57	0.68	0.77	1.29	2.35
60	0.38	0.49	0.53	0.62	0.70	1.18	2.12
61	0.33	0.43	0.47	0.55	0.60	1.03	1.85
62	0.28	0.35	0.38	0.45	0.49	0.84	1.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.11	0.12	0.16	0.22	0.45	0.81
26	0.09	0.12	0.13	0.17	0.24	0.47	0.84
27	0.10	0.12	0.14	0.18	0.25	0.48	0.88
28	0.10	0.13	0.15	0.18	0.26	0.50	0.92
29	0.11	0.14	0.16	0.20	0.28	0.53	0.95
30	0.11	0.15	0.18	0.21	0.29	0.55	0.99
31	0.12	0.17	0.18	0.23	0.31	0.57	1.03
32	0.12	0.18	0.19	0.24	0.33	0.60	1.07
33	0.13	0.18	0.21	0.26	0.34	0.62	1.12
34	0.14	0.20	0.22	0.27	0.36	0.65	1.16
35	0.15	0.21	0.24	0.29	0.38	0.68	1.21
36	0.17	0.23	0.26	0.31	0.40	0.71	1.28
37	0.18	0.24	0.26	0.33	0.42	0.75	1.33
38	0.18	0.26	0.28	0.34	0.45	0.78	1.39
39	0.20	0.27	0.30	0.36	0.48	0.82	1.46
40	0.21	0.28	0.32	0.39	0.49	0.86	1.53
41	0.22	0.30	0.33	0.41	0.52	0.91	1.60
42	0.24	0.33	0.36	0.44	0.55	0.94	1.68
43	0.26	0.34	0.39	0.46	0.58	0.99	1.77
44	0.27	0.36	0.40	0.49	0.62	1.05	1.87
45	0.29	0.39	0.43	0.52	0.65	1.10	1.96
46	0.31	0.41	0.46	0.55	0.69	1.15	2.06
47	0.33	0.44	0.48	0.58	0.72	1.21	2.16
48	0.36	0.47	0.51	0.62	0.76	1.27	2.28
49	0.38	0.49	0.55	0.65	0.79	1.32	2.39
50	0.40	0.52	0.57	0.68	0.83	1.38	2.50
51	0.42	0.55	0.60	0.71	0.86	1.43	2.60
52	0.44	0.57	0.62	0.74	0.89	1.47	2.68
53	0.46	0.59	0.64	0.76	0.91	1.51	2.75
54	0.48	0.61	0.66	0.78	0.92	1.54	2.80
55	0.48	0.62	0.67	0.79	0.92	1.55	2.82
56	0.48	0.62	0.67	0.79	0.92	1.54	2.79
57	0.48	0.61	0.66	0.77	0.90	1.50	2.74
58	0.47	0.59	0.63	0.75	0.86	1.44	2.62
59	0.44	0.55	0.60	0.70	0.80	1.36	2.46
60	0.40	0.51	0.55	0.65	0.73	1.23	2.22
61	0.35	0.45	0.48	0.57	0.62	1.07	1.93
62	0.29	0.37	0.40	0.47	0.51	0.88	1.56

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.69	0.96	1.07	1.34	2.00	4.03	7.33
26	0.70	0.99	1.11	1.37	2.05	4.09	7.43
27	0.72	1.01	1.14	1.41	2.09	4.15	7.51
28	0.74	1.04	1.17	1.45	2.15	4.20	7.59
29	0.77	1.07	1.21	1.50	2.19	4.23	7.63
30	0.78	1.11	1.24	1.54	2.24	4.28	7.67
31	0.81	1.14	1.28	1.59	2.28	4.29	7.71
32	0.84	1.17	1.31	1.64	2.31	4.32	7.73
33	0.86	1.21	1.35	1.67	2.34	4.33	7.73
34	0.87	1.23	1.38	1.72	2.38	4.35	7.73
35	0.90	1.26	1.41	1.75	2.40	4.35	7.72
36	0.92	1.28	1.43	1.79	2.43	4.34	7.69
37	0.93	1.30	1.46	1.81	2.45	4.32	7.66
38	0.95	1.32	1.48	1.83	2.46	4.30	7.62
39	0.96	1.34	1.50	1.85	2.46	4.29	7.58
40	0.98	1.35	1.51	1.87	2.46	4.25	7.52
41	0.99	1.36	1.52	1.87	2.46	4.21	7.44
42	0.99	1.36	1.52	1.87	2.45	4.16	7.37
43	0.99	1.37	1.52	1.87	2.44	4.11	7.28
44	1.00	1.37	1.52	1.87	2.41	4.03	7.17
45	1.00	1.37	1.52	1.85	2.38	3.96	7.05
46	1.00	1.36	1.50	1.82	2.33	3.87	6.90
47	1.00	1.34	1.48	1.79	2.28	3.77	6.71
48	0.99	1.31	1.44	1.74	2.20	3.63	6.49
49	0.97	1.28	1.40	1.68	2.11	3.48	6.25
50	0.93	1.23	1.35	1.62	2.02	3.32	5.97
51	0.90	1.18	1.28	1.53	1.91	3.13	5.65
52	0.86	1.12	1.22	1.45	1.79	2.94	5.31
53	0.80	1.04	1.13	1.35	1.64	2.70	4.88
54	0.74	0.96	1.04	1.23	1.48	2.45	4.44
55	0.68	0.86	0.94	1.12	1.32	2.19	3.99
56	0.61	0.78	0.84	0.99	1.17	1.94	3.53
57	0.55	0.70	0.74	0.87	1.01	1.70	3.10
58	0.47	0.60	0.65	0.77	0.88	1.48	2.68
59	0.41	0.53	0.56	0.67	0.76	1.27	2.31
60	0.35	0.46	0.48	0.58	0.64	1.09	1.96
61	0.31	0.40	0.42	0.50	0.55	0.94	1.68
62	0.27	0.34	0.37	0.44	0.48	0.83	1.46
63	0.26	0.33	0.35	0.41	0.46	0.77	1.38
64	0.26	0.33	0.35	0.41	0.45	0.77	1.36

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.73	1.02	1.14	1.43	2.13	4.30	7.82
26	0.75	1.05	1.18	1.46	2.18	4.36	7.92
27	0.77	1.08	1.21	1.50	2.24	4.43	8.01
28	0.79	1.11	1.25	1.55	2.29	4.48	8.09
29	0.82	1.14	1.28	1.60	2.34	4.51	8.14
30	0.84	1.18	1.32	1.65	2.38	4.56	8.18
31	0.86	1.21	1.36	1.70	2.43	4.58	8.22
32	0.89	1.25	1.40	1.74	2.46	4.61	8.24
33	0.92	1.28	1.43	1.79	2.50	4.62	8.25
34	0.93	1.31	1.47	1.83	2.53	4.64	8.25
35	0.96	1.34	1.50	1.87	2.56	4.64	8.23
36	0.98	1.36	1.53	1.90	2.59	4.63	8.20
37	0.99	1.39	1.56	1.94	2.60	4.61	8.18
38	1.01	1.41	1.58	1.95	2.62	4.59	8.13
39	1.02	1.43	1.60	1.97	2.63	4.57	8.08
40	1.04	1.43	1.61	1.99	2.63	4.53	8.02
41	1.05	1.44	1.63	2.00	2.63	4.49	7.94
42	1.05	1.45	1.63	2.00	2.61	4.44	7.86
43	1.06	1.46	1.63	2.00	2.60	4.38	7.76
44	1.07	1.46	1.63	1.99	2.57	4.30	7.65
45	1.07	1.46	1.62	1.97	2.53	4.22	7.52
46	1.07	1.44	1.60	1.94	2.49	4.13	7.36
47	1.07	1.43	1.58	1.90	2.43	4.01	7.16
48	1.05	1.40	1.54	1.86	2.35	3.87	6.93
49	1.03	1.36	1.50	1.80	2.25	3.71	6.66
50	0.99	1.31	1.43	1.72	2.15	3.54	6.36
51	0.96	1.26	1.37	1.64	2.03	3.34	6.03
52	0.92	1.19	1.30	1.55	1.90	3.13	5.66
53	0.85	1.11	1.21	1.43	1.74	2.88	5.21
54	0.79	1.02	1.11	1.31	1.58	2.61	4.74
55	0.72	0.92	1.00	1.19	1.41	2.34	4.25
56	0.65	0.84	0.90	1.06	1.25	2.08	3.77
57	0.58	0.74	0.79	0.93	1.08	1.81	3.30
58	0.50	0.64	0.70	0.82	0.94	1.58	2.86
59	0.44	0.56	0.60	0.71	0.81	1.36	2.46
60	0.38	0.48	0.52	0.62	0.69	1.16	2.09
61	0.33	0.42	0.45	0.54	0.59	1.00	1.80
62	0.29	0.37	0.40	0.47	0.51	0.88	1.56
63	0.27	0.35	0.38	0.44	0.48	0.83	1.47
64	0.27	0.35	0.38	0.44	0.48	0.82	1.45

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.73	1.03	1.15	1.43	2.15	4.30	7.81
26	0.76	1.06	1.20	1.49	2.20	4.38	7.94
27	0.78	1.10	1.23	1.53	2.26	4.45	8.05
28	0.81	1.14	1.27	1.58	2.31	4.52	8.15
29	0.84	1.17	1.32	1.65	2.38	4.58	8.25
30	0.86	1.21	1.36	1.69	2.44	4.64	8.32
31	0.89	1.26	1.40	1.75	2.49	4.68	8.39
32	0.92	1.28	1.45	1.80	2.54	4.72	8.43
33	0.95	1.33	1.50	1.86	2.59	4.76	8.48
34	0.98	1.37	1.53	1.91	2.63	4.79	8.52
35	1.00	1.40	1.58	1.95	2.68	4.82	8.54
36	1.03	1.43	1.61	2.00	2.71	4.83	8.55
37	1.06	1.47	1.65	2.05	2.75	4.84	8.56
38	1.07	1.50	1.68	2.08	2.77	4.85	8.58
39	1.10	1.52	1.71	2.11	2.80	4.85	8.57
40	1.12	1.55	1.74	2.15	2.82	4.84	8.56
41	1.13	1.57	1.77	2.17	2.83	4.83	8.54
42	1.14	1.58	1.79	2.18	2.84	4.81	8.52
43	1.17	1.61	1.80	2.19	2.84	4.80	8.48
44	1.20	1.63	1.80	2.20	2.84	4.75	8.43
45	1.21	1.64	1.81	2.20	2.83	4.70	8.37
46	1.22	1.65	1.81	2.19	2.81	4.65	8.27
47	1.23	1.64	1.80	2.18	2.76	4.56	8.15
48	1.22	1.63	1.79	2.15	2.71	4.46	7.99
49	1.21	1.60	1.76	2.10	2.64	4.34	7.79
50	1.19	1.57	1.72	2.05	2.55	4.20	7.55
51	1.16	1.52	1.66	1.99	2.45	4.03	7.27
52	1.13	1.47	1.60	1.91	2.33	3.84	6.93
53	1.07	1.39	1.52	1.80	2.18	3.60	6.51
54	1.01	1.30	1.42	1.68	2.02	3.34	6.04
55	0.95	1.21	1.32	1.56	1.85	3.06	5.55
56	0.87	1.12	1.21	1.43	1.67	2.78	5.04
57	0.80	1.01	1.10	1.29	1.50	2.49	4.53
58	0.72	0.92	0.99	1.15	1.32	2.22	4.03
59	0.63	0.82	0.87	1.03	1.15	1.95	3.54
60	0.56	0.72	0.77	0.91	1.00	1.71	3.09
61	0.48	0.62	0.68	0.80	0.87	1.50	2.68
62	0.43	0.55	0.60	0.70	0.76	1.30	2.31
63	0.38	0.48	0.52	0.61	0.67	1.14	2.02
64	0.33	0.43	0.47	0.55	0.61	1.03	1.79
65	0.32	0.40	0.42	0.49	0.59	0.98	1.65
66	0.29	0.37	0.40	0.48	0.60	0.97	1.61

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.78	1.10	1.23	1.53	2.29	4.59	8.33
26	0.81	1.14	1.28	1.58	2.35	4.67	8.47
27	0.84	1.17	1.31	1.64	2.41	4.75	8.59
28	0.86	1.21	1.36	1.69	2.47	4.82	8.69
29	0.89	1.25	1.41	1.75	2.53	4.88	8.79
30	0.92	1.29	1.45	1.80	2.60	4.95	8.87
31	0.95	1.34	1.50	1.87	2.66	4.99	8.94
32	0.99	1.37	1.55	1.92	2.71	5.03	8.99
33	1.01	1.42	1.59	1.98	2.76	5.08	9.05
34	1.04	1.46	1.64	2.03	2.81	5.10	9.08
35	1.07	1.50	1.68	2.09	2.85	5.14	9.11
36	1.10	1.53	1.72	2.13	2.90	5.16	9.13
37	1.13	1.57	1.76	2.18	2.93	5.17	9.13
38	1.14	1.60	1.80	2.22	2.96	5.17	9.15
39	1.17	1.63	1.82	2.25	2.98	5.17	9.14
40	1.19	1.65	1.86	2.29	3.00	5.17	9.13
41	1.21	1.67	1.88	2.31	3.02	5.16	9.12
42	1.22	1.69	1.90	2.33	3.03	5.13	9.08
43	1.25	1.72	1.92	2.34	3.03	5.11	9.05
44	1.28	1.73	1.93	2.35	3.03	5.07	8.99
45	1.28	1.74	1.94	2.35	3.02	5.02	8.92
46	1.30	1.75	1.94	2.34	2.99	4.95	8.83
47	1.31	1.74	1.93	2.32	2.95	4.87	8.69
48	1.30	1.73	1.90	2.29	2.90	4.76	8.52
49	1.28	1.71	1.87	2.24	2.82	4.63	8.31
50	1.27	1.67	1.83	2.19	2.72	4.48	8.05
51	1.24	1.63	1.78	2.12	2.61	4.29	7.75
52	1.21	1.57	1.71	2.03	2.49	4.09	7.40
53	1.14	1.49	1.62	1.92	2.32	3.84	6.94
54	1.08	1.39	1.51	1.80	2.16	3.56	6.44
55	1.01	1.29	1.41	1.66	1.97	3.26	5.92
56	0.93	1.19	1.28	1.52	1.79	2.97	5.38
57	0.85	1.08	1.17	1.38	1.59	2.66	4.83
58	0.77	0.98	1.05	1.23	1.41	2.37	4.29
59	0.68	0.87	0.93	1.10	1.23	2.09	3.78
60	0.60	0.77	0.82	0.97	1.07	1.82	3.29
61	0.52	0.67	0.72	0.85	0.93	1.59	2.85
62	0.46	0.59	0.63	0.74	0.81	1.39	2.46
63	0.40	0.52	0.55	0.65	0.71	1.22	2.15
64	0.36	0.46	0.49	0.58	0.65	1.10	1.91
65	0.33	0.42	0.45	0.53	0.62	1.04	1.76
66	0.31	0.40	0.42	0.51	0.63	1.03	1.72

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.81	1.13	1.26	1.58	2.33		
26	0.84	1.17	1.31	1.63	2.41		
27	0.86	1.21	1.36	1.69	2.47		
28	0.89	1.26	1.40	1.75	2.55		
29	0.92	1.30	1.46	1.81	2.62		
30	0.97	1.36	1.51	1.88	2.69		
31	0.99	1.40	1.57	1.94	2.76		
32	1.03	1.45	1.63	2.02	2.83		
33	1.07	1.50	1.67	2.09	2.90		
34	1.11	1.55	1.73	2.16	2.97		
35	1.14	1.59	1.79	2.22	3.02		
36	1.18	1.65	1.84	2.29	3.08		
37	1.21	1.68	1.89	2.34	3.13		
38	1.25	1.72	1.94	2.39	3.19		
39	1.28	1.77	1.99	2.45	3.24		
40	1.30	1.80	2.03	2.49	3.27		
41	1.34	1.84	2.07	2.54	3.31		
42	1.36	1.87	2.10	2.58	3.34		
43	1.40	1.92	2.15	2.61	3.37		
44	1.43	1.94	2.17	2.65	3.38		
45	1.46	1.98	2.19	2.68	3.38		
46	1.50	2.01	2.22	2.68	3.37		
47	1.51	2.02	2.23	2.69	3.36		
48	1.52	2.02	2.23	2.68	3.32		
49	1.52	2.02	2.22	2.67	3.26		
50	1.52	2.01	2.19	2.62	3.19		
51	1.51	1.98	2.16	2.58	3.09		
52	1.49	1.94	2.11	2.52	2.97		
53	1.44	1.87	2.03	2.42	2.82		
54	1.39	1.79	1.94	2.31	2.65		
55	1.33	1.70	1.84	2.18	2.46		
56	1.26	1.60	1.73	2.05	2.29		
57	1.18	1.50	1.62	1.91	2.09		
58	1.10	1.40	1.50	1.78	1.92		
59	1.01	1.29	1.39	1.65	1.75		
60	0.93	1.19	1.28	1.51	1.58		
61	0.85	1.09	1.17	1.38	1.43		
62	0.77	0.99	1.06	1.26	1.28		
63	0.69	0.88	0.95	1.13	1.13		
64	0.61	0.79	0.85	0.99	0.99		
65	0.54	0.70	0.75	0.88	0.86		
66	0.48	0.62	0.67	0.79	0.77		
67	0.43	0.56	0.60	0.71	0.69		
68	0.39	0.51	0.55	0.65	0.62		
69	0.37	0.48	0.52	0.62	0.59		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.86	1.21	1.35	1.68	2.49		
26	0.89	1.25	1.40	1.73	2.57		
27	0.92	1.29	1.44	1.80	2.64		
28	0.95	1.34	1.50	1.87	2.72		
29	0.99	1.39	1.56	1.94	2.80		
30	1.03	1.44	1.61	2.01	2.87		
31	1.06	1.50	1.67	2.08	2.95		
32	1.10	1.55	1.73	2.16	3.02		
33	1.14	1.60	1.79	2.23	3.09		
34	1.18	1.65	1.85	2.30	3.16		
35	1.21	1.70	1.91	2.37	3.22		
36	1.26	1.75	1.96	2.44	3.28		
37	1.28	1.80	2.02	2.50	3.34		
38	1.33	1.84	2.07	2.55	3.40		
39	1.36	1.88	2.12	2.61	3.45		
40	1.39	1.93	2.16	2.66	3.49		
41	1.43	1.96	2.21	2.71	3.53		
42	1.45	2.00	2.24	2.75	3.56		
43	1.50	2.04	2.29	2.79	3.59		
44	1.53	2.08	2.31	2.82	3.61		
45	1.56	2.11	2.34	2.85	3.61		
46	1.59	2.14	2.37	2.86	3.60		
47	1.61	2.16	2.38	2.87	3.58		
48	1.63	2.16	2.38	2.86	3.54		
49	1.63	2.16	2.37	2.84	3.48		
50	1.63	2.14	2.34	2.80	3.40		
51	1.61	2.11	2.31	2.75	3.29		
52	1.58	2.07	2.25	2.68	3.18		
53	1.54	2.00	2.16	2.58	3.01		
54	1.48	1.91	2.07	2.46	2.82		
55	1.42	1.81	1.96	2.32	2.63		
56	1.34	1.71	1.85	2.18	2.44		
57	1.26	1.60	1.72	2.03	2.24		
58	1.17	1.50	1.60	1.89	2.04		
59	1.08	1.38	1.49	1.75	1.87		
60	0.99	1.27	1.36	1.61	1.69		
61	0.91	1.16	1.25	1.47	1.52		
62	0.82	1.06	1.14	1.34	1.36		
63	0.73	0.94	1.01	1.20	1.21		
64	0.65	0.84	0.91	1.06	1.06		
65	0.57	0.75	0.80	0.94	0.92		
66	0.51	0.66	0.71	0.84	0.82		
67	0.46	0.60	0.64	0.76	0.73		
68	0.41	0.55	0.59	0.70	0.66		
69	0.40	0.52	0.55	0.66	0.62		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.33	1.86	2.08	2.58			
26	1.38	1.93	2.16	2.68			
27	1.43	2.01	2.24	2.79			
28	1.49	2.09	2.33	2.90			
29	1.54	2.17	2.44	3.03			
30	1.61	2.26	2.53	3.15			
31	1.67	2.35	2.63	3.28			
32	1.74	2.45	2.74	3.41			
33	1.80	2.54	2.84	3.54			
34	1.88	2.63	2.96	3.68			
35	1.94	2.73	3.06	3.81			
36	2.02	2.82	3.17	3.93			
37	2.09	2.91	3.27	4.06			
38	2.16	3.00	3.37	4.17			
39	2.22	3.09	3.48	4.29			
40	2.29	3.17	3.56	4.38			
41	2.34	3.24	3.63	4.48			
42	2.39	3.30	3.70	4.56			
43	2.45	3.37	3.77	4.61			
44	2.51	3.42	3.81	4.66			
45	2.56	3.47	3.85	4.68			
46	2.59	3.49	3.86	4.68			
47	2.61	3.49	3.85	4.66			
48	2.60	3.48	3.82	4.60			
49	2.59	3.42	3.77	4.52			
50	2.55	3.36	3.68	4.42			
51	2.50	3.27	3.57	4.28			
52	2.43	3.16	3.45	4.11			
53	2.31	3.01	3.27	3.90			
54	2.20	2.84	3.08	3.65			
55	2.06	2.65	2.86	3.40			
56	1.92	2.45	2.65	3.12			
57	1.77	2.24	2.42	2.85			
58	1.59	2.03	2.18	2.58			
59	1.43	1.82	1.96	2.31			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.42	1.98	2.22	2.75			
26	1.47	2.06	2.31	2.86			
27	1.52	2.14	2.39	2.97			
28	1.58	2.23	2.49	3.10			
29	1.65	2.31	2.60	3.23			
30	1.72	2.41	2.70	3.36			
31	1.79	2.51	2.81	3.50			
32	1.86	2.60	2.92	3.64			
33	1.93	2.71	3.04	3.78			
34	2.01	2.81	3.15	3.92			
35	2.08	2.91	3.26	4.07			
36	2.16	3.01	3.38	4.20			
37	2.23	3.11	3.49	4.33			
38	2.31	3.20	3.60	4.45			
39	2.37	3.29	3.70	4.57			
40	2.44	3.38	3.79	4.67			
41	2.50	3.46	3.88	4.78			
42	2.55	3.52	3.95	4.86			
43	2.61	3.59	4.02	4.92			
44	2.68	3.65	4.07	4.96			
45	2.73	3.70	4.10	4.99			
46	2.76	3.72	4.12	4.99			
47	2.79	3.72	4.11	4.97			
48	2.78	3.70	4.07	4.91			
49	2.76	3.65	4.01	4.82			
50	2.72	3.58	3.92	4.71			
51	2.67	3.49	3.81	4.56			
52	2.59	3.37	3.68	4.38			
53	2.47	3.21	3.49	4.15			
54	2.35	3.03	3.28	3.90			
55	2.20	2.82	3.05	3.63			
56	2.05	2.61	2.82	3.34			
57	1.88	2.39	2.58	3.04			
58	1.70	2.16	2.33	2.75			
59	1.52	1.94	2.09	2.46			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.13	0.14	0.18	0.26	0.51	0.92
26	0.10	0.14	0.16	0.19	0.26	0.54	0.97
27	0.11	0.15	0.17	0.20	0.28	0.55	1.00
28	0.11	0.16	0.18	0.22	0.30	0.58	1.05
29	0.11	0.17	0.18	0.23	0.32	0.60	1.09
30	0.12	0.18	0.20	0.25	0.33	0.62	1.14
31	0.14	0.19	0.21	0.26	0.35	0.66	1.18
32	0.14	0.20	0.23	0.27	0.37	0.69	1.23
33	0.16	0.22	0.25	0.29	0.40	0.72	1.28
34	0.17	0.23	0.26	0.31	0.42	0.75	1.34
35	0.18	0.25	0.26	0.33	0.43	0.78	1.40
36	0.19	0.26	0.28	0.35	0.46	0.82	1.46
37	0.20	0.26	0.31	0.37	0.48	0.86	1.52
38	0.22	0.29	0.33	0.40	0.51	0.90	1.59
39	0.23	0.31	0.34	0.42	0.55	0.94	1.67
40	0.25	0.33	0.37	0.44	0.57	0.99	1.76
41	0.26	0.34	0.40	0.47	0.60	1.04	1.84
42	0.27	0.37	0.42	0.50	0.63	1.09	1.93
43	0.29	0.40	0.44	0.53	0.67	1.14	2.03
44	0.32	0.42	0.47	0.56	0.71	1.20	2.14
45	0.33	0.44	0.49	0.59	0.75	1.26	2.25
46	0.36	0.47	0.53	0.62	0.78	1.31	2.36
47	0.39	0.50	0.55	0.66	0.82	1.38	2.47
48	0.41	0.54	0.59	0.70	0.87	1.44	2.60
49	0.43	0.57	0.62	0.75	0.92	1.51	2.74
50	0.46	0.59	0.65	0.77	0.94	1.58	2.86
51	0.48	0.62	0.69	0.81	0.99	1.64	2.97
52	0.50	0.65	0.71	0.84	1.01	1.69	3.06
53	0.53	0.68	0.74	0.87	1.04	1.73	3.14
54	0.55	0.70	0.76	0.89	1.06	1.76	3.19
55	0.55	0.70	0.76	0.90	1.06	1.76	3.21
56	0.55	0.70	0.76	0.90	1.05	1.75	3.18
57	0.55	0.70	0.75	0.89	1.02	1.71	3.10
58	0.53	0.67	0.72	0.85	0.97	1.64	2.97
59	0.49	0.63	0.68	0.80	0.92	1.53	2.77
60	0.45	0.58	0.62	0.74	0.82	1.39	2.51
61	0.40	0.51	0.55	0.64	0.71	1.21	2.17
62	0.32	0.42	0.44	0.53	0.57	0.98	1.74

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.14	0.15	0.18	0.27	0.54	0.98
26	0.11	0.15	0.17	0.20	0.28	0.56	1.02
27	0.11	0.16	0.18	0.21	0.30	0.58	1.06
28	0.12	0.17	0.18	0.23	0.32	0.61	1.10
29	0.12	0.18	0.19	0.24	0.33	0.63	1.14
30	0.13	0.18	0.21	0.26	0.35	0.66	1.20
31	0.15	0.20	0.22	0.27	0.37	0.70	1.24
32	0.15	0.21	0.24	0.29	0.39	0.72	1.29
33	0.17	0.23	0.26	0.31	0.41	0.76	1.35
34	0.18	0.24	0.26	0.33	0.44	0.78	1.41
35	0.18	0.26	0.28	0.34	0.46	0.83	1.47
36	0.20	0.27	0.30	0.37	0.48	0.86	1.54
37	0.21	0.28	0.33	0.39	0.51	0.91	1.60
38	0.23	0.31	0.34	0.41	0.54	0.94	1.68
39	0.24	0.33	0.36	0.44	0.57	0.99	1.76
40	0.26	0.34	0.39	0.47	0.60	1.04	1.85
41	0.27	0.36	0.41	0.49	0.63	1.09	1.94
42	0.29	0.39	0.44	0.53	0.67	1.14	2.03
43	0.31	0.41	0.47	0.55	0.70	1.20	2.14
44	0.33	0.44	0.49	0.59	0.75	1.26	2.25
45	0.35	0.47	0.52	0.62	0.78	1.32	2.37
46	0.38	0.49	0.55	0.66	0.83	1.38	2.48
47	0.40	0.53	0.58	0.70	0.86	1.45	2.60
48	0.43	0.56	0.62	0.74	0.92	1.52	2.75
49	0.46	0.60	0.65	0.78	0.96	1.59	2.88
50	0.48	0.62	0.69	0.82	0.99	1.66	3.01
51	0.51	0.66	0.72	0.85	1.04	1.72	3.12
52	0.53	0.69	0.75	0.89	1.06	1.78	3.22
53	0.55	0.71	0.77	0.92	1.09	1.82	3.31
54	0.57	0.73	0.79	0.93	1.11	1.85	3.36
55	0.58	0.74	0.80	0.94	1.11	1.86	3.38
56	0.58	0.74	0.80	0.94	1.10	1.84	3.34
57	0.57	0.73	0.78	0.93	1.07	1.80	3.26
58	0.55	0.70	0.76	0.90	1.02	1.72	3.13
59	0.52	0.67	0.71	0.84	0.96	1.61	2.92
60	0.48	0.61	0.65	0.77	0.86	1.46	2.64
61	0.41	0.54	0.57	0.68	0.75	1.27	2.29
62	0.33	0.44	0.47	0.55	0.60	1.03	1.83

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.03	1.46	1.63	2.02	3.04	6.19	11.25
26	1.06	1.48	1.66	2.07	3.10	6.23	11.32
27	1.07	1.51	1.69	2.12	3.15	6.27	11.34
28	1.10	1.55	1.73	2.16	3.20	6.28	11.36
29	1.13	1.58	1.78	2.21	3.24	6.29	11.35
30	1.14	1.61	1.80	2.26	3.28	6.29	11.33
31	1.17	1.65	1.85	2.31	3.31	6.29	11.27
32	1.20	1.68	1.89	2.35	3.34	6.27	11.21
33	1.21	1.71	1.92	2.39	3.37	6.24	11.13
34	1.24	1.74	1.95	2.44	3.39	6.20	11.04
35	1.26	1.77	1.98	2.46	3.40	6.15	10.93
36	1.28	1.79	2.01	2.49	3.41	6.10	10.81
37	1.28	1.80	2.02	2.52	3.41	6.03	10.67
38	1.30	1.81	2.04	2.53	3.40	5.96	10.54
39	1.31	1.82	2.05	2.53	3.38	5.88	10.39
40	1.32	1.82	2.05	2.53	3.35	5.79	10.23
41	1.32	1.82	2.05	2.53	3.32	5.69	10.05
42	1.31	1.82	2.04	2.51	3.29	5.58	9.86
43	1.32	1.81	2.02	2.48	3.24	5.46	9.67
44	1.32	1.80	2.01	2.46	3.19	5.33	9.45
45	1.32	1.79	1.99	2.42	3.11	5.18	9.21
46	1.31	1.76	1.94	2.36	3.03	5.02	8.96
47	1.28	1.72	1.90	2.31	2.94	4.85	8.65
48	1.26	1.68	1.84	2.23	2.82	4.64	8.31
49	1.22	1.62	1.78	2.13	2.68	4.42	7.93
50	1.17	1.55	1.69	2.03	2.54	4.18	7.52
51	1.13	1.47	1.60	1.92	2.38	3.92	7.07
52	1.06	1.38	1.50	1.80	2.22	3.63	6.58
53	0.99	1.28	1.39	1.65	2.01	3.31	6.02
54	0.91	1.16	1.26	1.50	1.80	2.98	5.42
55	0.82	1.05	1.14	1.35	1.60	2.66	4.83
56	0.73	0.93	1.01	1.19	1.41	2.33	4.24
57	0.64	0.82	0.89	1.04	1.21	2.02	3.68
58	0.56	0.71	0.77	0.92	1.04	1.75	3.18
59	0.48	0.62	0.67	0.78	0.89	1.50	2.71
60	0.41	0.53	0.57	0.68	0.75	1.28	2.31
61	0.36	0.46	0.49	0.58	0.64	1.09	1.96
62	0.31	0.40	0.43	0.51	0.55	0.95	1.69
63	0.29	0.38	0.40	0.48	0.53	0.90	1.60
64	0.29	0.38	0.40	0.48	0.52	0.89	1.58

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.12	1.58	1.76	2.19	3.29	6.69	12.16
26	1.14	1.60	1.80	2.24	3.35	6.73	12.23
27	1.16	1.64	1.83	2.29	3.41	6.78	12.27
28	1.19	1.67	1.87	2.33	3.46	6.79	12.28
29	1.21	1.71	1.92	2.38	3.50	6.80	12.28
30	1.24	1.74	1.95	2.45	3.55	6.80	12.24
31	1.27	1.79	2.00	2.49	3.58	6.80	12.19
32	1.29	1.82	2.04	2.54	3.62	6.78	12.12
33	1.31	1.85	2.08	2.59	3.64	6.75	12.04
34	1.34	1.88	2.11	2.63	3.66	6.71	11.93
35	1.36	1.91	2.14	2.67	3.67	6.65	11.82
36	1.38	1.93	2.16	2.69	3.68	6.59	11.69
37	1.39	1.95	2.19	2.72	3.68	6.52	11.54
38	1.41	1.96	2.21	2.74	3.67	6.44	11.40
39	1.42	1.97	2.22	2.74	3.65	6.35	11.24
40	1.43	1.97	2.22	2.74	3.63	6.26	11.06
41	1.43	1.97	2.22	2.73	3.59	6.15	10.87
42	1.42	1.97	2.21	2.71	3.56	6.03	10.67
43	1.43	1.96	2.19	2.68	3.50	5.90	10.45
44	1.43	1.94	2.17	2.66	3.44	5.76	10.22
45	1.43	1.93	2.15	2.61	3.36	5.61	9.96
46	1.42	1.90	2.10	2.55	3.27	5.43	9.68
47	1.39	1.87	2.06	2.49	3.18	5.24	9.35
48	1.36	1.81	1.99	2.40	3.04	5.02	8.98
49	1.32	1.75	1.92	2.31	2.90	4.78	8.57
50	1.27	1.67	1.83	2.20	2.75	4.51	8.12
51	1.21	1.59	1.73	2.08	2.58	4.23	7.64
52	1.15	1.50	1.63	1.94	2.39	3.93	7.12
53	1.06	1.38	1.50	1.79	2.17	3.58	6.50
54	0.98	1.26	1.36	1.62	1.95	3.23	5.86
55	0.89	1.14	1.23	1.45	1.73	2.87	5.22
56	0.79	1.01	1.09	1.28	1.52	2.53	4.58
57	0.70	0.89	0.96	1.13	1.31	2.19	3.98
58	0.61	0.77	0.84	0.99	1.13	1.89	3.43
59	0.52	0.67	0.72	0.84	0.96	1.62	2.93
60	0.45	0.57	0.62	0.73	0.81	1.38	2.49
61	0.39	0.49	0.54	0.62	0.70	1.18	2.12
62	0.33	0.44	0.47	0.55	0.60	1.03	1.83
63	0.32	0.41	0.44	0.52	0.57	0.97	1.73
64	0.32	0.41	0.44	0.52	0.56	0.96	1.71

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.14	1.58	1.78	2.21	3.31	6.68	12.13
26	1.15	1.62	1.81	2.25	3.37	6.75	12.22
27	1.18	1.65	1.86	2.31	3.43	6.79	12.30
28	1.21	1.70	1.90	2.38	3.50	6.85	12.36
29	1.24	1.74	1.95	2.44	3.56	6.88	12.38
30	1.27	1.79	2.01	2.50	3.62	6.90	12.40
31	1.30	1.83	2.05	2.55	3.66	6.92	12.39
32	1.34	1.87	2.10	2.62	3.71	6.93	12.36
33	1.36	1.91	2.15	2.68	3.75	6.92	12.32
34	1.39	1.95	2.19	2.73	3.78	6.90	12.28
35	1.43	2.00	2.24	2.77	3.82	6.88	12.21
36	1.45	2.02	2.27	2.82	3.85	6.86	12.14
37	1.47	2.05	2.31	2.87	3.85	6.81	12.05
38	1.49	2.09	2.33	2.89	3.86	6.78	11.97
39	1.50	2.10	2.36	2.91	3.87	6.71	11.87
40	1.53	2.12	2.38	2.93	3.86	6.66	11.76
41	1.54	2.13	2.39	2.95	3.85	6.58	11.63
42	1.55	2.13	2.40	2.95	3.84	6.50	11.50
43	1.57	2.15	2.40	2.95	3.81	6.42	11.37
44	1.58	2.16	2.40	2.93	3.78	6.33	11.22
45	1.58	2.15	2.39	2.90	3.73	6.21	11.04
46	1.59	2.14	2.37	2.88	3.67	6.08	10.82
47	1.58	2.12	2.33	2.83	3.60	5.92	10.59
48	1.58	2.09	2.30	2.77	3.49	5.76	10.29
49	1.54	2.04	2.24	2.69	3.38	5.55	9.94
50	1.50	1.99	2.17	2.60	3.24	5.32	9.57
51	1.47	1.91	2.09	2.50	3.09	5.07	9.13
52	1.41	1.83	2.00	2.38	2.91	4.79	8.65
53	1.33	1.72	1.87	2.23	2.70	4.45	8.05
54	1.25	1.60	1.74	2.07	2.48	4.09	7.42
55	1.15	1.48	1.60	1.90	2.24	3.72	6.76
56	1.06	1.36	1.46	1.72	2.02	3.34	6.08
57	0.95	1.21	1.31	1.55	1.80	2.98	5.42
58	0.84	1.08	1.16	1.37	1.58	2.63	4.78
59	0.75	0.96	1.03	1.21	1.36	2.30	4.17
60	0.65	0.84	0.91	1.06	1.18	2.00	3.61
61	0.57	0.73	0.79	0.92	1.02	1.73	3.11
62	0.49	0.64	0.69	0.82	0.89	1.51	2.69
63	0.44	0.57	0.61	0.71	0.79	1.35	2.37
64	0.40	0.51	0.55	0.65	0.73	1.25	2.16
65	0.38	0.49	0.52	0.62	0.72	1.21	2.06
66	0.38	0.48	0.52	0.62	0.77	1.25	2.10

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.22	1.71	1.92	2.38	3.57	7.22	13.11
26	1.25	1.75	1.96	2.44	3.64	7.30	13.22
27	1.28	1.79	2.01	2.50	3.71	7.35	13.30
28	1.30	1.84	2.06	2.57	3.78	7.40	13.36
29	1.34	1.88	2.11	2.63	3.85	7.44	13.38
30	1.37	1.93	2.16	2.70	3.91	7.46	13.40
31	1.41	1.98	2.22	2.76	3.96	7.48	13.39
32	1.44	2.02	2.27	2.83	4.01	7.49	13.37
33	1.47	2.07	2.32	2.90	4.06	7.48	13.32
34	1.50	2.11	2.37	2.95	4.09	7.46	13.27
35	1.54	2.16	2.42	3.00	4.13	7.44	13.20
36	1.57	2.19	2.46	3.05	4.15	7.41	13.12
37	1.59	2.22	2.49	3.10	4.17	7.37	13.02
38	1.61	2.25	2.53	3.12	4.18	7.32	12.94
39	1.63	2.27	2.55	3.15	4.19	7.26	12.83
40	1.65	2.29	2.57	3.17	4.18	7.20	12.71
41	1.66	2.31	2.59	3.19	4.17	7.12	12.58
42	1.67	2.31	2.60	3.19	4.14	7.03	12.43
43	1.69	2.32	2.60	3.19	4.12	6.94	12.29
44	1.71	2.33	2.60	3.17	4.08	6.84	12.13
45	1.72	2.32	2.59	3.14	4.03	6.71	11.93
46	1.72	2.31	2.56	3.11	3.97	6.57	11.70
47	1.72	2.30	2.53	3.06	3.89	6.41	11.44
48	1.70	2.26	2.48	2.99	3.78	6.22	11.12
49	1.66	2.21	2.42	2.91	3.65	6.00	10.75
50	1.63	2.15	2.35	2.82	3.50	5.76	10.34
51	1.58	2.07	2.26	2.70	3.34	5.48	9.87
52	1.52	1.98	2.16	2.57	3.15	5.17	9.35
53	1.43	1.87	2.02	2.40	2.92	4.81	8.70
54	1.35	1.73	1.88	2.24	2.68	4.43	8.02
55	1.25	1.60	1.73	2.05	2.43	4.02	7.30
56	1.14	1.46	1.58	1.86	2.18	3.62	6.57
57	1.03	1.31	1.42	1.67	1.94	3.23	5.86
58	0.92	1.17	1.26	1.49	1.70	2.84	5.17
59	0.81	1.04	1.11	1.31	1.47	2.48	4.51
60	0.70	0.91	0.98	1.15	1.28	2.16	3.90
61	0.62	0.79	0.85	1.00	1.10	1.87	3.36
62	0.54	0.70	0.74	0.88	0.96	1.64	2.91
63	0.48	0.62	0.66	0.77	0.85	1.45	2.56
64	0.44	0.55	0.60	0.70	0.79	1.35	2.33
65	0.41	0.53	0.56	0.67	0.78	1.31	2.23
66	0.41	0.52	0.56	0.67	0.84	1.36	2.27

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.25	1.75	1.96	2.44	3.63		
26	1.28	1.80	2.01	2.51	3.73		
27	1.31	1.85	2.07	2.57	3.81		
28	1.36	1.90	2.12	2.65	3.88		
29	1.38	1.95	2.19	2.73	3.96		
30	1.43	2.01	2.25	2.81	4.04		
31	1.47	2.07	2.32	2.89	4.11		
32	1.50	2.12	2.38	2.97	4.18		
33	1.55	2.18	2.45	3.04	4.24		
34	1.58	2.23	2.51	3.12	4.29		
35	1.63	2.29	2.55	3.19	4.36		
36	1.67	2.33	2.61	3.25	4.40		
37	1.70	2.38	2.67	3.31	4.44		
38	1.73	2.42	2.72	3.36	4.48		
39	1.77	2.46	2.76	3.41	4.51		
40	1.80	2.49	2.80	3.44	4.53		
41	1.82	2.52	2.82	3.48	4.54		
42	1.84	2.54	2.86	3.50	4.55		
43	1.88	2.57	2.88	3.53	4.54		
44	1.91	2.60	2.90	3.54	4.53		
45	1.94	2.62	2.91	3.54	4.51		
46	1.95	2.63	2.91	3.53	4.45		
47	1.97	2.63	2.90	3.51	4.39		
48	1.97	2.62	2.88	3.47	4.29		
49	1.95	2.59	2.84	3.41	4.19		
50	1.94	2.55	2.79	3.34	4.07		
51	1.90	2.49	2.73	3.26	3.91		
52	1.87	2.42	2.64	3.14	3.73		
53	1.80	2.31	2.52	2.99	3.51		
54	1.70	2.20	2.38	2.82	3.26		
55	1.61	2.07	2.24	2.66	3.02		
56	1.51	1.94	2.09	2.46	2.76		
57	1.41	1.80	1.93	2.28	2.51		
58	1.30	1.66	1.80	2.11	2.29		
59	1.20	1.53	1.65	1.94	2.07		
60	1.09	1.40	1.50	1.78	1.87		
61	0.99	1.28	1.37	1.61	1.67		
62	0.91	1.15	1.24	1.46	1.49		
63	0.81	1.03	1.11	1.31	1.31		
64	0.70	0.92	0.99	1.16	1.14		
65	0.62	0.82	0.87	1.03	1.01		
66	0.55	0.72	0.77	0.92	0.89		
67	0.49	0.65	0.70	0.82	0.79		
68	0.46	0.60	0.64	0.76	0.72		
69	0.43	0.56	0.60	0.72	0.68		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.35	1.89	2.12	2.63	3.93		
26	1.38	1.94	2.17	2.71	4.03		
27	1.42	2.00	2.24	2.78	4.12		
28	1.46	2.05	2.30	2.86	4.20		
29	1.50	2.11	2.37	2.95	4.29		
30	1.54	2.17	2.44	3.04	4.36		
31	1.58	2.24	2.51	3.12	4.44		
32	1.63	2.30	2.58	3.21	4.51		
33	1.67	2.36	2.64	3.29	4.58		
34	1.72	2.41	2.71	3.37	4.65		
35	1.76	2.47	2.76	3.44	4.71		
36	1.80	2.53	2.82	3.51	4.76		
37	1.84	2.57	2.89	3.57	4.80		
38	1.87	2.61	2.94	3.63	4.84		
39	1.91	2.66	2.98	3.69	4.88		
40	1.94	2.69	3.03	3.72	4.90		
41	1.97	2.72	3.05	3.76	4.91		
42	1.99	2.75	3.09	3.78	4.92		
43	2.03	2.78	3.12	3.81	4.91		
44	2.07	2.82	3.13	3.83	4.90		
45	2.09	2.83	3.15	3.83	4.87		
46	2.11	2.84	3.15	3.82	4.81		
47	2.13	2.84	3.13	3.79	4.74		
48	2.13	2.83	3.11	3.75	4.65		
49	2.11	2.80	3.07	3.69	4.53		
50	2.09	2.75	3.02	3.61	4.39		
51	2.06	2.69	2.95	3.52	4.22		
52	2.02	2.61	2.85	3.40	4.03		
53	1.94	2.50	2.72	3.24	3.79		
54	1.84	2.38	2.58	3.05	3.53		
55	1.74	2.24	2.42	2.87	3.26		
56	1.64	2.09	2.26	2.67	2.98		
57	1.52	1.94	2.09	2.46	2.71		
58	1.41	1.80	1.94	2.28	2.47		
59	1.29	1.65	1.78	2.09	2.24		
60	1.18	1.51	1.63	1.92	2.02		
61	1.07	1.38	1.49	1.74	1.80		
62	0.98	1.25	1.34	1.58	1.61		
63	0.87	1.12	1.20	1.42	1.42		
64	0.77	0.99	1.06	1.26	1.24		
65	0.68	0.88	0.94	1.11	1.09		
66	0.60	0.78	0.84	0.99	0.96		
67	0.54	0.70	0.76	0.89	0.85		
68	0.49	0.64	0.70	0.82	0.78		
69	0.47	0.61	0.65	0.78	0.73		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.87	2.60	2.92	3.63			
26	1.91	2.68	3.01	3.75			
27	1.97	2.77	3.10	3.86			
28	2.03	2.87	3.20	4.00			
29	2.10	2.97	3.32	4.14			
30	2.17	3.06	3.42	4.29			
31	2.24	3.16	3.54	4.42			
32	2.32	3.26	3.65	4.57			
33	2.39	3.37	3.78	4.71			
34	2.46	3.47	3.89	4.85			
35	2.54	3.56	4.00	4.98			
36	2.61	3.66	4.11	5.11			
37	2.68	3.75	4.21	5.23			
38	2.75	3.84	4.30	5.34			
39	2.81	3.92	4.40	5.44			
40	2.87	3.98	4.47	5.52			
41	2.90	4.04	4.53	5.59			
42	2.95	4.07	4.58	5.63			
43	3.00	4.13	4.61	5.66			
44	3.04	4.15	4.63	5.67			
45	3.07	4.17	4.63	5.64			
46	3.09	4.16	4.61	5.59			
47	3.09	4.14	4.56	5.52			
48	3.05	4.07	4.48	5.40			
49	3.00	3.98	4.37	5.26			
50	2.93	3.86	4.23	5.08			
51	2.85	3.74	4.07	4.88			
52	2.75	3.57	3.90	4.65			
53	2.60	3.37	3.66	4.36			
54	2.45	3.15	3.42	4.06			
55	2.26	2.91	3.15	3.74			
56	2.09	2.67	2.88	3.41			
57	1.90	2.42	2.60	3.08			
58	1.70	2.17	2.33	2.75			
59	1.51	1.93	2.08	2.45			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.02	2.82	3.16	3.92			
26	2.07	2.90	3.26	4.05			
27	2.13	3.00	3.35	4.18			
28	2.20	3.10	3.47	4.32			
29	2.27	3.20	3.59	4.47			
30	2.35	3.31	3.70	4.63			
31	2.43	3.41	3.83	4.78			
32	2.51	3.53	3.95	4.94			
33	2.59	3.64	4.08	5.09			
34	2.67	3.75	4.21	5.24			
35	2.75	3.85	4.33	5.39			
36	2.82	3.96	4.44	5.53			
37	2.90	4.06	4.55	5.65			
38	2.97	4.14	4.66	5.77			
39	3.04	4.23	4.75	5.88			
40	3.10	4.30	4.83	5.97			
41	3.14	4.36	4.90	6.04			
42	3.19	4.41	4.95	6.09			
43	3.25	4.46	4.99	6.12			
44	3.29	4.49	5.01	6.12			
45	3.32	4.51	5.01	6.10			
46	3.34	4.50	4.98	6.05			
47	3.34	4.47	4.93	5.97			
48	3.30	4.40	4.84	5.84			
49	3.25	4.30	4.73	5.68			
50	3.17	4.18	4.58	5.49			
51	3.08	4.04	4.41	5.28			
52	2.97	3.86	4.22	5.02			
53	2.81	3.64	3.96	4.72			
54	2.64	3.41	3.70	4.38			
55	2.45	3.15	3.41	4.04			
56	2.26	2.89	3.12	3.68			
57	2.06	2.61	2.82	3.33			
58	1.84	2.35	2.53	2.97			
59	1.64	2.09	2.24	2.65			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.17	6.76	7.48	8.99	11.31	19.29	33.52
26	5.33	6.99	7.74	9.32	11.69	19.77	34.36
27	5.52	7.25	8.03	9.68	12.07	20.28	35.23
28	5.71	7.52	8.35	10.06	12.50	20.80	36.10
29	5.93	7.82	8.68	10.46	12.94	21.35	37.00
30	6.16	8.13	9.03	10.89	13.39	21.91	37.95
31	6.40	8.46	9.39	11.33	13.86	22.49	38.94
32	6.65	8.80	9.79	11.80	14.36	23.12	39.99
33	6.92	9.15	10.18	12.28	14.88	23.75	41.08
34	7.19	9.52	10.60	12.79	15.41	24.42	42.24
35	7.49	9.91	11.04	13.31	15.97	25.13	43.49
36	7.80	10.31	11.49	13.85	16.55	25.89	44.82
37	8.12	10.74	11.98	14.42	17.15	26.70	46.26
38	8.46	11.18	12.47	15.01	17.78	27.54	47.83
39	8.81	11.65	12.99	15.63	18.43	28.48	49.52
40	9.19	12.14	13.55	16.27	19.10	29.44	51.33
41	9.58	12.67	14.14	16.96	19.81	30.48	53.29
42	10.01	13.22	14.76	17.68	20.55	31.60	55.40
43	10.54	13.86	15.42	18.44	21.33	32.79	57.70
44	11.10	14.54	16.12	19.25	22.15	34.06	60.16
45	11.70	15.26	16.86	20.10	23.01	35.41	62.77
46	12.35	16.03	17.64	21.01	23.92	36.85	65.55
47	13.02	16.85	18.48	21.96	24.89	38.35	68.49
48	13.75	17.74	19.41	23.04	25.98	40.08	71.83
49	14.51	18.66	20.39	24.16	27.10	41.84	75.27
50	15.29	19.62	21.39	25.32	28.27	43.66	78.74
51	16.10	20.59	22.40	26.49	29.47	45.47	82.18
52	16.90	21.57	23.42	27.66	30.67	47.26	85.54
53	17.82	22.68	24.56	28.98	32.06	49.25	89.12
54	18.69	23.72	25.64	30.23	33.39	51.11	92.38
55	19.50	24.69	26.64	31.37	34.59	52.76	95.20
56	20.22	25.55	27.49	32.36	35.63	54.10	97.39
57	20.81	26.22	28.15	33.11	36.42	55.06	98.82
58	21.18	26.65	28.58	33.60	36.92	55.54	99.32
59	21.35	26.81	28.75	33.77	37.06	55.47	98.74
60	21.29	26.70	28.57	33.56	36.78	54.74	96.93
61	20.94	26.23	28.04	32.93	36.04	53.30	93.76
62	20.28	25.38	27.10	31.83	34.75	51.04	89.02

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	5.35	7.00	7.75	9.32	11.72	19.98	34.73
26	5.53	7.24	8.03	9.65	12.11	20.50	35.60
27	5.72	7.52	8.32	10.03	12.51	21.02	36.50
28	5.92	7.80	8.65	10.42	12.94	21.56	37.41
29	6.14	8.10	8.99	10.84	13.40	22.12	38.35
30	6.38	8.42	9.35	11.29	13.88	22.70	39.33
31	6.63	8.76	9.73	11.75	14.36	23.31	40.36
32	6.89	9.12	10.14	12.23	14.88	23.95	41.44
33	7.16	9.49	10.55	12.73	15.42	24.61	42.57
34	7.45	9.86	10.98	13.25	15.97	25.31	43.77
35	7.76	10.27	11.43	13.79	16.55	26.05	45.06
36	8.08	10.69	11.91	14.35	17.15	26.83	46.45
37	8.41	11.13	12.41	14.94	17.78	27.67	47.94
38	8.76	11.59	12.92	15.56	18.43	28.55	49.56
39	9.13	12.07	13.46	16.19	19.10	29.51	51.31
40	9.52	12.58	14.04	16.86	19.80	30.51	53.20
41	9.94	13.13	14.65	17.57	20.53	31.59	55.23
42	10.37	13.69	15.29	18.32	21.30	32.74	57.41
43	10.92	14.36	15.98	19.10	22.11	33.98	59.80
44	11.50	15.07	16.70	19.95	22.95	35.30	62.34
45	12.13	15.81	17.48	20.83	23.85	36.70	65.05
46	12.80	16.61	18.29	21.77	24.79	38.18	67.93
47	13.50	17.46	19.15	22.76	25.79	39.74	70.97
48	14.26	18.38	20.12	23.87	26.92	41.53	74.44
49	15.04	19.33	21.13	25.04	28.09	43.36	77.99
50	15.85	20.33	22.17	26.23	29.30	45.24	81.60
51	16.68	21.34	23.21	27.45	30.54	47.12	85.17
52	17.52	22.35	24.27	28.66	31.78	48.98	88.65
53	18.46	23.50	25.45	30.03	33.22	51.04	92.35
54	19.37	24.59	26.58	31.33	34.60	52.97	95.74
55	20.20	25.59	27.61	32.51	35.85	54.67	98.65
56	20.95	26.47	28.49	33.53	36.92	56.06	100.92
57	21.57	27.17	29.17	34.31	37.74	57.06	102.40
58	21.95	27.61	29.62	34.81	38.26	57.55	102.92
59	22.12	27.79	29.79	34.99	38.40	57.48	102.33
60	22.06	27.67	29.61	34.78	38.12	56.73	100.45
61	21.69	27.18	29.06	34.13	37.35	55.24	97.15
62	21.01	26.30	28.09	32.98	36.01	52.89	92.25

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.55	3.20	3.50	4.13	5.67	10.83	19.01
26	2.65	3.32	3.63	4.29	5.87	11.13	19.52
27	2.75	3.46	3.78	4.48	6.10	11.46	20.06
28	2.85	3.60	3.95	4.68	6.34	11.80	20.64
29	2.97	3.77	4.14	4.91	6.61	12.18	21.25
30	3.10	3.94	4.33	5.16	6.89	12.58	21.93
31	3.25	4.14	4.55	5.41	7.18	13.01	22.65
32	3.40	4.35	4.79	5.70	7.50	13.46	23.42
33	3.56	4.56	5.02	5.99	7.84	13.95	24.24
34	3.74	4.80	5.29	6.31	8.19	14.48	25.13
35	3.92	5.04	5.57	6.64	8.58	15.04	26.10
36	4.13	5.32	5.88	7.00	8.98	15.65	27.15
37	4.34	5.60	6.19	7.38	9.41	16.29	28.27
38	4.57	5.90	6.53	7.78	9.86	16.98	29.50
39	4.80	6.21	6.90	8.21	10.35	17.72	30.82
40	5.07	6.56	7.28	8.66	10.88	18.52	32.24
41	5.35	6.93	7.68	9.14	11.43	19.38	33.79
42	5.65	7.31	8.13	9.66	12.02	20.28	35.45
43	6.01	7.77	8.61	10.21	12.67	21.27	37.24
44	6.42	8.25	9.10	10.80	13.35	22.33	39.19
45	6.83	8.76	9.64	11.42	14.07	23.44	41.25
46	7.29	9.32	10.22	12.08	14.83	24.63	43.45
47	7.77	9.90	10.82	12.79	15.62	25.89	45.80
48	8.30	10.55	11.52	13.58	16.49	27.32	48.49
49	8.85	11.23	12.23	14.41	17.39	28.80	51.27
50	9.42	11.92	12.97	15.26	18.31	30.32	54.10
51	10.01	12.65	13.71	16.12	19.21	31.83	56.94
52	10.60	13.36	14.47	16.98	20.10	33.34	59.74
53	11.25	14.16	15.30	17.95	21.05	35.00	62.78
54	11.83	14.92	16.09	18.87	21.94	36.54	65.62
55	12.38	15.61	16.81	19.71	22.72	37.94	68.11
56	12.87	16.22	17.42	20.43	23.36	39.09	70.16
57	13.26	16.71	17.91	21.00	23.82	39.94	71.64
58	13.50	17.04	18.24	21.38	24.08	40.44	72.42
59	13.61	17.18	18.37	21.54	24.08	40.52	72.35
60	13.56	17.12	18.30	21.45	23.78	40.10	71.35
61	13.33	16.83	17.96	21.04	23.17	39.12	69.27
62	12.89	16.27	17.34	20.31	22.19	37.52	66.00

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.65	3.32	3.63	4.28	5.87	11.23	19.69
26	2.75	3.44	3.77	4.44	6.08	11.54	20.22
27	2.84	3.58	3.92	4.64	6.32	11.87	20.79
28	2.96	3.73	4.09	4.85	6.57	12.23	21.38
29	3.08	3.91	4.29	5.09	6.85	12.62	22.03
30	3.21	4.08	4.49	5.34	7.14	13.03	22.72
31	3.36	4.29	4.72	5.61	7.44	13.48	23.47
32	3.52	4.51	4.96	5.90	7.77	13.96	24.27
33	3.69	4.73	5.21	6.21	8.12	14.46	25.12
34	3.87	4.97	5.48	6.54	8.49	15.00	26.05
35	4.07	5.23	5.77	6.88	8.89	15.58	27.05
36	4.28	5.51	6.09	7.26	9.30	16.21	28.13
37	4.50	5.80	6.42	7.65	9.75	16.88	29.30
38	4.73	6.11	6.77	8.06	10.23	17.60	30.57
39	4.98	6.44	7.15	8.51	10.73	18.37	31.94
40	5.25	6.79	7.54	8.98	11.27	19.19	33.41
41	5.54	7.18	7.96	9.48	11.84	20.08	35.02
42	5.85	7.58	8.42	10.01	12.46	21.02	36.73
43	6.23	8.05	8.91	10.58	13.13	22.04	38.60
44	6.64	8.54	9.43	11.18	13.83	23.14	40.60
45	7.08	9.08	10.00	11.84	14.58	24.30	42.75
46	7.55	9.65	10.59	12.52	15.36	25.52	45.03
47	8.05	10.26	11.22	13.25	16.18	26.83	47.47
48	8.60	10.93	11.93	14.07	17.09	28.31	50.25
49	9.17	11.63	12.67	14.93	18.02	29.85	53.13
50	9.76	12.36	13.44	15.81	18.97	31.42	56.06
51	10.38	13.10	14.21	16.70	19.91	32.98	59.00
52	10.99	13.84	15.00	17.60	20.83	34.55	61.91
53	11.65	14.67	15.86	18.60	21.82	36.26	65.06
54	12.26	15.45	16.67	19.55	22.73	37.87	68.00
55	12.83	16.17	17.42	20.42	23.55	39.31	70.58
56	13.33	16.81	18.05	21.17	24.21	40.51	72.71
57	13.75	17.32	18.56	21.76	24.68	41.40	74.24
58	13.99	17.65	18.90	22.16	24.95	41.91	75.04
59	14.11	17.80	19.04	22.33	24.95	41.98	74.98
60	14.05	17.74	18.96	22.22	24.64	41.55	73.94
61	13.82	17.44	18.61	21.81	24.01	40.54	71.78
62	13.36	16.86	17.98	21.05	22.99	38.89	68.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.19	2.69	2.93	3.42	4.88	9.64	16.82
26	2.27	2.79	3.04	3.56	5.06	9.94	17.34
27	2.34	2.90	3.17	3.73	5.27	10.26	17.86
28	2.44	3.04	3.31	3.90	5.49	10.59	18.44
29	2.54	3.18	3.47	4.08	5.73	10.96	19.05
30	2.65	3.32	3.63	4.29	5.98	11.34	19.71
31	2.77	3.49	3.82	4.51	6.26	11.77	20.42
32	2.90	3.66	4.01	4.75	6.56	12.21	21.16
33	3.04	3.85	4.23	5.00	6.86	12.68	21.96
34	3.19	4.04	4.45	5.27	7.18	13.18	22.82
35	3.34	4.25	4.69	5.55	7.53	13.71	23.75
36	3.52	4.49	4.94	5.86	7.90	14.30	24.75
37	3.70	4.73	5.21	6.19	8.30	14.92	25.84
38	3.89	4.97	5.49	6.52	8.72	15.58	27.01
39	4.09	5.24	5.80	6.89	9.17	16.28	28.27
40	4.31	5.54	6.12	7.27	9.64	17.04	29.61
41	4.55	5.84	6.48	7.67	10.16	17.85	31.08
42	4.80	6.18	6.85	8.11	10.70	18.72	32.65
43	5.11	6.56	7.25	8.58	11.28	19.66	34.36
44	5.46	6.96	7.67	9.08	11.91	20.65	36.19
45	5.81	7.40	8.13	9.60	12.56	21.71	38.15
46	6.19	7.88	8.62	10.16	13.25	22.84	40.22
47	6.61	8.37	9.13	10.77	13.97	24.02	42.44
48	7.05	8.91	9.72	11.44	14.78	25.37	44.98
49	7.52	9.49	10.31	12.14	15.59	26.77	47.59
50	8.00	10.08	10.95	12.86	16.42	28.20	50.26
51	8.49	10.68	11.57	13.58	17.25	29.62	52.92
52	8.99	11.28	12.21	14.31	18.06	31.03	55.55
53	9.54	11.95	12.90	15.12	18.92	32.57	58.39
54	10.06	12.58	13.56	15.89	19.72	34.00	61.03
55	10.53	13.17	14.17	16.60	20.42	35.29	63.36
56	10.96	13.68	14.68	17.19	20.99	36.33	65.24
57	11.29	14.08	15.07	17.66	21.39	37.08	66.58
58	11.52	14.34	15.34	17.97	21.59	37.49	67.25
59	11.61	14.44	15.44	18.08	21.55	37.49	67.13
60	11.56	14.38	15.35	17.97	21.23	37.00	66.10
61	11.36	14.11	15.04	17.60	20.62	35.97	64.05
62	10.98	13.60	14.48	16.95	19.66	34.33	60.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.27	2.79	3.04	3.55	5.05	9.99	17.42
26	2.35	2.90	3.15	3.70	5.24	10.30	17.96
27	2.43	3.01	3.28	3.86	5.46	10.63	18.52
28	2.53	3.14	3.43	4.04	5.69	10.97	19.11
29	2.63	3.29	3.59	4.23	5.94	11.36	19.75
30	2.75	3.44	3.77	4.45	6.20	11.76	20.42
31	2.87	3.62	3.96	4.68	6.49	12.19	21.16
32	3.00	3.79	4.16	4.93	6.79	12.65	21.93
33	3.15	3.99	4.38	5.18	7.10	13.14	22.76
34	3.30	4.19	4.61	5.46	7.44	13.66	23.65
35	3.47	4.41	4.86	5.76	7.81	14.21	24.61
36	3.64	4.65	5.11	6.07	8.19	14.82	25.65
37	3.84	4.89	5.39	6.41	8.60	15.45	26.77
38	4.03	5.16	5.69	6.76	9.04	16.14	27.98
39	4.24	5.44	6.01	7.14	9.50	16.87	29.29
40	4.47	5.74	6.34	7.53	10.00	17.65	30.69
41	4.72	6.05	6.71	7.96	10.52	18.50	32.21
42	4.97	6.40	7.09	8.40	11.09	19.40	33.84
43	5.30	6.79	7.52	8.89	11.70	20.37	35.60
44	5.65	7.22	7.96	9.41	12.34	21.40	37.51
45	6.02	7.67	8.43	9.95	13.02	22.49	39.53
46	6.42	8.16	8.93	10.53	13.74	23.66	41.69
47	6.85	8.67	9.47	11.16	14.48	24.89	43.98
48	7.30	9.24	10.07	11.85	15.31	26.29	46.60
49	7.79	9.83	10.69	12.58	16.16	27.74	49.32
50	8.29	10.45	11.34	13.32	17.02	29.22	52.08
51	8.80	11.07	11.99	14.07	17.87	30.69	54.84
52	9.32	11.70	12.65	14.83	18.71	32.16	57.56
53	9.88	12.38	13.37	15.66	19.61	33.75	60.51
54	10.42	13.04	14.05	16.46	20.43	35.24	63.25
55	10.91	13.65	14.68	17.20	21.16	36.56	65.66
56	11.35	14.18	15.21	17.81	21.75	37.65	67.61
57	11.70	14.59	15.62	18.30	22.17	38.43	68.99
58	11.93	14.86	15.89	18.62	22.37	38.85	69.69
59	12.03	14.97	16.00	18.74	22.33	38.84	69.56
60	11.99	14.90	15.90	18.62	22.01	38.33	68.49
61	11.77	14.62	15.58	18.24	21.37	37.27	66.37
62	11.38	14.10	15.01	17.56	20.37	35.58	63.06

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.00	2.42	2.62	3.05	4.29	8.37	14.48
26	2.06	2.53	2.74	3.19	4.49	8.67	15.00
27	2.14	2.62	2.85	3.34	4.68	8.98	15.54
28	2.24	2.75	2.99	3.50	4.89	9.33	16.12
29	2.32	2.88	3.13	3.69	5.11	9.67	16.72
30	2.43	3.02	3.29	3.87	5.35	10.06	17.35
31	2.54	3.17	3.47	4.07	5.61	10.45	18.04
32	2.66	3.33	3.64	4.29	5.89	10.88	18.78
33	2.79	3.50	3.84	4.52	6.18	11.33	19.54
34	2.92	3.69	4.04	4.78	6.48	11.81	20.37
35	3.07	3.88	4.26	5.04	6.80	12.33	21.25
36	3.23	4.09	4.50	5.32	7.15	12.87	22.20
37	3.40	4.31	4.75	5.62	7.52	13.46	23.23
38	3.57	4.55	5.02	5.95	7.91	14.08	24.34
39	3.77	4.80	5.30	6.27	8.33	14.75	25.52
40	3.98	5.07	5.61	6.64	8.78	15.46	26.80
41	4.20	5.36	5.93	7.01	9.26	16.22	28.17
42	4.43	5.67	6.27	7.42	9.77	17.04	29.64
43	4.72	6.02	6.65	7.86	10.31	17.91	31.23
44	5.02	6.40	7.04	8.32	10.89	18.83	32.94
45	5.35	6.80	7.46	8.81	11.50	19.82	34.76
46	5.70	7.23	7.91	9.33	12.14	20.86	36.70
47	6.09	7.69	8.39	9.87	12.80	21.96	38.74
48	6.49	8.19	8.92	10.50	13.54	23.21	41.09
49	6.93	8.73	9.49	11.14	14.30	24.52	43.51
50	7.37	9.28	10.07	11.80	15.07	25.83	45.96
51	7.83	9.83	10.64	12.48	15.83	27.14	48.42
52	8.29	10.38	11.23	13.15	16.57	28.44	50.83
53	8.79	10.99	11.85	13.89	17.36	29.85	53.44
54	9.26	11.56	12.46	14.59	18.09	31.17	55.85
55	9.70	12.10	13.00	15.22	18.74	32.32	57.97
56	10.08	12.56	13.46	15.77	19.25	33.26	59.67
57	10.38	12.92	13.82	16.18	19.60	33.93	60.85
58	10.57	13.15	14.05	16.45	19.76	34.28	61.42
59	10.65	13.23	14.13	16.54	19.70	34.23	61.24
60	10.59	13.15	14.03	16.40	19.39	33.74	60.21
61	10.39	12.87	13.71	16.04	18.79	32.74	58.24
62	10.02	12.39	13.18	15.41	17.86	31.18	55.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.07	2.51	2.72	3.17	4.45	8.68	15.01
26	2.14	2.61	2.83	3.31	4.65	8.98	15.55
27	2.22	2.72	2.96	3.46	4.85	9.31	16.10
28	2.31	2.85	3.10	3.63	5.07	9.66	16.70
29	2.41	2.98	3.25	3.82	5.30	10.02	17.33
30	2.52	3.12	3.41	4.01	5.54	10.42	17.99
31	2.63	3.28	3.59	4.22	5.82	10.83	18.69
32	2.75	3.45	3.78	4.45	6.10	11.27	19.46
33	2.89	3.63	3.98	4.69	6.40	11.74	20.25
34	3.03	3.82	4.19	4.95	6.71	12.24	21.11
35	3.19	4.02	4.42	5.23	7.05	12.78	22.03
36	3.34	4.24	4.66	5.52	7.41	13.34	23.01
37	3.52	4.47	4.93	5.83	7.80	13.95	24.08
38	3.70	4.72	5.20	6.16	8.20	14.59	25.22
39	3.91	4.97	5.49	6.50	8.63	15.29	26.44
40	4.12	5.25	5.81	6.87	9.10	16.02	27.77
41	4.35	5.55	6.14	7.27	9.59	16.81	29.19
42	4.58	5.87	6.50	7.69	10.12	17.65	30.71
43	4.88	6.24	6.89	8.14	10.68	18.56	32.37
44	5.20	6.63	7.30	8.62	11.28	19.52	34.14
45	5.54	7.05	7.74	9.13	11.92	20.54	36.02
46	5.91	7.50	8.20	9.66	12.58	21.62	38.02
47	6.31	7.97	8.69	10.23	13.27	22.77	40.15
48	6.73	8.49	9.25	10.88	14.04	24.06	42.57
49	7.18	9.05	9.83	11.55	14.82	25.41	45.08
50	7.64	9.61	10.43	12.23	15.62	26.76	47.63
51	8.11	10.18	11.03	12.93	16.40	28.12	50.18
52	8.59	10.75	11.63	13.62	17.17	29.47	52.68
53	9.11	11.39	12.28	14.39	18.00	30.93	55.38
54	9.59	11.99	12.91	15.12	18.75	32.30	57.88
55	10.05	12.54	13.47	15.78	19.41	33.49	60.07
56	10.45	13.02	13.96	16.34	19.94	34.47	61.84
57	10.76	13.38	14.33	16.77	20.31	35.16	63.06
58	10.96	13.62	14.56	17.05	20.48	35.53	63.64
59	11.04	13.71	14.64	17.13	20.42	35.47	63.46
60	10.97	13.62	14.54	17.00	20.09	34.96	62.39
61	10.77	13.34	14.21	16.62	19.47	33.93	60.35
62	10.38	12.84	13.66	15.97	18.52	32.31	57.20

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.80	2.15	2.32	2.69	3.73	7.11	12.14
26	1.87	2.24	2.43	2.82	3.90	7.39	12.64
27	1.94	2.34	2.54	2.96	4.07	7.69	13.16
28	2.02	2.46	2.66	3.10	4.27	8.02	13.71
29	2.09	2.56	2.79	3.26	4.48	8.35	14.28
30	2.19	2.69	2.93	3.43	4.70	8.70	14.89
31	2.30	2.82	3.09	3.62	4.94	9.08	15.53
32	2.40	2.97	3.26	3.82	5.18	9.48	16.21
33	2.52	3.13	3.42	4.03	5.45	9.89	16.93
34	2.64	3.29	3.61	4.25	5.72	10.33	17.70
35	2.77	3.48	3.80	4.49	6.01	10.80	18.52
36	2.91	3.66	4.01	4.73	6.33	11.30	19.39
37	3.06	3.86	4.25	5.01	6.67	11.84	20.32
38	3.23	4.07	4.49	5.29	7.02	12.40	21.31
39	3.40	4.29	4.73	5.60	7.40	13.01	22.40
40	3.57	4.53	5.01	5.92	7.80	13.65	23.54
41	3.77	4.80	5.30	6.26	8.23	14.34	24.77
42	3.98	5.07	5.61	6.62	8.68	15.06	26.08
43	4.24	5.39	5.94	7.00	9.17	15.85	27.52
44	4.51	5.72	6.29	7.41	9.68	16.67	29.04
45	4.80	6.08	6.67	7.86	10.23	17.56	30.66
46	5.12	6.46	7.07	8.32	10.80	18.48	32.38
47	5.46	6.87	7.48	8.81	11.39	19.46	34.19
48	5.82	7.32	7.96	9.35	12.05	20.56	36.26
49	6.20	7.79	8.46	9.93	12.72	21.71	38.39
50	6.60	8.26	8.97	10.52	13.39	22.86	40.56
51	7.00	8.76	9.48	11.10	14.06	24.02	42.72
52	7.40	9.24	9.99	11.69	14.70	25.14	44.82
53	7.85	9.79	10.55	12.33	15.41	26.36	47.08
54	8.25	10.29	11.06	12.94	16.03	27.51	49.17
55	8.63	10.74	11.53	13.49	16.59	28.50	50.98
56	8.96	11.13	11.93	13.96	17.02	29.30	52.42
57	9.22	11.45	12.24	14.31	17.32	29.86	53.41
58	9.37	11.62	12.43	14.52	17.43	30.13	53.83
59	9.43	11.69	12.47	14.57	17.35	30.04	53.61
60	9.37	11.59	12.36	14.44	17.05	29.57	52.63
61	9.18	11.33	12.06	14.10	16.50	28.64	50.82
62	8.84	10.89	11.57	13.51	15.66	27.22	48.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.87	2.23	2.41	2.79	3.86	7.37	12.58
26	1.94	2.32	2.52	2.92	4.04	7.66	13.09
27	2.01	2.43	2.63	3.06	4.22	7.97	13.63
28	2.09	2.54	2.75	3.21	4.43	8.31	14.20
29	2.17	2.66	2.90	3.38	4.64	8.65	14.80
30	2.27	2.79	3.04	3.56	4.87	9.02	15.43
31	2.38	2.93	3.20	3.75	5.11	9.41	16.10
32	2.49	3.08	3.37	3.96	5.37	9.82	16.80
33	2.60	3.25	3.55	4.18	5.64	10.25	17.55
34	2.74	3.41	3.74	4.40	5.93	10.71	18.34
35	2.87	3.60	3.94	4.66	6.23	11.19	19.18
36	3.02	3.79	4.16	4.91	6.56	11.71	20.09
37	3.18	4.00	4.40	5.19	6.91	12.27	21.06
38	3.34	4.22	4.65	5.48	7.28	12.85	22.09
39	3.52	4.45	4.91	5.80	7.66	13.48	23.21
40	3.70	4.70	5.19	6.13	8.08	14.14	24.39
41	3.91	4.97	5.49	6.49	8.53	14.85	25.67
42	4.12	5.25	5.81	6.86	8.99	15.60	27.03
43	4.39	5.58	6.15	7.26	9.50	16.42	28.51
44	4.67	5.93	6.52	7.68	10.03	17.27	30.10
45	4.98	6.30	6.91	8.14	10.60	18.19	31.77
46	5.31	6.70	7.32	8.62	11.18	19.15	33.55
47	5.66	7.12	7.75	9.13	11.80	20.16	35.43
48	6.03	7.59	8.25	9.70	12.49	21.30	37.58
49	6.42	8.07	8.76	10.29	13.18	22.49	39.78
50	6.84	8.56	9.29	10.89	13.88	23.69	42.03
51	7.25	9.07	9.82	11.50	14.57	24.89	44.26
52	7.66	9.57	10.35	12.11	15.24	26.06	46.45
53	8.13	10.14	10.93	12.78	15.96	27.32	48.79
54	8.55	10.66	11.47	13.41	16.61	28.50	50.95
55	8.95	11.13	11.95	13.98	17.19	29.53	52.83
56	9.28	11.54	12.36	14.47	17.64	30.37	54.32
57	9.56	11.86	12.68	14.83	17.94	30.94	55.34
58	9.72	12.05	12.87	15.05	18.07	31.22	55.78
59	9.78	12.11	12.92	15.10	17.99	31.13	55.55
60	9.72	12.01	12.80	14.97	17.67	30.64	54.54
61	9.51	11.74	12.50	14.61	17.10	29.67	52.66
62	9.15	11.28	11.99	14.00	16.23	28.20	49.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	8.90	11.94	13.30	16.17	20.64	35.21	61.54
26	9.20	12.39	13.80	16.80	21.37	36.19	63.21
27	9.54	12.86	14.32	17.46	22.11	37.15	64.83
28	9.89	13.34	14.87	18.14	22.84	38.09	66.41
29	10.25	13.84	15.44	18.83	23.61	39.03	67.96
30	10.62	14.36	16.02	19.55	24.37	39.93	69.48
31	11.01	14.89	16.61	20.28	25.14	40.83	70.97
32	11.40	15.43	17.21	21.01	25.91	41.72	72.45
33	11.79	15.96	17.81	21.74	26.68	42.59	73.91
34	12.20	16.49	18.42	22.47	27.46	43.45	75.37
35	12.60	17.03	19.02	23.19	28.22	44.32	76.86
36	13.01	17.56	19.63	23.91	28.98	45.18	78.36
37	13.42	18.11	20.23	24.63	29.72	46.05	79.91
38	13.83	18.65	20.84	25.34	30.43	46.93	81.55
39	14.25	19.17	21.44	26.02	31.13	47.83	83.23
40	14.65	19.70	22.04	26.72	31.80	48.73	84.96
41	15.07	20.24	22.64	27.39	32.46	49.61	86.74
42	15.49	20.77	23.24	28.07	33.10	50.52	88.55
43	16.04	21.39	23.85	28.75	33.73	51.46	90.53
44	16.60	22.02	24.46	29.42	34.34	52.40	92.50
45	17.15	22.64	25.06	30.08	34.91	53.31	94.47
46	17.71	23.26	25.65	30.71	35.46	54.20	96.40
47	18.27	23.86	26.22	31.34	35.96	55.04	98.27
48	18.79	24.45	26.80	31.95	36.41	55.88	100.21
49	19.28	25.00	27.34	32.54	36.82	56.65	101.97
50	19.76	25.51	27.84	33.08	37.19	57.32	103.53
51	20.20	26.00	28.31	33.55	37.49	57.88	104.81
52	20.59	26.40	28.68	33.96	37.73	58.28	105.74
53	20.93	26.74	29.00	34.27	37.95	58.48	106.08
54	21.20	27.01	29.21	34.48	38.10	58.49	105.98
55	21.41	27.17	29.33	34.58	38.15	58.32	105.44
56	21.55	27.25	29.35	34.56	38.07	57.93	104.44
57	21.60	27.24	29.25	34.41	37.88	57.30	102.95
58	21.13	26.58	28.51	33.52	36.82	55.43	99.04
59	20.65	25.92	27.78	32.62	35.78	53.57	95.08
60	20.25	25.37	27.15	31.86	34.88	51.92	91.55
61	19.98	25.02	26.73	31.38	34.32	50.73	88.92
62	19.97	24.99	26.68	31.34	34.21	50.25	87.64
63	20.72	25.99	27.76	32.61	35.60	51.99	90.66
64	21.77	27.35	29.25	34.40	37.54	54.58	95.35

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.36	12.57	13.99	17.03	21.73	37.07	64.78
26	9.69	13.04	14.52	17.68	22.49	38.10	66.54
27	10.04	13.53	15.07	18.37	23.27	39.11	68.24
28	10.41	14.04	15.66	19.09	24.05	40.09	69.91
29	10.79	14.57	16.24	19.83	24.85	41.08	71.54
30	11.18	15.12	16.86	20.58	25.65	42.03	73.13
31	11.59	15.67	17.49	21.35	26.46	42.98	74.70
32	12.00	16.24	18.12	22.12	27.27	43.91	76.26
33	12.42	16.80	18.75	22.89	28.09	44.84	77.80
34	12.84	17.36	19.39	23.65	28.90	45.74	79.34
35	13.26	17.93	20.02	24.41	29.71	46.65	80.91
36	13.69	18.49	20.66	25.17	30.50	47.56	82.49
37	14.12	19.06	21.30	25.92	31.28	48.47	84.12
38	14.56	19.62	21.94	26.66	32.03	49.40	85.84
39	15.00	20.18	22.56	27.39	32.77	50.34	87.61
40	15.43	20.74	23.21	28.12	33.48	51.29	89.43
41	15.87	21.30	23.83	28.84	34.17	52.23	91.31
42	16.31	21.86	24.46	29.55	34.84	53.18	93.22
43	16.89	22.52	25.11	30.26	35.51	54.17	95.29
44	17.47	23.18	25.75	30.97	36.14	55.16	97.36
45	18.06	23.83	26.38	31.66	36.75	56.12	99.44
46	18.65	24.48	27.00	32.33	37.32	57.05	101.47
47	19.23	25.12	27.60	32.98	37.85	57.93	103.44
48	19.77	25.73	28.20	33.63	38.33	58.82	105.48
49	20.29	26.31	28.78	34.26	38.76	59.64	107.34
50	20.79	26.86	29.31	34.82	39.14	60.34	108.98
51	21.26	27.36	29.80	35.32	39.46	60.92	110.33
52	21.67	27.79	30.19	35.75	39.71	61.35	111.30
53	22.03	28.15	30.52	36.07	39.95	61.56	111.66
54	22.32	28.42	30.75	36.29	40.11	61.57	111.56
55	22.54	28.61	30.87	36.40	40.15	61.39	110.99
56	22.69	28.69	30.89	36.38	40.08	60.98	109.94
57	22.73	28.67	30.79	36.22	39.86	60.32	108.37
58	22.24	27.98	30.02	35.28	38.76	58.35	104.24
59	21.74	27.29	29.24	34.34	37.66	56.38	100.08
60	21.31	26.71	28.57	33.54	36.72	54.65	96.37
61	21.04	26.34	28.14	33.04	36.12	53.40	93.60
62	21.01	26.30	28.09	32.98	36.01	52.89	92.25
63	21.81	27.35	29.22	34.33	37.47	54.73	95.43
64	22.92	28.79	30.79	36.21	39.52	57.45	100.36

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.20	5.49	6.07	7.32	10.41	20.33	36.23
26	4.35	5.71	6.31	7.62	10.80	20.90	37.21
27	4.51	5.94	6.57	7.95	11.21	21.49	38.17
28	4.70	6.20	6.86	8.31	11.64	22.08	39.17
29	4.90	6.47	7.17	8.69	12.09	22.69	40.17
30	5.10	6.77	7.50	9.10	12.55	23.32	41.21
31	5.32	7.08	7.84	9.52	13.02	23.96	42.26
32	5.57	7.40	8.20	9.95	13.51	24.62	43.35
33	5.81	7.73	8.59	10.42	14.02	25.30	44.46
34	6.07	8.08	8.97	10.89	14.54	26.00	45.62
35	6.34	8.44	9.37	11.37	15.07	26.71	46.82
36	6.61	8.80	9.79	11.87	15.62	27.45	48.07
37	6.91	9.19	10.23	12.39	16.17	28.20	49.37
38	7.21	9.58	10.67	12.91	16.75	29.00	50.75
39	7.52	9.98	11.12	13.44	17.32	29.81	52.18
40	7.82	10.39	11.59	13.97	17.91	30.65	53.67
41	8.15	10.82	12.06	14.53	18.51	31.50	55.22
42	8.48	11.26	12.55	15.09	19.13	32.37	56.82
43	8.91	11.75	13.07	15.68	19.79	33.30	58.55
44	9.34	12.27	13.59	16.27	20.45	34.22	60.30
45	9.79	12.79	14.11	16.86	21.10	35.16	62.08
46	10.23	13.30	14.63	17.45	21.74	36.08	63.84
47	10.68	13.82	15.14	18.03	22.36	37.00	65.60
48	11.13	14.34	15.69	18.64	22.97	37.93	67.45
49	11.57	14.85	16.22	19.22	23.51	38.82	69.22
50	11.99	15.35	16.71	19.76	24.01	39.63	70.84
51	12.41	15.80	17.17	20.27	24.43	40.36	72.28
52	12.78	16.21	17.58	20.72	24.76	40.95	73.49
53	13.10	16.56	17.93	21.08	24.96	41.35	74.28
54	13.38	16.85	18.19	21.37	25.04	41.59	74.76
55	13.54	17.06	18.37	21.57	25.02	41.68	74.92
56	13.64	17.20	18.48	21.67	24.90	41.58	74.73
57	13.68	17.26	18.49	21.69	24.67	41.32	74.16
58	13.40	16.89	18.09	21.20	23.90	40.13	71.72
59	13.11	16.52	17.66	20.70	23.12	38.91	69.24
60	12.86	16.20	17.30	20.27	22.45	37.88	67.05
61	12.70	16.01	17.08	20.00	21.99	37.15	65.51
62	12.69	16.02	17.08	19.99	21.84	36.94	64.97
63	13.16	16.68	17.78	20.85	22.72	38.35	67.60
64	13.82	17.57	18.76	22.02	23.99	40.37	71.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.42	5.78	6.39	7.71	10.96	21.40	38.14
26	4.58	6.01	6.64	8.03	11.37	22.00	39.16
27	4.75	6.26	6.92	8.37	11.80	22.62	40.18
28	4.95	6.52	7.22	8.75	12.26	23.24	41.23
29	5.16	6.81	7.55	9.14	12.72	23.88	42.28
30	5.38	7.12	7.89	9.57	13.21	24.54	43.38
31	5.61	7.44	8.25	10.02	13.71	25.22	44.48
32	5.86	7.79	8.63	10.48	14.22	25.92	45.63
33	6.12	8.13	9.04	10.96	14.76	26.63	46.80
34	6.39	8.50	9.44	11.46	15.30	27.36	48.02
35	6.67	8.88	9.86	11.97	15.87	28.12	49.28
36	6.96	9.27	10.31	12.50	16.44	28.89	50.59
37	7.27	9.67	10.76	13.04	17.03	29.68	51.96
38	7.59	10.08	11.23	13.59	17.63	30.52	53.42
39	7.91	10.51	11.70	14.14	18.23	31.38	54.93
40	8.24	10.94	12.20	14.71	18.85	32.26	56.50
41	8.58	11.39	12.70	15.29	19.48	33.16	58.12
42	8.93	11.84	13.21	15.88	20.13	34.07	59.81
43	9.37	12.36	13.75	16.51	20.83	35.05	61.63
44	9.83	12.91	14.30	17.12	21.52	36.03	63.47
45	10.30	13.46	14.85	17.75	22.21	37.01	65.34
46	10.77	14.00	15.40	18.37	22.89	37.98	67.21
47	11.25	14.55	15.95	18.98	23.54	38.94	69.05
48	11.72	15.10	16.52	19.62	24.17	39.93	71.00
49	12.18	15.64	17.07	20.23	24.75	40.86	72.86
50	12.63	16.16	17.59	20.80	25.27	41.71	74.57
51	13.06	16.63	18.08	21.33	25.71	42.48	76.08
52	13.45	17.06	18.51	21.81	26.07	43.10	77.35
53	13.79	17.43	18.87	22.18	26.27	43.52	78.19
54	14.09	17.74	19.15	22.49	26.36	43.78	78.70
55	14.26	17.96	19.34	22.70	26.34	43.87	78.87
56	14.36	18.10	19.45	22.82	26.21	43.77	78.66
57	14.41	18.16	19.47	22.84	25.97	43.49	78.06
58	14.11	17.78	19.04	22.32	25.16	42.24	75.50
59	13.80	17.39	18.59	21.79	24.33	40.96	72.88
60	13.53	17.05	18.21	21.33	23.63	39.86	70.58
61	13.37	16.85	17.98	21.06	23.14	39.11	68.96
62	13.36	16.86	17.98	21.05	22.99	38.89	68.39
63	13.86	17.56	18.72	21.95	23.92	40.37	71.16
64	14.56	18.50	19.75	23.18	25.25	42.50	75.23

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.62	4.70	5.18	6.23	9.28	18.90	33.63
26	3.76	4.88	5.39	6.49	9.63	19.47	34.58
27	3.90	5.09	5.61	6.78	10.00	20.03	35.53
28	4.06	5.31	5.86	7.08	10.39	20.61	36.50
29	4.22	5.54	6.12	7.40	10.80	21.19	37.47
30	4.40	5.78	6.41	7.74	11.21	21.80	38.46
31	4.59	6.05	6.70	8.10	11.64	22.41	39.48
32	4.79	6.32	7.00	8.47	12.10	23.04	40.52
33	5.00	6.61	7.32	8.86	12.55	23.69	41.58
34	5.22	6.90	7.65	9.27	13.02	24.34	42.68
35	5.44	7.20	7.99	9.67	13.51	25.02	43.82
36	5.68	7.52	8.34	10.10	14.01	25.71	44.99
37	5.92	7.84	8.71	10.53	14.51	26.44	46.22
38	6.18	8.17	9.08	10.96	15.03	27.17	47.51
39	6.43	8.51	9.46	11.41	15.56	27.93	48.85
40	6.70	8.85	9.86	11.87	16.10	28.71	50.24
41	6.97	9.20	10.25	12.33	16.64	29.51	51.66
42	7.25	9.57	10.66	12.80	17.20	30.31	53.14
43	7.60	9.98	11.09	13.29	17.79	31.16	54.74
44	7.96	10.41	11.52	13.78	18.38	32.01	56.35
45	8.32	10.83	11.95	14.26	18.97	32.86	57.96
46	8.70	11.27	12.38	14.75	19.54	33.70	59.58
47	9.08	11.70	12.80	15.22	20.08	34.51	61.16
48	9.45	12.13	13.25	15.72	20.61	35.36	62.81
49	9.79	12.54	13.67	16.18	21.08	36.14	64.38
50	10.15	12.94	14.07	16.62	21.51	36.85	65.81
51	10.47	13.30	14.44	17.02	21.87	37.48	67.06
52	10.78	13.63	14.77	17.37	22.15	37.98	68.10
53	11.04	13.90	15.02	17.64	22.29	38.29	68.74
54	11.26	14.12	15.23	17.86	22.34	38.46	69.10
55	11.40	14.28	15.36	18.01	22.31	38.48	69.14
56	11.49	14.37	15.44	18.08	22.17	38.33	68.89
57	11.55	14.41	15.44	18.08	21.95	38.03	68.31
58	11.33	14.11	15.08	17.66	21.27	36.88	66.04
59	11.11	13.80	14.74	17.24	20.59	35.73	63.75
60	10.90	13.53	14.44	16.89	19.98	34.72	61.75
61	10.79	13.38	14.26	16.68	19.54	34.03	60.37
62	10.81	13.39	14.26	16.68	19.35	33.80	59.91
63	11.24	13.95	14.85	17.40	19.97	35.04	62.35
64	11.81	14.69	15.66	18.37	20.89	36.87	65.95

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.81	4.95	5.46	6.56	9.76	19.90	35.40
26	3.95	5.14	5.67	6.83	10.14	20.49	36.40
27	4.10	5.35	5.90	7.13	10.52	21.08	37.40
28	4.27	5.59	6.17	7.44	10.94	21.69	38.42
29	4.44	5.83	6.44	7.79	11.37	22.31	39.44
30	4.63	6.09	6.74	8.15	11.80	22.94	40.49
31	4.83	6.37	7.05	8.53	12.26	23.59	41.55
32	5.04	6.65	7.37	8.92	12.73	24.25	42.65
33	5.26	6.95	7.71	9.33	13.21	24.94	43.77
34	5.49	7.26	8.05	9.75	13.71	25.63	44.92
35	5.73	7.58	8.41	10.18	14.22	26.34	46.12
36	5.98	7.91	8.78	10.63	14.75	27.07	47.36
37	6.23	8.25	9.17	11.09	15.28	27.83	48.65
38	6.50	8.60	9.56	11.55	15.82	28.60	50.01
39	6.77	8.96	9.96	12.01	16.38	29.40	51.42
40	7.05	9.32	10.38	12.50	16.94	30.22	52.88
41	7.34	9.69	10.79	12.98	17.52	31.06	54.38
42	7.63	10.07	11.22	13.47	18.10	31.90	55.94
43	8.00	10.51	11.67	13.98	18.73	32.80	57.61
44	8.38	10.96	12.13	14.50	19.35	33.70	59.31
45	8.76	11.40	12.58	15.01	19.97	34.59	61.01
46	9.16	11.86	13.03	15.52	20.57	35.47	62.71
47	9.56	12.31	13.48	16.02	21.14	36.33	64.38
48	9.94	12.76	13.95	16.54	21.69	37.22	66.12
49	10.31	13.20	14.39	17.04	22.19	38.04	67.77
50	10.68	13.61	14.81	17.49	22.64	38.79	69.27
51	11.03	14.00	15.20	17.92	23.02	39.45	70.59
52	11.34	14.34	15.54	18.29	23.31	39.98	71.68
53	11.62	14.63	15.81	18.58	23.46	40.30	72.35
54	11.84	14.86	16.03	18.81	23.52	40.48	72.73
55	11.99	15.03	16.17	18.96	23.48	40.51	72.78
56	12.10	15.13	16.24	19.03	23.34	40.35	72.51
57	12.16	15.17	16.24	19.03	23.10	40.03	71.90
58	11.92	14.85	15.88	18.59	22.39	38.83	69.51
59	11.69	14.52	15.51	18.15	21.67	37.61	67.10
60	11.48	14.25	15.20	17.78	21.03	36.56	65.00
61	11.36	14.08	15.01	17.56	20.57	35.82	63.54
62	11.38	14.10	15.01	17.56	20.37	35.58	63.06
63	11.83	14.68	15.64	18.31	21.01	36.89	65.63
64	12.43	15.46	16.49	19.33	21.99	38.81	69.41

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.35	4.33	4.77	5.72	8.47	17.19	30.49
26	3.47	4.50	4.95	5.95	8.81	17.72	31.40
27	3.60	4.69	5.17	6.22	9.16	18.26	32.31
28	3.76	4.89	5.39	6.50	9.52	18.81	33.23
29	3.91	5.10	5.63	6.79	9.90	19.36	34.15
30	4.07	5.33	5.90	7.12	10.29	19.93	35.09
31	4.25	5.58	6.17	7.44	10.68	20.50	36.04
32	4.44	5.83	6.44	7.79	11.10	21.09	37.01
33	4.62	6.09	6.74	8.15	11.52	21.68	38.00
34	4.82	6.35	7.04	8.51	11.96	22.30	39.01
35	5.03	6.63	7.35	8.89	12.40	22.91	40.05
36	5.24	6.92	7.67	9.28	12.85	23.54	41.11
37	5.46	7.21	8.00	9.66	13.31	24.18	42.22
38	5.69	7.51	8.33	10.07	13.78	24.85	43.38
39	5.92	7.81	8.69	10.46	14.26	25.54	44.58
40	6.16	8.12	9.03	10.88	14.73	26.23	45.82
41	6.41	8.45	9.39	11.29	15.22	26.93	47.09
42	6.65	8.76	9.76	11.70	15.71	27.65	48.40
43	6.96	9.13	10.13	12.14	16.24	28.39	49.79
44	7.29	9.50	10.51	12.57	16.76	29.13	51.20
45	7.61	9.89	10.89	12.99	17.27	29.86	52.59
46	7.95	10.27	11.27	13.42	17.76	30.58	53.98
47	8.27	10.64	11.63	13.82	18.22	31.28	55.33
48	8.60	11.00	12.01	14.25	18.66	31.97	56.72
49	8.90	11.36	12.37	14.63	19.06	32.62	58.02
50	9.20	11.70	12.72	15.00	19.40	33.20	59.21
51	9.47	12.00	13.02	15.34	19.69	33.70	60.23
52	9.73	12.28	13.30	15.64	19.91	34.10	61.05
53	9.95	12.50	13.51	15.85	20.00	34.32	61.52
54	10.13	12.69	13.68	16.02	20.03	34.42	61.76
55	10.25	12.81	13.78	16.14	19.98	34.41	61.75
56	10.33	12.90	13.83	16.20	19.84	34.27	61.49
57	10.39	12.94	13.83	16.20	19.64	34.00	60.98
58	10.21	12.68	13.56	15.87	19.09	33.05	59.09
59	10.03	12.44	13.28	15.53	18.52	32.12	57.22
60	9.89	12.25	13.06	15.26	18.04	31.33	55.61
61	9.82	12.14	12.94	15.13	17.71	30.80	54.58
62	9.86	12.20	12.97	15.17	17.59	30.69	54.34
63	10.25	12.69	13.52	15.81	18.15	31.84	56.58
64	10.78	13.38	14.26	16.70	18.99	33.49	59.82

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.53	4.56	5.02	6.02	8.92	18.09	32.09
26	3.65	4.73	5.22	6.27	9.28	18.66	33.05
27	3.79	4.94	5.44	6.55	9.64	19.22	34.01
28	3.95	5.15	5.68	6.85	10.02	19.80	34.98
29	4.11	5.38	5.93	7.15	10.42	20.38	35.95
30	4.29	5.61	6.20	7.50	10.82	20.98	36.93
31	4.47	5.87	6.49	7.84	11.25	21.59	37.94
32	4.66	6.13	6.78	8.20	11.68	22.20	38.96
33	4.87	6.41	7.09	8.58	12.13	22.83	40.00
34	5.08	6.69	7.41	8.96	12.58	23.47	41.06
35	5.30	6.98	7.74	9.35	13.05	24.11	42.15
36	5.52	7.28	8.08	9.76	13.53	24.78	43.28
37	5.75	7.59	8.42	10.17	14.01	25.46	44.45
38	5.99	7.90	8.77	10.60	14.50	26.16	45.66
39	6.23	8.22	9.14	11.02	15.00	26.88	46.93
40	6.49	8.55	9.50	11.45	15.51	27.61	48.23
41	6.74	8.89	9.88	11.88	16.02	28.34	49.57
42	7.00	9.22	10.27	12.32	16.54	29.10	50.94
43	7.33	9.61	10.67	12.78	17.09	29.88	52.41
44	7.67	10.01	11.06	13.23	17.64	30.66	53.89
45	8.02	10.41	11.47	13.68	18.17	31.43	55.36
46	8.36	10.81	11.86	14.12	18.69	32.19	56.82
47	8.70	11.20	12.25	14.56	19.18	32.92	58.25
48	9.05	11.58	12.65	15.00	19.65	33.65	59.71
49	9.36	11.96	13.02	15.41	20.06	34.34	61.07
50	9.68	12.31	13.38	15.80	20.42	34.95	62.32
51	9.97	12.64	13.71	16.15	20.73	35.47	63.40
52	10.24	12.93	13.99	16.46	20.95	35.90	64.26
53	10.47	13.16	14.22	16.68	21.06	36.12	64.76
54	10.67	13.36	14.40	16.87	21.08	36.23	65.01
55	10.79	13.49	14.50	16.99	21.02	36.22	65.00
56	10.88	13.58	14.56	17.05	20.88	36.07	64.72
57	10.94	13.61	14.56	17.05	20.67	35.79	64.19
58	10.74	13.35	14.27	16.70	20.09	34.80	62.20
59	10.56	13.09	13.97	16.35	19.49	33.81	60.23
60	10.41	12.89	13.75	16.06	18.99	32.97	58.54
61	10.34	12.79	13.61	15.92	18.64	32.42	57.45
62	10.38	12.84	13.66	15.97	18.52	32.31	57.20
63	10.79	13.36	14.23	16.65	19.11	33.51	59.56
64	11.34	14.08	15.00	17.58	19.99	35.25	62.97

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.01	3.86	4.24	5.08	7.48	15.07	26.60
26	3.12	4.01	4.42	5.29	7.78	15.55	27.42
27	3.24	4.18	4.60	5.52	8.10	16.03	28.25
28	3.36	4.36	4.80	5.77	8.42	16.52	29.06
29	3.50	4.55	5.01	6.04	8.75	17.01	29.88
30	3.64	4.75	5.24	6.31	9.08	17.50	30.70
31	3.79	4.95	5.46	6.60	9.43	18.00	31.53
32	3.95	5.17	5.71	6.90	9.79	18.52	32.37
33	4.11	5.39	5.96	7.20	10.15	19.03	33.21
34	4.29	5.62	6.22	7.52	10.52	19.54	34.07
35	4.46	5.86	6.49	7.83	10.89	20.06	34.94
36	4.65	6.11	6.77	8.16	11.28	20.59	35.83
37	4.83	6.34	7.04	8.48	11.66	21.12	36.75
38	5.02	6.60	7.32	8.82	12.06	21.67	37.71
39	5.22	6.86	7.61	9.15	12.44	22.23	38.68
40	5.41	7.11	7.90	9.50	12.83	22.78	39.67
41	5.61	7.37	8.19	9.83	13.24	23.34	40.69
42	5.82	7.63	8.48	10.17	13.63	23.90	41.72
43	6.07	7.94	8.79	10.52	14.04	24.48	42.80
44	6.34	8.25	9.10	10.87	14.46	25.05	43.89
45	6.61	8.54	9.40	11.20	14.85	25.61	44.96
46	6.86	8.84	9.70	11.54	15.23	26.15	46.02
47	7.13	9.13	9.99	11.85	15.59	26.66	47.04
48	7.37	9.42	10.28	12.16	15.90	27.16	48.02
49	7.61	9.69	10.54	12.46	16.18	27.61	48.95
50	7.85	9.94	10.80	12.73	16.43	28.01	49.78
51	8.07	10.18	11.04	12.98	16.63	28.35	50.52
52	8.27	10.40	11.25	13.21	16.78	28.64	51.12
53	8.46	10.60	11.44	13.41	16.87	28.85	51.55
54	8.63	10.77	11.60	13.57	16.91	28.97	51.81
55	8.76	10.90	11.71	13.69	16.90	29.01	51.92
56	8.85	11.00	11.79	13.79	16.83	28.99	51.85
57	8.93	11.07	11.83	13.83	16.73	28.86	51.59
58	8.82	10.92	11.65	13.62	16.34	28.20	50.27
59	8.71	10.77	11.48	13.41	15.96	27.57	48.97
60	8.63	10.66	11.35	13.25	15.64	27.05	47.91
61	8.62	10.62	11.31	13.20	15.44	26.76	47.27
62	8.69	10.72	11.40	13.30	15.42	26.80	47.31
63	9.03	11.14	11.86	13.87	15.91	27.79	49.25
64	9.48	11.73	12.49	14.62	16.62	29.19	52.03

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.17	4.07	4.46	5.34	7.88	15.87	28.00
26	3.28	4.22	4.65	5.57	8.19	16.37	28.86
27	3.41	4.40	4.84	5.81	8.52	16.88	29.74
28	3.54	4.58	5.05	6.07	8.86	17.39	30.59
29	3.69	4.79	5.27	6.35	9.20	17.91	31.46
30	3.84	5.00	5.51	6.64	9.56	18.43	32.32
31	4.00	5.22	5.76	6.94	9.93	18.96	33.19
32	4.16	5.45	6.01	7.26	10.30	19.49	34.07
33	4.33	5.68	6.27	7.58	10.68	20.03	34.96
34	4.51	5.92	6.55	7.91	11.07	20.57	35.87
35	4.70	6.17	6.83	8.25	11.47	21.12	36.78
36	4.89	6.42	7.12	8.59	11.87	21.67	37.72
37	5.09	6.68	7.41	8.93	12.28	22.23	38.68
38	5.29	6.94	7.71	9.28	12.69	22.81	39.69
39	5.49	7.22	8.01	9.64	13.09	23.40	40.71
40	5.69	7.49	8.32	10.00	13.51	23.98	41.76
41	5.91	7.76	8.62	10.35	13.93	24.57	42.83
42	6.12	8.03	8.93	10.71	14.34	25.16	43.91
43	6.39	8.35	9.26	11.08	14.78	25.77	45.06
44	6.67	8.68	9.57	11.44	15.22	26.37	46.20
45	6.95	8.99	9.89	11.79	15.64	26.95	47.33
46	7.22	9.31	10.21	12.14	16.03	27.53	48.44
47	7.51	9.62	10.52	12.48	16.41	28.06	49.51
48	7.76	9.92	10.82	12.80	16.74	28.58	50.55
49	8.02	10.20	11.10	13.11	17.04	29.06	51.52
50	8.26	10.46	11.37	13.40	17.29	29.48	52.40
51	8.49	10.72	11.62	13.67	17.50	29.85	53.18
52	8.70	10.95	11.84	13.90	17.66	30.15	53.81
53	8.91	11.16	12.04	14.12	17.76	30.36	54.26
54	9.09	11.33	12.21	14.28	17.80	30.49	54.53
55	9.21	11.48	12.33	14.41	17.78	30.54	54.65
56	9.32	11.58	12.41	14.51	17.72	30.51	54.58
57	9.40	11.65	12.45	14.56	17.61	30.38	54.31
58	9.28	11.49	12.27	14.34	17.20	29.69	52.91
59	9.17	11.33	12.08	14.12	16.80	29.02	51.55
60	9.09	11.22	11.95	13.95	16.46	28.48	50.42
61	9.07	11.18	11.91	13.90	16.25	28.17	49.76
62	9.15	11.28	11.99	14.00	16.23	28.20	49.80
63	9.50	11.73	12.49	14.60	16.75	29.25	51.85
64	9.98	12.35	13.15	15.38	17.49	30.73	54.77

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.17	12.31	13.71	16.68	21.23	36.17	63.19
26	9.50	12.80	14.26	17.35	22.01	37.22	65.01
27	9.86	13.30	14.82	18.06	22.81	38.28	66.80
28	10.25	13.82	15.42	18.80	23.62	39.32	68.54
29	10.64	14.38	16.02	19.56	24.45	40.36	70.28
30	11.05	14.95	16.67	20.34	25.29	41.39	71.99
31	11.48	15.52	17.32	21.15	26.14	42.41	73.71
32	11.92	16.12	17.99	21.96	27.01	43.43	75.42
33	12.36	16.71	18.66	22.77	27.87	44.45	77.15
34	12.80	17.32	19.34	23.59	28.75	45.47	78.89
35	13.27	17.93	20.03	24.41	29.63	46.51	80.68
36	13.74	18.55	20.73	25.25	30.51	47.56	82.52
37	14.21	19.18	21.44	26.08	31.38	48.62	84.43
38	14.70	19.81	22.15	26.91	32.24	49.73	86.45
39	15.19	20.45	22.86	27.75	33.09	50.86	88.56
40	15.68	21.09	23.60	28.59	33.94	52.01	90.75
41	16.19	21.75	24.34	29.44	34.78	53.19	93.05
42	16.71	22.42	25.10	30.30	35.61	54.40	95.43
43	17.39	23.20	25.87	31.18	36.47	55.68	98.01
44	18.08	24.00	26.67	32.07	37.30	56.96	100.65
45	18.79	24.82	27.46	32.96	38.14	58.28	103.36
46	19.51	25.63	28.27	33.86	38.96	59.60	106.09
47	20.25	26.47	29.08	34.75	39.77	60.92	108.83
48	20.97	27.32	29.95	35.71	40.59	62.30	111.78
49	21.68	28.14	30.79	36.65	41.39	63.66	114.64
50	22.40	28.96	31.61	37.56	42.16	64.95	117.33
51	23.08	29.74	32.39	38.42	42.89	66.13	119.79
52	23.73	30.47	33.12	39.22	43.56	67.19	121.92
53	24.38	31.20	33.84	40.02	44.33	68.18	123.68
54	24.97	31.86	34.47	40.71	44.99	68.97	124.96
55	25.48	32.38	34.97	41.25	45.51	69.48	125.66
56	25.86	32.79	35.31	41.62	45.86	69.70	125.72
57	26.14	33.03	35.48	41.77	45.97	69.54	125.03
58	26.17	33.01	35.44	41.69	45.83	68.97	123.51
59	26.04	32.79	35.16	41.33	45.39	67.94	121.09
60	25.70	32.31	34.60	40.67	44.59	66.38	117.66
61	25.12	31.55	33.76	39.67	43.41	64.25	113.13
62	24.31	30.51	32.59	38.29	41.81	61.49	107.46
63	23.21	29.10	31.07	36.50	39.72	58.09	100.51
64	21.84	27.34	29.19	34.28	37.14	53.94	92.22
65	20.18	25.22	26.90	31.58	33.99	49.02	82.52
66	18.22	22.70	24.18	28.39	30.25	43.26	71.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.65	12.96	14.43	17.56	22.35	38.07	66.52
26	10.01	13.47	15.00	18.27	23.17	39.19	68.43
27	10.38	14.00	15.60	19.01	24.01	40.30	70.31
28	10.79	14.56	16.23	19.78	24.86	41.39	72.15
29	11.20	15.14	16.87	20.59	25.73	42.48	73.97
30	11.63	15.73	17.55	21.41	26.62	43.56	75.79
31	12.08	16.34	18.23	22.26	27.52	44.64	77.59
32	12.54	16.97	18.94	23.12	28.42	45.72	79.39
33	13.01	17.59	19.64	23.97	29.34	46.79	81.21
34	13.48	18.23	20.36	24.83	30.26	47.86	83.05
35	13.97	18.88	21.08	25.70	31.19	48.95	84.93
36	14.46	19.53	21.82	26.58	32.11	50.05	86.86
37	14.96	20.19	22.56	27.46	33.04	51.18	88.87
38	15.47	20.85	23.31	28.33	33.94	52.34	91.00
39	15.99	21.52	24.07	29.21	34.83	53.53	93.23
40	16.51	22.20	24.84	30.10	35.73	54.74	95.53
41	17.05	22.90	25.63	30.98	36.61	55.99	97.94
42	17.59	23.60	26.42	31.89	37.49	57.26	100.45
43	18.30	24.42	27.24	32.82	38.39	58.61	103.16
44	19.03	25.26	28.07	33.76	39.27	59.96	105.95
45	19.77	26.12	28.91	34.69	40.15	61.35	108.79
46	20.54	26.98	29.76	35.64	41.01	62.74	111.67
47	21.31	27.86	30.62	36.58	41.86	64.13	114.56
48	22.07	28.75	31.52	37.59	42.72	65.59	117.66
49	22.83	29.62	32.41	38.58	43.57	67.01	120.67
50	23.58	30.48	33.27	39.54	44.38	68.37	123.51
51	24.30	31.30	34.10	40.44	45.14	69.62	126.09
52	24.98	32.08	34.87	41.29	45.86	70.73	128.33
53	25.67	32.85	35.62	42.13	46.66	71.77	130.19
54	26.29	33.53	36.28	42.85	47.35	72.59	131.53
55	26.81	34.09	36.81	43.42	47.91	73.15	132.28
56	27.23	34.51	37.17	43.81	48.27	73.37	132.33
57	27.51	34.76	37.35	43.97	48.39	73.20	131.61
58	27.55	34.74	37.30	43.89	48.24	72.60	130.01
59	27.41	34.51	37.01	43.51	47.78	71.51	127.46
60	27.06	34.01	36.42	42.81	46.94	69.87	123.85
61	26.44	33.21	35.53	41.76	45.70	67.63	119.09
62	25.59	32.11	34.30	40.30	44.01	64.73	113.12
63	24.44	30.63	32.71	38.42	41.82	61.14	105.80
64	22.99	28.78	30.73	36.08	39.10	56.78	97.08
65	21.24	26.55	28.32	33.25	35.78	51.59	86.86
66	19.18	23.90	25.46	29.88	31.85	45.54	75.04

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.35	5.70	6.29	7.60	10.77	20.97	37.36
26	4.51	5.94	6.56	7.93	11.19	21.60	38.42
27	4.70	6.19	6.86	8.28	11.64	22.24	39.50
28	4.90	6.47	7.16	8.68	12.12	22.91	40.61
29	5.11	6.78	7.51	9.10	12.60	23.59	41.75
30	5.35	7.09	7.87	9.54	13.11	24.31	42.92
31	5.60	7.44	8.25	10.01	13.63	25.03	44.13
32	5.86	7.79	8.65	10.50	14.19	25.78	45.39
33	6.13	8.17	9.07	11.00	14.76	26.57	46.69
34	6.42	8.55	9.50	11.54	15.34	27.38	48.05
35	6.73	8.96	9.96	12.08	15.95	28.21	49.46
36	7.05	9.38	10.45	12.65	16.58	29.08	50.94
37	7.37	9.81	10.94	13.24	17.22	30.00	52.52
38	7.72	10.27	11.45	13.84	17.89	30.95	54.18
39	8.08	10.74	11.97	14.47	18.57	31.94	55.93
40	8.45	11.23	12.52	15.11	19.28	32.96	57.77
41	8.84	11.73	13.09	15.77	20.01	34.03	59.69
42	9.24	12.26	13.68	16.46	20.77	35.14	61.71
43	9.74	12.86	14.30	17.16	21.59	36.32	63.90
44	10.26	13.48	14.95	17.90	22.42	37.53	66.15
45	10.80	14.13	15.60	18.65	23.27	38.76	68.47
46	11.36	14.79	16.28	19.42	24.11	40.02	70.86
47	11.94	15.47	16.97	20.19	24.96	41.29	73.29
48	12.53	16.17	17.69	21.01	25.82	42.65	75.92
49	13.12	16.87	18.43	21.83	26.65	43.99	78.51
50	13.70	17.56	19.14	22.64	27.43	45.28	81.01
51	14.28	18.22	19.82	23.42	28.14	46.51	83.37
52	14.83	18.87	20.48	24.14	28.78	47.61	85.51
53	15.38	19.48	21.10	24.83	29.33	48.62	87.43
54	15.87	20.04	21.66	25.45	29.76	49.46	89.00
55	16.22	20.50	22.10	25.95	30.06	50.09	90.16
56	16.49	20.85	22.42	26.34	30.21	50.48	90.82
57	16.68	21.08	22.62	26.56	30.19	50.58	90.90
58	16.72	21.16	22.67	26.61	29.99	50.37	90.36
59	16.64	21.07	22.55	26.47	29.57	49.79	89.10
60	16.43	20.80	22.25	26.11	28.93	48.83	87.05
61	16.07	20.35	21.74	25.50	28.04	47.43	84.15
62	15.54	19.69	21.01	24.63	26.89	45.57	80.32
63	14.82	18.78	20.02	23.48	25.48	43.20	75.48
64	13.91	17.62	18.78	22.00	23.74	40.29	69.55
65	12.80	16.20	17.25	20.20	21.70	36.79	62.47
66	11.48	14.49	15.41	18.04	19.32	32.69	54.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.58	6.00	6.63	8.00	11.33	22.07	39.32
26	4.75	6.25	6.91	8.34	11.78	22.73	40.44
27	4.95	6.51	7.22	8.72	12.26	23.41	41.58
28	5.16	6.81	7.54	9.13	12.75	24.11	42.75
29	5.39	7.13	7.90	9.57	13.26	24.83	43.95
30	5.63	7.46	8.28	10.04	13.80	25.58	45.18
31	5.89	7.82	8.69	10.53	14.35	26.35	46.46
32	6.17	8.20	9.11	11.05	14.93	27.14	47.78
33	6.46	8.60	9.55	11.58	15.53	27.97	49.15
34	6.76	9.00	10.01	12.14	16.15	28.82	50.57
35	7.08	9.43	10.49	12.72	16.79	29.70	52.06
36	7.42	9.87	10.99	13.31	17.45	30.62	53.63
37	7.76	10.33	11.51	13.94	18.13	31.57	55.28
38	8.12	10.81	12.05	14.57	18.83	32.58	57.03
39	8.50	11.31	12.60	15.22	19.54	33.62	58.87
40	8.90	11.82	13.18	15.90	20.29	34.70	60.81
41	9.30	12.35	13.78	16.60	21.07	35.82	62.83
42	9.72	12.90	14.40	17.32	21.86	36.99	64.96
43	10.25	13.53	15.06	18.07	22.72	38.23	67.26
44	10.80	14.19	15.73	18.84	23.60	39.50	69.63
45	11.37	14.87	16.42	19.63	24.49	40.81	72.08
46	11.96	15.57	17.13	20.44	25.38	42.13	74.59
47	12.57	16.28	17.86	21.25	26.27	43.46	77.14
48	13.19	17.02	18.62	22.12	27.17	44.90	79.91
49	13.81	17.76	19.40	22.99	28.05	46.31	82.65
50	14.42	18.48	20.14	23.83	28.87	47.67	85.28
51	15.03	19.18	20.86	24.65	29.62	48.95	87.76
52	15.61	19.86	21.55	25.41	30.30	50.12	90.01
53	16.19	20.51	22.21	26.14	30.87	51.18	92.03
54	16.70	21.09	22.79	26.79	31.33	52.06	93.68
55	17.07	21.58	23.26	27.32	31.64	52.73	94.90
56	17.36	21.95	23.60	27.72	31.80	53.13	95.59
57	17.56	22.19	23.81	27.96	31.79	53.25	95.69
58	17.60	22.26	23.87	28.01	31.57	53.02	95.11
59	17.51	22.18	23.74	27.86	31.13	52.41	93.79
60	17.29	21.89	23.42	27.48	30.45	51.40	91.63
61	16.91	21.42	22.88	26.84	29.52	49.93	88.58
62	16.36	20.72	22.11	25.92	28.31	47.97	84.54
63	15.60	19.76	21.08	24.71	26.81	45.47	79.45
64	14.64	18.54	19.76	23.16	24.99	42.41	73.21
65	13.48	17.05	18.15	21.26	22.84	38.73	65.76
66	12.08	15.26	16.22	18.99	20.35	34.41	57.03

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Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.76	4.88	5.39	6.47	9.61	19.53	34.73
26	3.90	5.09	5.61	6.76	10.00	20.14	35.77
27	4.06	5.31	5.86	7.07	10.41	20.77	36.84
28	4.23	5.54	6.12	7.40	10.83	21.41	37.91
29	4.42	5.80	6.42	7.76	11.28	22.08	39.02
30	4.61	6.08	6.72	8.13	11.74	22.76	40.15
31	4.82	6.36	7.05	8.53	12.22	23.46	41.32
32	5.05	6.67	7.39	8.95	12.72	24.18	42.52
33	5.28	6.99	7.75	9.38	13.24	24.93	43.76
34	5.53	7.32	8.12	9.83	13.78	25.70	45.06
35	5.78	7.66	8.51	10.30	14.34	26.51	46.40
36	6.05	8.02	8.91	10.79	14.91	27.32	47.82
37	6.34	8.40	9.33	11.28	15.50	28.18	49.30
38	6.63	8.78	9.77	11.79	16.11	29.08	50.86
39	6.93	9.17	10.21	12.31	16.74	30.02	52.51
40	7.24	9.58	10.67	12.86	17.38	30.98	54.23
41	7.57	10.01	11.15	13.41	18.05	31.98	56.04
42	7.91	10.45	11.64	13.98	18.74	33.01	57.92
43	8.32	10.96	12.17	14.59	19.48	34.10	59.95
44	8.77	11.48	12.71	15.21	20.23	35.22	62.04
45	9.22	12.01	13.26	15.83	20.99	36.37	64.20
46	9.69	12.57	13.82	16.47	21.75	37.53	66.39
47	10.17	13.13	14.39	17.12	22.50	38.69	68.61
48	10.66	13.71	14.99	17.79	23.27	39.93	71.02
49	11.14	14.29	15.59	18.47	24.00	41.16	73.38
50	11.62	14.85	16.17	19.12	24.68	42.32	75.64
51	12.11	15.41	16.74	19.75	25.32	43.40	77.76
52	12.56	15.93	17.27	20.33	25.86	44.40	79.67
53	12.99	16.42	17.77	20.88	26.33	45.25	81.33
54	13.38	16.85	18.20	21.37	26.68	45.95	82.66
55	13.69	17.21	18.54	21.76	26.92	46.46	83.62
56	13.95	17.49	18.80	22.05	27.02	46.75	84.13
57	14.12	17.67	18.95	22.23	26.99	46.78	84.15
58	14.17	17.72	18.98	22.26	26.78	46.53	83.62
59	14.13	17.65	18.89	22.15	26.40	45.97	82.47
60	13.98	17.46	18.65	21.86	25.84	45.06	80.65
61	13.73	17.11	18.26	21.39	25.04	43.78	78.10
62	13.34	16.60	17.69	20.72	24.05	42.09	74.77
63	12.80	15.89	16.94	19.84	22.83	39.96	70.58
64	12.11	15.01	15.98	18.71	21.35	37.37	65.50
65	11.26	13.93	14.81	17.34	19.61	34.28	59.44
66	10.24	12.63	13.42	15.69	17.58	30.68	52.38

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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.95	5.14	5.67	6.81	10.11	20.56	36.56
26	4.10	5.35	5.90	7.11	10.52	21.20	37.66
27	4.27	5.59	6.17	7.44	10.96	21.86	38.77
28	4.45	5.83	6.45	7.79	11.40	22.54	39.91
29	4.65	6.11	6.75	8.17	11.87	23.24	41.07
30	4.86	6.40	7.08	8.56	12.36	23.95	42.27
31	5.08	6.70	7.42	8.98	12.87	24.69	43.49
32	5.32	7.02	7.78	9.42	13.39	25.46	44.76
33	5.56	7.36	8.16	9.87	13.94	26.24	46.07
34	5.82	7.71	8.55	10.35	14.50	27.05	47.42
35	6.09	8.06	8.96	10.84	15.09	27.90	48.85
36	6.37	8.44	9.38	11.35	15.69	28.76	50.34
37	6.67	8.84	9.82	11.87	16.32	29.66	51.89
38	6.98	9.24	10.28	12.41	16.96	30.62	53.54
39	7.30	9.65	10.74	12.96	17.62	31.59	55.27
40	7.62	10.08	11.24	13.53	18.30	32.60	57.09
41	7.96	10.53	11.74	14.12	19.00	33.66	58.99
42	8.32	11.00	12.26	14.72	19.72	34.74	60.97
43	8.76	11.53	12.81	15.36	20.50	35.90	63.10
44	9.23	12.08	13.38	16.01	21.30	37.07	65.30
45	9.71	12.65	13.96	16.67	22.10	38.28	67.58
46	10.20	13.23	14.55	17.34	22.90	39.50	69.88
47	10.71	13.82	15.14	18.01	23.69	40.73	72.22
48	11.22	14.43	15.78	18.73	24.49	42.04	74.76
49	11.73	15.04	16.41	19.44	25.26	43.32	77.25
50	12.24	15.64	17.03	20.13	25.99	44.55	79.62
51	12.74	16.22	17.62	20.79	26.65	45.69	81.85
52	13.22	16.76	18.17	21.40	27.23	46.73	83.86
53	13.68	17.28	18.70	21.98	27.71	47.63	85.61
54	14.09	17.74	19.16	22.49	28.09	48.37	87.01
55	14.41	18.12	19.52	22.91	28.34	48.91	88.02
56	14.68	18.41	19.78	23.21	28.45	49.22	88.55
57	14.86	18.60	19.94	23.40	28.41	49.24	88.58
58	14.92	18.66	19.98	23.43	28.19	48.98	88.02
59	14.88	18.59	19.89	23.31	27.79	48.39	86.81
60	14.72	18.37	19.63	23.01	27.19	47.43	84.89
61	14.45	18.00	19.22	22.52	26.36	46.09	82.21
62	14.04	17.47	18.62	21.82	25.32	44.31	78.71
63	13.47	16.73	17.83	20.88	24.02	42.06	74.30
64	12.74	15.80	16.83	19.69	22.48	39.34	68.95
65	11.85	14.66	15.59	18.25	20.64	36.09	62.58
66	10.78	13.30	14.12	16.52	18.51	32.29	55.13

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.48	4.51	4.95	5.95	8.79	17.80	31.55
26	3.61	4.69	5.17	6.21	9.17	18.38	32.55
27	3.77	4.90	5.40	6.50	9.55	18.98	33.57
28	3.92	5.11	5.65	6.81	9.95	19.59	34.60
29	4.10	5.36	5.92	7.15	10.37	20.21	35.65
30	4.28	5.61	6.20	7.49	10.79	20.86	36.70
31	4.47	5.88	6.50	7.86	11.25	21.51	37.80
32	4.68	6.16	6.82	8.25	11.70	22.18	38.93
33	4.89	6.45	7.15	8.64	12.18	22.88	40.08
34	5.11	6.76	7.49	9.06	12.67	23.59	41.28
35	5.36	7.08	7.84	9.49	13.19	24.33	42.53
36	5.61	7.40	8.21	9.94	13.71	25.08	43.82
37	5.85	7.74	8.60	10.38	14.26	25.86	45.17
38	6.12	8.09	8.98	10.84	14.80	26.68	46.59
39	6.40	8.45	9.40	11.32	15.37	27.52	48.08
40	6.68	8.82	9.81	11.81	15.96	28.39	49.64
41	6.97	9.20	10.25	12.31	16.56	29.30	51.25
42	7.28	9.60	10.69	12.83	17.17	30.21	52.93
43	7.66	10.05	11.16	13.37	17.84	31.19	54.74
44	8.05	10.52	11.63	13.92	18.51	32.18	56.60
45	8.45	11.00	12.13	14.48	19.18	33.19	58.49
46	8.87	11.48	12.63	15.03	19.85	34.20	60.42
47	9.29	11.99	13.13	15.60	20.50	35.21	62.36
48	9.72	12.49	13.65	16.19	21.16	36.27	64.43
49	10.15	13.00	14.17	16.78	21.80	37.32	66.45
50	10.58	13.48	14.67	17.34	22.38	38.31	68.38
51	10.97	13.96	15.15	17.87	22.90	39.21	70.15
52	11.37	14.40	15.60	18.37	23.36	40.03	71.74
53	11.74	14.80	16.01	18.81	23.70	40.69	73.03
54	12.06	15.16	16.36	19.19	23.97	41.22	74.04
55	12.31	15.46	16.64	19.51	24.13	41.59	74.75
56	12.52	15.68	16.84	19.76	24.18	41.80	75.12
57	12.68	15.84	16.98	19.90	24.15	41.81	75.11
58	12.74	15.90	17.02	19.96	23.98	41.62	74.69
59	12.73	15.88	16.98	19.90	23.68	41.21	73.82
60	12.65	15.75	16.83	19.71	23.27	40.55	72.49
61	12.49	15.53	16.57	19.41	22.70	39.64	70.65
62	12.24	15.20	16.20	18.97	22.01	38.46	68.27
63	11.88	14.74	15.69	18.37	21.16	37.00	65.30
64	11.42	14.14	15.06	17.63	20.15	35.22	61.72
65	10.86	13.43	14.28	16.70	18.97	33.13	57.51
66	10.18	12.56	13.34	15.61	17.63	30.69	52.62

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.66	4.74	5.22	6.27	9.26	18.74	33.21
26	3.80	4.94	5.44	6.54	9.65	19.35	34.27
27	3.96	5.16	5.68	6.85	10.05	19.98	35.34
28	4.13	5.39	5.95	7.17	10.47	20.62	36.42
29	4.31	5.64	6.23	7.52	10.91	21.28	37.52
30	4.51	5.90	6.53	7.88	11.36	21.96	38.64
31	4.71	6.19	6.85	8.27	11.84	22.64	39.79
32	4.93	6.49	7.18	8.69	12.32	23.36	40.98
33	5.15	6.79	7.52	9.10	12.82	24.09	42.20
34	5.39	7.11	7.88	9.54	13.34	24.83	43.45
35	5.64	7.44	8.25	9.99	13.89	25.61	44.77
36	5.90	7.79	8.64	10.45	14.43	26.40	46.13
37	6.16	8.14	9.05	10.93	15.00	27.23	47.55
38	6.44	8.51	9.46	11.41	15.58	28.09	49.04
39	6.73	8.89	9.89	11.92	16.18	28.97	50.62
40	7.03	9.28	10.33	12.43	16.80	29.88	52.25
41	7.34	9.68	10.79	12.96	17.43	30.84	53.95
42	7.66	10.10	11.26	13.51	18.08	31.80	55.72
43	8.06	10.58	11.75	14.07	18.78	32.82	57.62
44	8.47	11.08	12.25	14.65	19.48	33.87	59.58
45	8.90	11.58	12.77	15.24	20.20	34.94	61.57
46	9.34	12.09	13.29	15.82	20.90	35.99	63.60
47	9.79	12.62	13.82	16.42	21.59	37.07	65.64
48	10.23	13.15	14.37	17.05	22.28	38.18	67.82
49	10.68	13.68	14.92	17.66	22.94	39.28	69.94
50	11.13	14.19	15.44	18.25	23.56	40.32	71.98
51	11.55	14.69	15.95	18.81	24.10	41.27	73.85
52	11.97	15.15	16.42	19.33	24.59	42.13	75.51
53	12.36	15.58	16.85	19.80	24.95	42.83	76.88
54	12.70	15.96	17.22	20.20	25.23	43.39	77.94
55	12.96	16.27	17.51	20.54	25.40	43.78	78.68
56	13.18	16.51	17.73	20.79	25.46	44.00	79.07
57	13.35	16.68	17.87	20.94	25.41	44.01	79.06
58	13.41	16.74	17.92	21.01	25.24	43.81	78.62
59	13.40	16.71	17.87	20.94	24.93	43.38	77.71
60	13.31	16.58	17.71	20.75	24.49	42.69	76.31
61	13.15	16.35	17.44	20.43	23.90	41.73	74.37
62	12.88	16.00	17.05	19.97	23.17	40.49	71.86
63	12.50	15.51	16.52	19.34	22.27	38.95	68.74
64	12.02	14.89	15.85	18.55	21.21	37.07	64.97
65	11.43	14.13	15.03	17.58	19.97	34.87	60.54
66	10.72	13.22	14.04	16.43	18.55	32.30	55.39

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.12	4.02	4.43	5.29	7.79	15.64	27.60
26	3.25	4.19	4.60	5.53	8.11	16.17	28.51
27	3.38	4.37	4.81	5.78	8.46	16.70	29.42
28	3.52	4.58	5.03	6.06	8.81	17.26	30.35
29	3.67	4.78	5.27	6.34	9.18	17.81	31.28
30	3.83	5.00	5.52	6.65	9.56	18.37	32.22
31	4.00	5.24	5.78	6.98	9.95	18.96	33.18
32	4.18	5.47	6.05	7.31	10.35	19.54	34.15
33	4.36	5.73	6.34	7.66	10.76	20.13	35.16
34	4.56	5.98	6.63	8.01	11.19	20.74	36.18
35	4.77	6.27	6.94	8.38	11.62	21.37	37.22
36	4.97	6.54	7.26	8.76	12.07	22.00	38.32
37	5.18	6.83	7.58	9.14	12.53	22.66	39.44
38	5.41	7.12	7.91	9.53	12.99	23.34	40.63
39	5.64	7.43	8.25	9.94	13.46	24.04	41.87
40	5.88	7.74	8.61	10.35	13.96	24.75	43.14
41	6.12	8.06	8.96	10.77	14.45	25.48	44.45
42	6.38	8.39	9.33	11.19	14.95	26.22	45.81
43	6.69	8.76	9.72	11.62	15.49	27.01	47.26
44	7.01	9.14	10.11	12.07	16.03	27.80	48.74
45	7.35	9.53	10.50	12.52	16.58	28.58	50.25
46	7.69	9.94	10.90	12.97	17.11	29.37	51.75
47	8.03	10.33	11.29	13.42	17.63	30.15	53.25
48	8.37	10.73	11.70	13.88	18.12	30.95	54.81
49	8.70	11.12	12.11	14.33	18.59	31.72	56.32
50	9.04	11.49	12.50	14.76	19.01	32.44	57.75
51	9.35	11.85	12.87	15.15	19.40	33.10	59.05
52	9.65	12.20	13.20	15.53	19.71	33.68	60.19
53	9.94	12.49	13.49	15.84	19.93	34.10	61.03
54	10.18	12.76	13.75	16.12	20.09	34.43	61.68
55	10.38	12.97	13.96	16.35	20.17	34.66	62.12
56	10.55	13.16	14.12	16.54	20.20	34.80	62.37
57	10.68	13.31	14.25	16.68	20.19	34.85	62.43
58	10.78	13.40	14.33	16.78	20.11	34.79	62.26
59	10.82	13.46	14.37	16.82	19.98	34.64	61.89
60	10.84	13.46	14.37	16.82	19.81	34.39	61.30
61	10.83	13.44	14.32	16.76	19.57	34.04	60.50
62	10.79	13.36	14.23	16.64	19.31	33.60	59.48
63	10.69	13.23	14.08	16.47	18.98	33.05	58.24
64	10.55	13.05	13.89	16.24	18.63	32.41	56.77
65	10.38	12.82	13.63	15.95	18.23	31.67	55.06
66	10.17	12.55	13.34	15.60	17.80	30.83	53.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.29	4.23	4.66	5.57	8.20	16.46	29.05
26	3.41	4.41	4.85	5.82	8.54	17.02	30.01
27	3.56	4.60	5.07	6.09	8.91	17.58	30.97
28	3.70	4.81	5.30	6.38	9.28	18.16	31.94
29	3.86	5.03	5.54	6.68	9.66	18.74	32.92
30	4.03	5.26	5.81	7.00	10.06	19.34	33.92
31	4.22	5.51	6.09	7.35	10.47	19.95	34.92
32	4.40	5.76	6.37	7.70	10.89	20.57	35.95
33	4.59	6.03	6.67	8.06	11.33	21.19	37.00
34	4.80	6.30	6.98	8.43	11.78	21.83	38.08
35	5.02	6.59	7.30	8.82	12.24	22.49	39.19
36	5.24	6.88	7.64	9.21	12.71	23.16	40.34
37	5.46	7.19	7.97	9.63	13.19	23.86	41.52
38	5.69	7.50	8.32	10.03	13.68	24.57	42.77
39	5.94	7.81	8.69	10.45	14.18	25.31	44.07
40	6.19	8.15	9.06	10.89	14.69	26.06	45.41
41	6.44	8.48	9.43	11.33	15.21	26.82	46.79
42	6.71	8.83	9.82	11.78	15.73	27.61	48.22
43	7.04	9.22	10.23	12.24	16.31	28.42	49.75
44	7.38	9.63	10.64	12.71	16.88	29.26	51.31
45	7.74	10.03	11.05	13.18	17.45	30.09	52.89
46	8.10	10.45	11.48	13.66	18.00	30.91	54.47
47	8.46	10.88	11.89	14.12	18.55	31.73	56.05
48	8.81	11.29	12.32	14.61	19.07	32.58	57.69
49	9.16	11.70	12.74	15.08	19.56	33.39	59.29
50	9.51	12.10	13.16	15.53	20.01	34.14	60.78
51	9.85	12.48	13.54	15.95	20.42	34.84	62.15
52	10.16	12.84	13.90	16.35	20.75	35.45	63.36
53	10.45	13.15	14.20	16.68	20.98	35.90	64.24
54	10.72	13.43	14.48	16.97	21.15	36.24	64.93
55	10.93	13.66	14.69	17.21	21.23	36.48	65.39
56	11.11	13.85	14.86	17.42	21.27	36.63	65.66
57	11.25	14.01	15.00	17.56	21.25	36.68	65.71
58	11.34	14.11	15.08	17.66	21.16	36.62	65.53
59	11.40	14.16	15.13	17.71	21.03	36.46	65.15
60	11.41	14.18	15.13	17.71	20.85	36.20	64.53
61	11.40	14.14	15.07	17.64	20.60	35.83	63.69
62	11.36	14.06	14.98	17.52	20.32	35.37	62.61
63	11.26	13.92	14.82	17.34	19.98	34.80	61.30
64	11.11	13.74	14.62	17.10	19.61	34.12	59.75
65	10.93	13.50	14.35	16.79	19.19	33.33	57.96
66	10.71	13.21	14.04	16.42	18.74	32.45	55.92

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Metropolitan Life Insurance Company -- NAIC Number 65978

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Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.54	12.81	14.28	17.36	22.03		
26	9.92	13.34	14.87	18.10	22.88		
27	10.31	13.90	15.49	18.88	23.76		
28	10.74	14.48	16.15	19.69	24.67		
29	11.18	15.10	16.83	20.54	25.58		
30	11.63	15.73	17.56	21.42	26.52		
31	12.12	16.39	18.30	22.33	27.48		
32	12.62	17.06	19.05	23.24	28.45		
33	13.13	17.75	19.82	24.17	29.42		
34	13.63	18.44	20.61	25.12	30.40		
35	14.18	19.16	21.41	26.08	31.38		
36	14.73	19.90	22.24	27.07	32.38		
37	15.30	20.64	23.08	28.07	33.38		
38	15.88	21.41	23.94	29.08	34.38		
39	16.48	22.18	24.83	30.11	35.40		
40	17.11	22.99	25.74	31.18	36.42		
41	17.75	23.83	26.68	32.26	37.46		
42	18.42	24.69	27.66	33.37	38.52		
43	19.26	25.70	28.67	34.53	39.56		
44	20.14	26.73	29.72	35.73	40.64		
45	21.06	27.83	30.81	36.97	41.72		
46	22.02	28.94	31.94	38.24	42.82		
47	23.02	30.11	33.11	39.56	43.92		
48	24.04	31.34	34.37	41.01	45.10		
49	25.09	32.60	35.68	42.48	46.27		
50	26.16	33.86	37.00	43.96	47.42		
51	27.24	35.15	38.31	45.45	48.55		
52	28.33	36.43	39.62	46.94	49.61		
53	29.50	37.81	41.03	48.55	50.73		
54	30.62	39.14	42.37	50.08	51.74		
55	31.69	40.37	43.60	51.48	52.60		
56	32.65	41.47	44.69	52.71	53.28		
57	33.47	42.39	45.57	53.72	53.74		
58	33.87	42.83	45.99	54.16	53.68		
59	34.12	43.06	46.18	54.34	53.37		
60	34.20	43.07	46.16	54.28	52.84		
61	34.12	42.90	45.91	53.99	52.09		
62	33.84	42.54	45.48	53.48	51.14		
63	32.92	41.43	44.32	52.13	49.43		
64	31.99	40.30	43.12	50.76	47.72		
65	31.12	39.27	42.06	49.55	46.16		
66	30.45	38.51	41.25	48.67	44.92		
67	30.09	38.13	40.88	48.29	44.17		
68	30.14	38.28	41.10	48.61	44.07		
69	30.71	39.11	42.03	49.79	44.79		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.04	13.49	15.03	18.28	23.19		
26	10.44	14.04	15.66	19.05	24.09		
27	10.86	14.63	16.31	19.87	25.01		
28	11.30	15.25	17.00	20.73	25.96		
29	11.77	15.89	17.72	21.62	26.93		
30	12.25	16.56	18.48	22.55	27.92		
31	12.75	17.26	19.25	23.50	28.93		
32	13.28	17.96	20.06	24.46	29.95		
33	13.82	18.68	20.86	25.45	30.97		
34	14.35	19.41	21.69	26.44	32.00		
35	14.92	20.17	22.54	27.46	33.04		
36	15.51	20.94	23.41	28.49	34.08		
37	16.10	21.73	24.30	29.55	35.14		
38	16.72	22.54	25.20	30.62	36.19		
39	17.35	23.36	26.14	31.70	37.27		
40	18.00	24.21	27.10	32.82	38.34		
41	18.68	25.09	28.09	33.96	39.43		
42	19.39	26.00	29.11	35.13	40.54		
43	20.28	27.05	30.18	36.35	41.65		
44	21.20	28.14	31.28	37.61	42.78		
45	22.17	29.29	32.43	38.91	43.92		
46	23.18	30.47	33.62	40.25	45.07		
47	24.24	31.70	34.85	41.65	46.24		
48	25.31	32.98	36.19	43.16	47.48		
49	26.41	34.31	37.56	44.71	48.71		
50	27.54	35.65	38.94	46.28	49.92		
51	28.68	37.00	40.32	47.85	51.10		
52	29.81	38.35	41.70	49.41	52.23		
53	31.05	39.80	43.19	51.10	53.40		
54	32.23	41.20	44.60	52.71	54.46		
55	33.35	42.50	45.90	54.19	55.37		
56	34.36	43.65	47.04	55.48	56.09		
57	35.23	44.62	47.97	56.54	56.57		
58	35.66	45.08	48.41	57.01	56.50		
59	35.91	45.32	48.61	57.20	56.18		
60	36.00	45.34	48.58	57.14	55.62		
61	35.91	45.16	48.33	56.83	54.82		
62	35.61	44.77	47.87	56.29	53.83		
63	34.65	43.61	46.65	54.88	52.03		
64	33.67	42.42	45.39	53.43	50.23		
65	32.75	41.34	44.26	52.16	48.58		
66	32.05	40.53	43.43	51.23	47.28		
67	31.67	40.14	43.04	50.84	46.49		
68	31.72	40.30	43.26	51.17	46.39		
69	32.33	41.17	44.24	52.41	47.15		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.56	5.98	6.61	7.98	11.26		
26	4.74	6.25	6.91	8.35	11.73		
27	4.95	6.53	7.23	8.76	12.22		
28	5.17	6.85	7.59	9.19	12.75		
29	5.42	7.18	7.96	9.65	13.30		
30	5.68	7.55	8.37	10.15	13.87		
31	5.97	7.94	8.80	10.67	14.47		
32	6.27	8.33	9.27	11.24	15.10		
33	6.59	8.76	9.75	11.82	15.76		
34	6.92	9.21	10.25	12.43	16.44		
35	7.27	9.68	10.78	13.07	17.14		
36	7.64	10.18	11.33	13.74	17.89		
37	8.03	10.69	11.92	14.43	18.66		
38	8.45	11.24	12.52	15.14	19.47		
39	8.87	11.80	13.16	15.89	20.31		
40	9.32	12.39	13.82	16.68	21.18		
41	9.79	13.01	14.53	17.49	22.09		
42	10.29	13.67	15.27	18.35	23.01		
43	10.91	14.41	16.04	19.25	23.99		
44	11.55	15.20	16.85	20.19	24.99		
45	12.24	16.02	17.71	21.16	26.00		
46	12.96	16.89	18.60	22.18	27.05		
47	13.73	17.80	19.53	23.26	28.11		
48	14.51	18.76	20.55	24.41	29.23		
49	15.33	19.76	21.59	25.60	30.35		
50	16.17	20.76	22.64	26.80	31.45		
51	17.02	21.78	23.70	28.00	32.52		
52	17.88	22.79	24.75	29.19	33.53		
53	18.79	23.86	25.85	30.46	34.52		
54	19.65	24.89	26.91	31.65	35.41		
55	20.37	25.82	27.85	32.74	36.18		
56	21.03	26.65	28.68	33.71	36.78		
57	21.58	27.34	29.36	34.51	37.19		
58	21.84	27.68	29.70	34.90	37.17		
59	21.98	27.89	29.88	35.09	36.95		
60	22.01	27.93	29.90	35.11	36.55		
61	21.93	27.84	29.77	34.96	35.97		
62	21.74	27.62	29.52	34.66	35.24		
63	21.15	26.92	28.77	33.80	33.99		
64	20.51	26.18	28.00	32.91	32.73		
65	19.95	25.51	27.30	32.12	31.56		
66	19.48	25.00	26.77	31.53	30.62		
67	19.23	24.75	26.51	31.28	30.00		
68	19.23	24.83	26.63	31.45	29.82		
69	19.56	25.34	27.21	32.19	30.21		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.80	6.30	6.96	8.40	11.84		
26	4.99	6.57	7.27	8.79	12.35		
27	5.21	6.87	7.61	9.21	12.87		
28	5.45	7.21	7.98	9.67	13.42		
29	5.70	7.56	8.39	10.16	13.99		
30	5.98	7.95	8.81	10.68	14.60		
31	6.28	8.35	9.27	11.24	15.23		
32	6.60	8.77	9.75	11.83	15.89		
33	6.93	9.22	10.26	12.44	16.59		
34	7.28	9.70	10.79	13.09	17.30		
35	7.65	10.19	11.34	13.75	18.05		
36	8.04	10.72	11.93	14.46	18.83		
37	8.46	11.26	12.55	15.19	19.64		
38	8.89	11.83	13.18	15.95	20.50		
39	9.34	12.43	13.85	16.73	21.38		
40	9.81	13.04	14.56	17.56	22.30		
41	10.31	13.69	15.29	18.41	23.25		
42	10.83	14.39	16.07	19.32	24.23		
43	11.48	15.17	16.89	20.26	25.25		
44	12.16	16.00	17.74	21.25	26.30		
45	12.88	16.87	18.64	22.28	27.38		
46	13.65	17.78	19.58	23.36	28.48		
47	14.45	18.74	20.56	24.48	29.59		
48	15.28	19.75	21.63	25.70	30.77		
49	16.14	20.79	22.72	26.95	31.95		
50	17.03	21.85	23.83	28.20	33.11		
51	17.92	22.92	24.95	29.47	34.22		
52	18.82	23.99	26.05	30.73	35.29		
53	19.77	25.12	27.22	32.06	36.34		
54	20.68	26.20	28.33	33.32	37.28		
55	21.45	27.17	29.32	34.47	38.08		
56	22.14	28.05	30.19	35.49	38.71		
57	22.71	28.78	30.91	36.33	39.14		
58	22.99	29.15	31.27	36.74	39.12		
59	23.14	29.36	31.45	36.94	38.90		
60	23.17	29.40	31.48	36.96	38.47		
61	23.08	29.31	31.34	36.80	37.86		
62	22.88	29.08	31.06	36.48	37.10		
63	22.26	28.34	30.28	35.58	35.78		
64	21.60	27.56	29.47	34.65	34.45		
65	21.00	26.86	28.73	33.81	33.22		
66	20.51	26.32	28.18	33.19	32.23		
67	20.24	26.05	27.90	32.92	31.57		
68	20.24	26.14	28.03	33.11	31.39		
69	20.59	26.68	28.64	33.89	31.80		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.93	5.13	5.66	6.81	10.07		
26	4.10	5.36	5.92	7.12	10.50		
27	4.28	5.61	6.20	7.47	10.96		
28	4.47	5.88	6.49	7.85	11.44		
29	4.68	6.17	6.82	8.25	11.94		
30	4.92	6.47	7.17	8.67	12.46		
31	5.15	6.80	7.54	9.13	13.01		
32	5.41	7.15	7.94	9.61	13.59		
33	5.68	7.52	8.34	10.10	14.19		
34	5.96	7.90	8.78	10.62	14.81		
35	6.27	8.30	9.23	11.16	15.47		
36	6.58	8.73	9.71	11.74	16.15		
37	6.92	9.16	10.20	12.32	16.85		
38	7.26	9.62	10.72	12.94	17.60		
39	7.62	10.10	11.26	13.58	18.37		
40	8.01	10.60	11.82	14.24	19.17		
41	8.41	11.13	12.42	14.93	19.99		
42	8.83	11.69	13.04	15.66	20.85		
43	9.35	12.32	13.70	16.42	21.74		
44	9.91	12.98	14.39	17.21	22.66		
45	10.48	13.68	15.11	18.04	23.59		
46	11.10	14.41	15.86	18.90	24.53		
47	11.73	15.17	16.64	19.79	25.50		
48	12.40	15.98	17.49	20.77	26.51		
49	13.09	16.81	18.36	21.75	27.53		
50	13.79	17.64	19.24	22.76	28.52		
51	14.48	18.49	20.12	23.75	29.48		
52	15.20	19.32	20.99	24.73	30.37		
53	15.95	20.21	21.89	25.77	31.26		
54	16.66	21.05	22.75	26.74	32.04		
55	17.29	21.82	23.51	27.63	32.69		
56	17.86	22.48	24.17	28.41	33.21		
57	18.33	23.04	24.72	29.04	33.55		
58	18.56	23.29	24.97	29.32	33.48		
59	18.67	23.41	25.07	29.43	33.24		
60	18.70	23.42	25.04	29.39	32.83		
61	18.65	23.31	24.91	29.22	32.28		
62	18.49	23.11	24.67	28.95	31.61		
63	18.02	22.53	24.06	28.25	30.52		
64	17.54	21.94	23.44	27.53	29.41		
65	17.10	21.41	22.88	26.91	28.42		
66	16.76	21.01	22.48	26.46	27.62		
67	16.59	20.83	22.31	26.29	27.12		
68	16.64	20.94	22.44	26.49	27.02		
69	16.97	21.40	22.97	27.15	27.44		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.14	5.40	5.96	7.17	10.60		
26	4.32	5.64	6.23	7.50	11.05		
27	4.51	5.90	6.52	7.87	11.53		
28	4.71	6.19	6.84	8.26	12.04		
29	4.93	6.49	7.18	8.69	12.57		
30	5.17	6.81	7.55	9.13	13.12		
31	5.42	7.16	7.94	9.61	13.69		
32	5.69	7.53	8.35	10.11	14.30		
33	5.98	7.91	8.78	10.63	14.93		
34	6.27	8.32	9.24	11.18	15.59		
35	6.59	8.74	9.72	11.75	16.28		
36	6.93	9.19	10.22	12.36	17.00		
37	7.28	9.64	10.74	12.97	17.74		
38	7.64	10.13	11.28	13.62	18.52		
39	8.03	10.63	11.85	14.29	19.33		
40	8.43	11.16	12.44	14.99	20.18		
41	8.85	11.72	13.07	15.72	21.05		
42	9.29	12.30	13.73	16.48	21.95		
43	9.85	12.97	14.42	17.28	22.89		
44	10.43	13.67	15.14	18.12	23.85		
45	11.04	14.41	15.90	18.99	24.83		
46	11.68	15.17	16.69	19.90	25.83		
47	12.35	15.97	17.51	20.83	26.85		
48	13.05	16.83	18.41	21.86	27.91		
49	13.77	17.70	19.32	22.90	28.98		
50	14.51	18.58	20.25	23.95	30.03		
51	15.25	19.47	21.17	25.00	31.03		
52	16.00	20.35	22.09	26.03	31.97		
53	16.79	21.28	23.05	27.12	32.90		
54	17.54	22.16	23.94	28.15	33.73		
55	18.20	22.96	24.75	29.08	34.42		
56	18.80	23.66	25.45	29.90	34.96		
57	19.30	24.25	26.02	30.57	35.31		
58	19.54	24.52	26.28	30.86	35.24		
59	19.66	24.64	26.39	30.98	34.99		
60	19.69	24.65	26.36	30.94	34.56		
61	19.62	24.53	26.22	30.76	33.98		
62	19.47	24.32	25.96	30.47	33.27		
63	18.97	23.72	25.33	29.74	32.12		
64	18.46	23.09	24.68	28.98	30.96		
65	18.00	22.54	24.09	28.33	29.91		
66	17.64	22.12	23.66	27.85	29.08		
67	17.46	21.93	23.48	27.68	28.55		
68	17.51	22.04	23.62	27.88	28.45		
69	17.86	22.53	24.17	28.57	28.88		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.65	4.74	5.23	6.27	9.25		
26	3.81	4.95	5.46	6.58	9.65		
27	3.98	5.18	5.73	6.90	10.08		
28	4.15	5.44	6.01	7.25	10.53		
29	4.36	5.71	6.31	7.61	11.00		
30	4.57	5.99	6.64	8.02	11.48		
31	4.78	6.30	6.98	8.44	12.00		
32	5.02	6.62	7.34	8.88	12.54		
33	5.27	6.96	7.73	9.34	13.09		
34	5.54	7.31	8.11	9.81	13.68		
35	5.81	7.68	8.54	10.31	14.28		
36	6.11	8.07	8.97	10.84	14.91		
37	6.41	8.47	9.43	11.39	15.56		
38	6.72	8.90	9.90	11.95	16.24		
39	7.06	9.33	10.39	12.52	16.95		
40	7.41	9.79	10.91	13.13	17.68		
41	7.78	10.28	11.46	13.76	18.43		
42	8.16	10.78	12.01	14.42	19.20		
43	8.62	11.35	12.62	15.12	20.01		
44	9.13	11.96	13.24	15.83	20.83		
45	9.65	12.58	13.89	16.58	21.67		
46	10.20	13.24	14.56	17.34	22.52		
47	10.78	13.92	15.26	18.15	23.37		
48	11.37	14.63	16.01	19.00	24.28		
49	11.97	15.36	16.78	19.87	25.17		
50	12.60	16.11	17.55	20.76	26.02		
51	13.22	16.84	18.31	21.62	26.84		
52	13.82	17.57	19.07	22.48	27.61		
53	14.48	18.33	19.84	23.35	28.34		
54	15.10	19.05	20.57	24.17	28.98		
55	15.64	19.69	21.22	24.92	29.50		
56	16.10	20.24	21.76	25.56	29.88		
57	16.48	20.69	22.19	26.06	30.10		
58	16.63	20.84	22.33	26.21	29.94		
59	16.68	20.88	22.35	26.22	29.62		
60	16.66	20.82	22.27	26.12	29.17		
61	16.57	20.69	22.11	25.92	28.62		
62	16.43	20.50	21.87	25.65	28.00		
63	16.08	20.06	21.42	25.13	27.13		
64	15.73	19.65	20.98	24.64	26.30		
65	15.43	19.30	20.62	24.23	25.57		
66	15.22	19.06	20.38	23.99	25.03		
67	15.15	19.01	20.35	23.98	24.74		
68	15.28	19.20	20.57	24.27	24.78		
69	15.63	19.69	21.11	24.95	25.23		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.85	4.99	5.50	6.61	9.73		
26	4.01	5.22	5.76	6.93	10.16		
27	4.19	5.46	6.03	7.26	10.61		
28	4.37	5.73	6.33	7.63	11.09		
29	4.58	6.01	6.64	8.02	11.58		
30	4.80	6.31	6.99	8.44	12.09		
31	5.03	6.64	7.35	8.88	12.64		
32	5.29	6.97	7.73	9.35	13.20		
33	5.55	7.33	8.13	9.83	13.78		
34	5.83	7.70	8.54	10.33	14.40		
35	6.12	8.09	8.98	10.86	15.03		
36	6.42	8.49	9.44	11.41	15.69		
37	6.74	8.92	9.93	11.99	16.38		
38	7.08	9.36	10.42	12.58	17.09		
39	7.43	9.82	10.94	13.18	17.84		
40	7.80	10.31	11.48	13.82	18.61		
41	8.18	10.82	12.06	14.48	19.40		
42	8.59	11.34	12.65	15.18	20.21		
43	9.08	11.95	13.28	15.91	21.07		
44	9.61	12.58	13.93	16.67	21.93		
45	10.16	13.24	14.62	17.45	22.82		
46	10.74	13.93	15.32	18.26	23.71		
47	11.34	14.65	16.06	19.10	24.60		
48	11.97	15.41	16.85	20.00	25.56		
49	12.60	16.17	17.66	20.92	26.49		
50	13.26	16.96	18.47	21.85	27.39		
51	13.91	17.73	19.28	22.76	28.26		
52	14.56	18.50	20.07	23.65	29.06		
53	15.24	19.30	20.89	24.58	29.82		
54	15.89	20.06	21.66	25.45	30.50		
55	16.46	20.72	22.33	26.23	31.05		
56	16.95	21.30	22.91	26.90	31.45		
57	17.35	21.78	23.36	27.43	31.69		
58	17.50	21.94	23.50	27.59	31.51		
59	17.56	21.98	23.53	27.61	31.18		
60	17.54	21.92	23.44	27.49	30.70		
61	17.44	21.78	23.27	27.29	30.12		
62	17.29	21.58	23.02	27.00	29.47		
63	16.92	21.12	22.55	26.45	28.56		
64	16.56	20.68	22.08	25.93	27.68		
65	16.24	20.31	21.70	25.50	26.92		
66	16.02	20.06	21.45	25.25	26.35		
67	15.95	20.01	21.42	25.24	26.04		
68	16.08	20.21	21.65	25.55	26.08		
69	16.45	20.72	22.22	26.26	26.56		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.29	4.25	4.67	5.61	8.21		
26	3.43	4.44	4.88	5.86	8.58		
27	3.58	4.64	5.11	6.15	8.95		
28	3.74	4.87	5.37	6.46	9.35		
29	3.92	5.10	5.63	6.78	9.78		
30	4.10	5.36	5.92	7.14	10.21		
31	4.29	5.62	6.22	7.51	10.66		
32	4.50	5.91	6.54	7.89	11.12		
33	4.72	6.20	6.86	8.29	11.62		
34	4.94	6.50	7.21	8.71	12.12		
35	5.17	6.82	7.58	9.14	12.64		
36	5.43	7.15	7.95	9.60	13.17		
37	5.68	7.51	8.33	10.07	13.75		
38	5.96	7.87	8.74	10.54	14.32		
39	6.25	8.24	9.16	11.04	14.92		
40	6.54	8.62	9.60	11.55	15.54		
41	6.85	9.03	10.06	12.09	16.17		
42	7.17	9.45	10.53	12.63	16.82		
43	7.58	9.94	11.03	13.22	17.49		
44	7.99	10.45	11.55	13.81	18.16		
45	8.43	10.96	12.09	14.42	18.86		
46	8.88	11.50	12.63	15.06	19.54		
47	9.35	12.06	13.20	15.69	20.23		
48	9.83	12.63	13.81	16.39	20.94		
49	10.31	13.22	14.41	17.07	21.62		
50	10.81	13.80	15.02	17.77	22.28		
51	11.29	14.38	15.62	18.44	22.89		
52	11.78	14.94	16.19	19.09	23.44		
53	12.27	15.51	16.77	19.73	23.94		
54	12.73	16.03	17.31	20.32	24.35		
55	13.14	16.50	17.78	20.85	24.67		
56	13.47	16.90	18.15	21.30	24.89		
57	13.75	17.21	18.45	21.65	24.98		
58	13.83	17.29	18.51	21.70	24.76		
59	13.85	17.29	18.49	21.67	24.45		
60	13.82	17.23	18.41	21.57	24.05		
61	13.76	17.13	18.29	21.42	23.61		
62	13.67	17.00	18.14	21.24	23.14		
63	13.48	16.79	17.90	20.99	22.62		
64	13.32	16.60	17.71	20.78	22.14		
65	13.20	16.47	17.58	20.65	21.76		
66	13.16	16.44	17.56	20.65	21.52		
67	13.22	16.54	17.69	20.83	21.48		
68	13.41	16.82	18.00	21.23	21.67		
69	13.75	17.29	18.53	21.89	22.15		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.47	4.47	4.92	5.90	8.64		
26	3.61	4.67	5.14	6.17	9.03		
27	3.77	4.88	5.39	6.48	9.42		
28	3.93	5.12	5.65	6.80	9.85		
29	4.12	5.37	5.93	7.15	10.29		
30	4.31	5.64	6.23	7.52	10.74		
31	4.51	5.92	6.55	7.90	11.22		
32	4.73	6.22	6.88	8.31	11.71		
33	4.96	6.52	7.22	8.73	12.22		
34	5.20	6.85	7.59	9.17	12.75		
35	5.45	7.18	7.97	9.63	13.31		
36	5.71	7.53	8.36	10.10	13.87		
37	5.98	7.90	8.77	10.60	14.47		
38	6.27	8.28	9.20	11.10	15.07		
39	6.57	8.67	9.64	11.62	15.71		
40	6.88	9.08	10.10	12.16	16.36		
41	7.21	9.50	10.59	12.72	17.02		
42	7.55	9.95	11.09	13.30	17.71		
43	7.97	10.45	11.61	13.91	18.41		
44	8.41	10.99	12.15	14.54	19.12		
45	8.87	11.54	12.72	15.18	19.85		
46	9.35	12.11	13.30	15.85	20.57		
47	9.84	12.69	13.90	16.52	21.30		
48	10.35	13.30	14.54	17.25	22.04		
49	10.86	13.91	15.17	17.97	22.76		
50	11.38	14.53	15.81	18.70	23.45		
51	11.89	15.14	16.44	19.40	24.09		
52	12.40	15.73	17.05	20.09	24.68		
53	12.91	16.32	17.65	20.77	25.20		
54	13.40	16.88	18.22	21.39	25.63		
55	13.83	17.37	18.71	21.95	25.97		
56	14.19	17.78	19.11	22.42	26.20		
57	14.48	18.12	19.42	22.78	26.29		
58	14.56	18.20	19.48	22.84	26.07		
59	14.58	18.20	19.47	22.81	25.73		
60	14.55	18.14	19.38	22.70	25.32		
61	14.48	18.03	19.25	22.55	24.85		
62	14.39	17.90	19.09	22.36	24.36		
63	14.19	17.67	18.84	22.09	23.80		
64	14.03	17.47	18.64	21.87	23.30		
65	13.90	17.34	18.51	21.74	22.91		
66	13.85	17.30	18.49	21.74	22.65		
67	13.91	17.42	18.62	21.93	22.61		
68	14.12	17.71	18.96	22.34	22.81		
69	14.48	18.20	19.51	23.04	23.31		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
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¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	9.86	13.28	14.79	18.01			
26	10.23	13.81	15.39	18.77			
27	10.64	14.38	16.02	19.56			
28	11.07	14.98	16.70	20.40			
29	11.51	15.60	17.40	21.26			
30	11.97	16.24	18.13	22.16			
31	12.46	16.90	18.86	23.06			
32	12.94	17.56	19.62	23.99			
33	13.45	18.24	20.37	24.90			
34	13.95	18.93	21.15	25.84			
35	14.47	19.62	21.91	26.76			
36	14.98	20.30	22.69	27.68			
37	15.50	20.99	23.47	28.61			
38	16.02	21.67	24.24	29.52			
39	16.54	22.35	25.00	30.41			
40	17.06	23.02	25.78	31.29			
41	17.58	23.69	26.52	32.16			
42	18.09	24.35	27.26	33.00			
43	18.75	25.11	28.01	33.82			
44	19.40	25.85	28.72	34.62			
45	20.06	26.57	29.42	35.38			
46	20.69	27.27	30.09	36.10			
47	21.32	27.95	30.71	36.78			
48	21.88	28.56	31.34	37.44			
49	22.40	29.15	31.89	38.02			
50	22.89	29.66	32.38	38.54			
51	23.32	30.10	32.80	38.94			
52	23.67	30.46	33.11	39.24			
53	23.95	30.69	33.29	39.41			
54	24.15	30.84	33.36	39.42			
55	24.24	30.84	33.29	39.30			
56	24.23	30.71	33.08	39.00			
57	24.09	30.46	32.71	38.54			
58	23.52	29.66	31.84	37.45			
59	22.89	28.79	30.86	36.28			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	60 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	10.38	13.97	15.57	18.96			
26	10.77	14.54	16.20	19.76			
27	11.20	15.14	16.87	20.59			
28	11.65	15.77	17.58	21.47			
29	12.12	16.42	18.31	22.38			
30	12.60	17.09	19.08	23.32			
31	13.11	17.78	19.85	24.27			
32	13.62	18.49	20.64	25.25			
33	14.15	19.20	21.45	26.22			
34	14.68	19.92	22.26	27.19			
35	15.22	20.64	23.06	28.17			
36	15.77	21.37	23.88	29.15			
37	16.32	22.09	24.70	30.11			
38	16.87	22.81	25.52	31.07			
39	17.42	23.53	26.32	32.01			
40	17.96	24.24	27.13	32.94			
41	18.51	24.94	27.92	33.84			
42	19.04	25.63	28.70	34.73			
43	19.74	26.43	29.48	35.60			
44	20.42	27.21	30.24	36.44			
45	21.11	27.97	30.97	37.24			
46	21.78	28.71	31.67	38.00			
47	22.44	29.42	32.33	38.71			
48	23.03	30.07	32.98	39.41			
49	23.58	30.68	33.57	40.02			
50	24.09	31.22	34.09	40.56			
51	24.54	31.69	34.52	40.99			
52	24.92	32.06	34.85	41.31			
53	25.21	32.31	35.04	41.48			
54	25.41	32.45	35.11	41.50			
55	25.51	32.46	35.04	41.37			
56	25.50	32.33	34.82	41.05			
57	25.36	32.06	34.43	40.56			
58	24.76	31.22	33.51	39.42			
59	24.09	30.31	32.49	38.19			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.65	6.12	6.78	8.18			
26	4.83	6.38	7.06	8.54			
27	5.03	6.66	7.38	8.95			
28	5.25	6.97	7.73	9.38			
29	5.49	7.30	8.10	9.85			
30	5.75	7.66	8.50	10.34			
31	6.02	8.03	8.93	10.86			
32	6.31	8.44	9.37	11.40			
33	6.61	8.84	9.83	11.97			
34	6.93	9.28	10.31	12.56			
35	7.26	9.72	10.82	13.16			
36	7.60	10.17	11.33	13.78			
37	7.96	10.65	11.87	14.42			
38	8.32	11.13	12.42	15.07			
39	8.71	11.63	12.97	15.73			
40	9.10	12.14	13.55	16.40			
41	9.49	12.66	14.13	17.08			
42	9.90	13.19	14.73	17.77			
43	10.39	13.80	15.35	18.47			
44	10.91	14.40	15.96	19.17			
45	11.42	15.00	16.58	19.86			
46	11.95	15.61	17.18	20.55			
47	12.46	16.20	17.78	21.21			
48	12.96	16.79	18.37	21.88			
49	13.46	17.34	18.96	22.51			
50	13.91	17.87	19.48	23.09			
51	14.34	18.34	19.95	23.60			
52	14.71	18.75	20.35	24.02			
53	15.03	19.07	20.65	24.33			
54	15.28	19.32	20.86	24.53			
55	15.40	19.44	20.95	24.61			
56	15.44	19.47	20.94	24.57			
57	15.37	19.38	20.79	24.39			
58	15.01	18.94	20.29	23.80			
59	14.61	18.43	19.71	23.12			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	90 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.89	6.44	7.13	8.62			
26	5.09	6.71	7.43	8.99			
27	5.30	7.01	7.77	9.42			
28	5.53	7.34	8.13	9.87			
29	5.78	7.69	8.53	10.37			
30	6.05	8.06	8.95	10.89			
31	6.34	8.46	9.40	11.43			
32	6.64	8.88	9.86	12.00			
33	6.96	9.31	10.35	12.60			
34	7.30	9.76	10.86	13.22			
35	7.64	10.23	11.39	13.85			
36	8.00	10.71	11.93	14.50			
37	8.38	11.21	12.50	15.18			
38	8.76	11.72	13.07	15.86			
39	9.17	12.25	13.66	16.56			
40	9.57	12.79	14.26	17.27			
41	9.99	13.33	14.88	17.98			
42	10.42	13.89	15.51	18.70			
43	10.94	14.52	16.16	19.44			
44	11.48	15.15	16.80	20.18			
45	12.02	15.80	17.45	20.91			
46	12.58	16.43	18.08	21.63			
47	13.12	17.05	18.71	22.33			
48	13.65	17.67	19.34	23.03			
49	14.16	18.26	19.95	23.70			
50	14.64	18.81	20.50	24.31			
51	15.09	19.31	21.00	24.84			
52	15.49	19.74	21.42	25.28			
53	15.82	20.07	21.74	25.61			
54	16.08	20.33	21.96	25.82			
55	16.21	20.46	22.05	25.91			
56	16.25	20.50	22.04	25.86			
57	16.18	20.40	21.88	25.68			
58	15.80	19.93	21.36	25.05			
59	15.37	19.40	20.75	24.33			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.01	5.24	5.78	6.97			
26	4.17	5.46	6.04	7.29			
27	4.35	5.71	6.31	7.63			
28	4.54	5.98	6.61	8.01			
29	4.74	6.27	6.93	8.40			
30	4.95	6.56	7.28	8.83			
31	5.19	6.89	7.63	9.28			
32	5.44	7.22	8.02	9.73			
33	5.70	7.58	8.41	10.22			
34	5.97	7.95	8.83	10.72			
35	6.26	8.32	9.26	11.24			
36	6.55	8.71	9.69	11.77			
37	6.85	9.12	10.14	12.30			
38	7.15	9.53	10.62	12.86			
39	7.47	9.95	11.09	13.42			
40	7.81	10.38	11.58	13.98			
41	8.14	10.82	12.07	14.56			
42	8.47	11.27	12.57	15.14			
43	8.91	11.77	13.09	15.73			
44	9.33	12.28	13.60	16.32			
45	9.77	12.79	14.12	16.90			
46	10.20	13.30	14.62	17.47			
47	10.63	13.79	15.11	18.00			
48	11.05	14.26	15.60	18.56			
49	11.45	14.72	16.07	19.07			
50	11.82	15.14	16.49	19.53			
51	12.17	15.52	16.87	19.94			
52	12.47	15.85	17.19	20.28			
53	12.72	16.10	17.42	20.50			
54	12.91	16.27	17.56	20.64			
55	13.02	16.35	17.62	20.67			
56	13.06	16.36	17.57	20.61			
57	13.01	16.27	17.43	20.44			
58	12.72	15.88	16.99	19.92			
59	12.40	15.44	16.51	19.33			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	180 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	4.22	5.52	6.09	7.34			
26	4.39	5.76	6.35	7.67			
27	4.58	6.01	6.64	8.03			
28	4.78	6.29	6.96	8.43			
29	4.99	6.59	7.30	8.84			
30	5.22	6.91	7.66	9.29			
31	5.46	7.25	8.03	9.76			
32	5.73	7.60	8.44	10.24			
33	6.00	7.97	8.85	10.75			
34	6.28	8.36	9.29	11.28			
35	6.58	8.76	9.74	11.83			
36	6.89	9.17	10.20	12.38			
37	7.21	9.60	10.67	12.95			
38	7.53	10.03	11.18	13.53			
39	7.87	10.48	11.67	14.12			
40	8.22	10.93	12.19	14.72			
41	8.57	11.40	12.71	15.33			
42	8.92	11.86	13.23	15.94			
43	9.37	12.39	13.77	16.56			
44	9.82	12.93	14.32	17.18			
45	10.28	13.46	14.85	17.78			
46	10.74	13.99	15.38	18.38			
47	11.19	14.51	15.90	18.96			
48	11.63	15.01	16.42	19.54			
49	12.05	15.50	16.91	20.07			
50	12.44	15.95	17.36	20.56			
51	12.81	16.34	17.76	20.99			
52	13.13	16.68	18.09	21.34			
53	13.38	16.94	18.33	21.58			
54	13.59	17.12	18.48	21.72			
55	13.70	17.21	18.54	21.76			
56	13.75	17.22	18.50	21.69			
57	13.69	17.12	18.35	21.52			
58	13.39	16.72	17.89	20.97			
59	13.05	16.25	17.38	20.35			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.72	4.85	5.34	6.43			
26	3.87	5.06	5.58	6.72			
27	4.04	5.28	5.83	7.05			
28	4.22	5.54	6.11	7.39			
29	4.41	5.80	6.42	7.77			
30	4.60	6.09	6.73	8.16			
31	4.82	6.38	7.08	8.57			
32	5.06	6.70	7.43	9.00			
33	5.29	7.02	7.78	9.45			
34	5.54	7.36	8.17	9.91			
35	5.80	7.71	8.56	10.39			
36	6.07	8.07	8.97	10.88			
37	6.34	8.44	9.38	11.37			
38	6.64	8.82	9.81	11.88			
39	6.93	9.20	10.25	12.40			
40	7.22	9.60	10.69	12.92			
41	7.53	10.00	11.13	13.44			
42	7.84	10.40	11.59	13.97			
43	8.22	10.85	12.06	14.48			
44	8.62	11.31	12.51	15.01			
45	8.99	11.77	12.97	15.53			
46	9.39	12.21	13.42	16.02			
47	9.78	12.65	13.85	16.50			
48	10.13	13.07	14.28	16.98			
49	10.48	13.46	14.68	17.42			
50	10.81	13.82	15.05	17.81			
51	11.11	14.14	15.36	18.15			
52	11.36	14.42	15.63	18.42			
53	11.56	14.62	15.80	18.59			
54	11.72	14.75	15.91	18.68			
55	11.79	14.80	15.94	18.69			
56	11.82	14.79	15.88	18.62			
57	11.78	14.70	15.74	18.45			
58	11.54	14.36	15.36	18.00			
59	11.26	13.99	14.95	17.49			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	365 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.92	5.10	5.62	6.77			
26	4.07	5.32	5.87	7.08			
27	4.25	5.56	6.14	7.42			
28	4.44	5.83	6.43	7.78			
29	4.64	6.11	6.75	8.18			
30	4.85	6.41	7.08	8.59			
31	5.08	6.71	7.44	9.02			
32	5.32	7.05	7.81	9.48			
33	5.57	7.39	8.19	9.94			
34	5.83	7.74	8.60	10.43			
35	6.11	8.11	9.01	10.94			
36	6.39	8.49	9.44	11.45			
37	6.68	8.88	9.87	11.97			
38	6.99	9.28	10.33	12.50			
39	7.30	9.69	10.79	13.05			
40	7.60	10.10	11.26	13.60			
41	7.93	10.52	11.72	14.14			
42	8.25	10.95	12.20	14.70			
43	8.65	11.42	12.69	15.25			
44	9.06	11.91	13.17	15.80			
45	9.47	12.38	13.66	16.35			
46	9.88	12.86	14.12	16.87			
47	10.29	13.31	14.58	17.37			
48	10.67	13.75	15.03	17.87			
49	11.04	14.17	15.45	18.33			
50	11.38	14.56	15.84	18.75			
51	11.69	14.89	16.17	19.10			
52	11.96	15.18	16.45	19.39			
53	12.17	15.38	16.63	19.57			
54	12.34	15.52	16.75	19.67			
55	12.42	15.58	16.77	19.68			
56	12.44	15.57	16.72	19.60			
57	12.40	15.47	16.57	19.42			
58	12.14	15.12	16.17	18.95			
59	11.84	14.73	15.73	18.42			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.36	4.35	4.78	5.75			
26	3.49	4.53	4.99	6.01			
27	3.63	4.74	5.23	6.30			
28	3.79	4.96	5.47	6.61			
29	3.97	5.20	5.75	6.94			
30	4.14	5.45	6.03	7.29			
31	4.34	5.72	6.32	7.66			
32	4.54	5.98	6.63	8.03			
33	4.75	6.27	6.95	8.43			
34	4.96	6.57	7.28	8.84			
35	5.19	6.87	7.62	9.25			
36	5.43	7.19	7.98	9.67			
37	5.67	7.51	8.34	10.10			
38	5.91	7.83	8.71	10.54			
39	6.16	8.17	9.08	10.97			
40	6.42	8.50	9.46	11.42			
41	6.68	8.84	9.84	11.86			
42	6.94	9.18	10.22	12.30			
43	7.26	9.56	10.61	12.74			
44	7.59	9.94	10.99	13.17			
45	7.91	10.30	11.36	13.60			
46	8.23	10.67	11.72	13.99			
47	8.54	11.03	12.07	14.38			
48	8.83	11.35	12.41	14.74			
49	9.11	11.66	12.71	15.07			
50	9.35	11.94	12.98	15.36			
51	9.59	12.19	13.23	15.62			
52	9.79	12.40	13.43	15.81			
53	9.96	12.57	13.57	15.96			
54	10.10	12.68	13.67	16.04			
55	10.17	12.74	13.69	16.06			
56	10.22	12.74	13.67	16.01			
57	10.20	12.69	13.58	15.89			
58	10.01	12.44	13.30	15.56			
59	9.80	12.15	12.97	15.17			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	730 Days	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.54	4.58	5.03	6.05			
26	3.68	4.77	5.25	6.33			
27	3.83	4.99	5.50	6.64			
28	4.00	5.23	5.76	6.96			
29	4.18	5.47	6.05	7.30			
30	4.36	5.74	6.34	7.67			
31	4.57	6.02	6.65	8.06			
32	4.78	6.30	6.98	8.46			
33	5.00	6.61	7.32	8.87			
34	5.23	6.92	7.66	9.30			
35	5.46	7.23	8.03	9.73			
36	5.71	7.57	8.40	10.18			
37	5.97	7.90	8.78	10.63			
38	6.22	8.25	9.17	11.10			
39	6.49	8.60	9.56	11.55			
40	6.76	8.95	9.96	12.02			
41	7.03	9.30	10.36	12.49			
42	7.30	9.66	10.75	12.95			
43	7.64	10.06	11.17	13.41			
44	7.98	10.46	11.57	13.87			
45	8.32	10.85	11.96	14.31			
46	8.66	11.24	12.34	14.73			
47	8.99	11.61	12.71	15.14			
48	9.29	11.95	13.06	15.51			
49	9.58	12.28	13.38	15.87			
50	9.85	12.57	13.67	16.17			
51	10.09	12.83	13.92	16.44			
52	10.31	13.05	14.13	16.65			
53	10.49	13.23	14.28	16.80			
54	10.63	13.35	14.39	16.89			
55	10.71	13.41	14.41	16.90			
56	10.75	13.41	14.39	16.85			
57	10.74	13.36	14.29	16.73			
58	10.54	13.09	13.99	16.38			
59	10.32	12.80	13.66	15.97			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.15	0.20	0.23	0.27	0.40	0.78	1.43
26	0.16	0.22	0.25	0.29	0.42	0.83	1.50
27	0.17	0.23	0.26	0.31	0.44	0.86	1.56
28	0.18	0.25	0.26	0.33	0.47	0.90	1.61
29	0.18	0.26	0.28	0.35	0.49	0.93	1.68
30	0.20	0.27	0.30	0.38	0.52	0.97	1.76
31	0.21	0.29	0.33	0.40	0.55	1.02	1.82
32	0.23	0.31	0.34	0.42	0.58	1.06	1.90
33	0.24	0.33	0.37	0.45	0.61	1.10	1.98
34	0.26	0.35	0.40	0.48	0.63	1.15	2.07
35	0.27	0.37	0.42	0.51	0.68	1.21	2.16
36	0.29	0.40	0.44	0.55	0.71	1.26	2.26
37	0.31	0.42	0.47	0.57	0.76	1.33	2.36
38	0.33	0.44	0.50	0.61	0.79	1.39	2.47
39	0.35	0.48	0.54	0.64	0.84	1.45	2.60
40	0.37	0.50	0.57	0.69	0.88	1.52	2.71
41	0.40	0.54	0.60	0.73	0.92	1.59	2.84
42	0.42	0.57	0.63	0.77	0.98	1.68	2.98
43	0.45	0.60	0.68	0.82	1.04	1.76	3.14
44	0.48	0.64	0.72	0.87	1.09	1.85	3.31
45	0.52	0.69	0.76	0.92	1.15	1.94	3.47
46	0.55	0.73	0.81	0.97	1.21	2.03	3.64
47	0.59	0.77	0.85	1.02	1.27	2.13	3.82
48	0.62	0.83	0.91	1.09	1.34	2.24	4.03
49	0.67	0.88	0.96	1.14	1.41	2.34	4.23
50	0.71	0.92	1.01	1.21	1.46	2.44	4.42
51	0.75	0.97	1.06	1.26	1.52	2.53	4.58
52	0.77	1.00	1.09	1.29	1.57	2.60	4.73
53	0.81	1.04	1.14	1.34	1.59	2.67	4.85
54	0.84	1.07	1.16	1.37	1.62	2.71	4.93
55	0.84	1.09	1.17	1.39	1.63	2.72	4.95
56	0.84	1.09	1.17	1.39	1.60	2.70	4.90
57	0.84	1.07	1.15	1.36	1.57	2.63	4.78
58	0.80	1.04	1.11	1.31	1.50	2.52	4.58
59	0.76	0.97	1.05	1.24	1.40	2.36	4.27
60	0.70	0.89	0.95	1.13	1.26	2.13	3.85
61	0.60	0.77	0.84	0.98	1.09	1.85	3.32
62	0.49	0.63	0.68	0.80	0.88	1.50	2.66

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.16	0.21	0.24	0.29	0.42	0.83	1.51
26	0.17	0.23	0.26	0.31	0.44	0.87	1.58
27	0.18	0.24	0.26	0.33	0.47	0.91	1.64
28	0.18	0.26	0.28	0.34	0.49	0.94	1.70
29	0.19	0.27	0.30	0.37	0.52	0.99	1.77
30	0.21	0.29	0.32	0.40	0.55	1.02	1.85
31	0.22	0.31	0.34	0.42	0.57	1.07	1.92
32	0.24	0.33	0.36	0.45	0.61	1.12	2.00
33	0.25	0.34	0.39	0.48	0.64	1.16	2.09
34	0.26	0.37	0.41	0.50	0.67	1.21	2.17
35	0.29	0.39	0.44	0.54	0.71	1.28	2.27
36	0.31	0.41	0.47	0.57	0.75	1.33	2.38
37	0.33	0.44	0.49	0.60	0.79	1.40	2.48
38	0.34	0.47	0.53	0.64	0.84	1.46	2.60
39	0.37	0.50	0.56	0.68	0.88	1.53	2.73
40	0.39	0.53	0.60	0.72	0.92	1.60	2.85
41	0.41	0.56	0.63	0.77	0.98	1.68	2.99
42	0.44	0.60	0.67	0.81	1.03	1.77	3.14
43	0.48	0.63	0.71	0.86	1.09	1.86	3.31
44	0.51	0.68	0.76	0.92	1.15	1.94	3.48
45	0.55	0.72	0.80	0.97	1.21	2.04	3.65
46	0.58	0.77	0.85	1.02	1.28	2.14	3.84
47	0.62	0.82	0.90	1.07	1.34	2.24	4.02
48	0.66	0.87	0.95	1.14	1.41	2.36	4.24
49	0.70	0.92	1.01	1.21	1.48	2.46	4.45
50	0.75	0.97	1.06	1.27	1.54	2.57	4.65
51	0.78	1.02	1.11	1.32	1.60	2.67	4.82
52	0.82	1.06	1.15	1.36	1.65	2.75	4.97
53	0.85	1.09	1.20	1.41	1.68	2.81	5.10
54	0.88	1.13	1.22	1.44	1.71	2.85	5.18
55	0.89	1.14	1.23	1.46	1.72	2.86	5.21
56	0.89	1.14	1.23	1.46	1.69	2.84	5.16
57	0.88	1.13	1.21	1.43	1.65	2.77	5.03
58	0.84	1.09	1.17	1.38	1.58	2.65	4.81
59	0.80	1.02	1.10	1.30	1.47	2.48	4.50
60	0.73	0.93	1.00	1.19	1.33	2.24	4.06
61	0.63	0.82	0.88	1.03	1.14	1.94	3.49
62	0.52	0.67	0.71	0.84	0.92	1.58	2.80

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.80	2.53	2.84	3.53	5.33	10.84	19.73
26	1.83	2.57	2.88	3.59	5.39	10.88	19.76
27	1.86	2.61	2.93	3.65	5.46	10.89	19.73
28	1.89	2.66	2.98	3.72	5.52	10.88	19.68
29	1.92	2.70	3.04	3.78	5.57	10.85	19.58
30	1.95	2.76	3.10	3.85	5.61	10.80	19.44
31	1.99	2.80	3.14	3.92	5.65	10.74	19.27
32	2.02	2.85	3.20	3.99	5.68	10.67	19.08
33	2.05	2.89	3.24	4.05	5.70	10.58	18.86
34	2.08	2.92	3.28	4.09	5.70	10.46	18.62
35	2.10	2.96	3.31	4.14	5.70	10.34	18.37
36	2.12	2.98	3.34	4.16	5.69	10.20	18.08
37	2.14	2.99	3.36	4.18	5.67	10.05	17.78
38	2.15	3.01	3.38	4.19	5.63	9.89	17.49
39	2.16	3.01	3.38	4.18	5.59	9.72	17.18
40	2.16	3.00	3.37	4.17	5.52	9.53	16.84
41	2.16	2.98	3.35	4.14	5.45	9.33	16.49
42	2.14	2.97	3.33	4.09	5.37	9.11	16.12
43	2.14	2.95	3.30	4.05	5.26	8.89	15.73
44	2.14	2.92	3.26	3.98	5.16	8.63	15.33
45	2.12	2.88	3.20	3.90	5.03	8.38	14.89
46	2.10	2.83	3.13	3.80	4.88	8.09	14.41
47	2.06	2.77	3.04	3.69	4.71	7.77	13.88
48	2.01	2.68	2.94	3.55	4.51	7.42	13.27
49	1.94	2.57	2.82	3.40	4.28	7.03	12.62
50	1.87	2.45	2.68	3.22	4.03	6.63	11.91
51	1.78	2.32	2.54	3.03	3.76	6.19	11.16
52	1.67	2.18	2.38	2.83	3.48	5.73	10.37
53	1.55	2.01	2.18	2.59	3.16	5.21	9.43
54	1.42	1.82	1.98	2.34	2.83	4.67	8.48
55	1.28	1.64	1.78	2.10	2.50	4.14	7.52
56	1.14	1.45	1.58	1.85	2.18	3.63	6.58
57	1.00	1.27	1.36	1.61	1.87	3.13	5.70
58	0.86	1.11	1.19	1.40	1.60	2.69	4.89
59	0.74	0.95	1.02	1.21	1.36	2.31	4.17
60	0.63	0.82	0.88	1.03	1.15	1.96	3.53
61	0.55	0.70	0.76	0.89	0.99	1.68	3.00
62	0.48	0.62	0.66	0.78	0.85	1.46	2.59
63	0.46	0.59	0.62	0.74	0.80	1.36	2.45
64	0.45	0.58	0.62	0.73	0.79	1.35	2.41

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	1.95	2.74	3.07	3.82	5.76	11.72	21.33
26	1.98	2.78	3.12	3.88	5.83	11.76	21.36
27	2.01	2.82	3.17	3.95	5.90	11.77	21.33
28	2.04	2.88	3.22	4.02	5.97	11.76	21.27
29	2.08	2.92	3.28	4.09	6.02	11.73	21.16
30	2.11	2.98	3.34	4.17	6.07	11.68	21.01
31	2.15	3.03	3.40	4.24	6.11	11.62	20.84
32	2.18	3.08	3.46	4.31	6.14	11.53	20.63
33	2.22	3.12	3.50	4.37	6.16	11.43	20.39
34	2.24	3.16	3.55	4.43	6.17	11.31	20.13
35	2.27	3.19	3.58	4.47	6.16	11.18	19.85
36	2.30	3.22	3.62	4.50	6.15	11.03	19.55
37	2.31	3.24	3.63	4.52	6.12	10.87	19.23
38	2.32	3.26	3.65	4.53	6.09	10.69	18.90
39	2.33	3.26	3.65	4.52	6.04	10.51	18.57
40	2.33	3.25	3.64	4.51	5.97	10.30	18.21
41	2.33	3.23	3.63	4.47	5.89	10.08	17.83
42	2.31	3.20	3.60	4.43	5.80	9.85	17.42
43	2.31	3.19	3.56	4.37	5.69	9.61	17.01
44	2.31	3.16	3.52	4.30	5.57	9.34	16.57
45	2.30	3.12	3.46	4.22	5.44	9.06	16.10
46	2.27	3.06	3.39	4.11	5.27	8.75	15.58
47	2.23	2.99	3.29	3.99	5.09	8.40	15.00
48	2.17	2.90	3.18	3.84	4.87	8.02	14.34
49	2.09	2.78	3.05	3.67	4.62	7.60	13.64
50	2.02	2.65	2.90	3.48	4.36	7.16	12.87
51	1.92	2.51	2.75	3.27	4.07	6.69	12.06
52	1.80	2.36	2.57	3.06	3.77	6.20	11.20
53	1.67	2.16	2.36	2.80	3.41	5.63	10.20
54	1.53	1.97	2.14	2.53	3.06	5.05	9.17
55	1.38	1.77	1.92	2.27	2.70	4.48	8.13
56	1.23	1.57	1.70	2.00	2.36	3.92	7.12
57	1.08	1.37	1.48	1.74	2.02	3.39	6.16
58	0.93	1.20	1.28	1.51	1.73	2.91	5.29
59	0.80	1.03	1.10	1.30	1.48	2.49	4.51
60	0.69	0.88	0.95	1.12	1.25	2.12	3.82
61	0.60	0.76	0.82	0.96	1.06	1.81	3.25
62	0.52	0.67	0.71	0.84	0.92	1.58	2.80
63	0.49	0.63	0.68	0.80	0.86	1.48	2.64
64	0.48	0.62	0.67	0.79	0.85	1.45	2.60

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.98	2.77	3.11	3.87	5.82	11.77	21.40
26	2.01	2.82	3.17	3.94	5.91	11.84	21.48
27	2.04	2.88	3.22	4.02	5.99	11.89	21.52
28	2.09	2.94	3.29	4.11	6.07	11.91	21.52
29	2.13	3.00	3.36	4.20	6.15	11.92	21.47
30	2.17	3.07	3.43	4.29	6.22	11.91	21.39
31	2.23	3.12	3.51	4.38	6.28	11.89	21.29
32	2.26	3.19	3.58	4.47	6.34	11.84	21.16
33	2.31	3.25	3.64	4.54	6.37	11.77	21.01
34	2.34	3.30	3.70	4.61	6.42	11.70	20.81
35	2.38	3.35	3.76	4.68	6.43	11.62	20.62
36	2.43	3.40	3.81	4.73	6.45	11.52	20.41
37	2.45	3.42	3.85	4.78	6.46	11.40	20.17
38	2.48	3.46	3.88	4.81	6.45	11.29	19.94
39	2.50	3.48	3.91	4.83	6.42	11.15	19.70
40	2.52	3.49	3.92	4.84	6.40	11.01	19.44
41	2.53	3.50	3.93	4.84	6.35	10.84	19.16
42	2.53	3.50	3.93	4.83	6.29	10.67	18.86
43	2.55	3.51	3.92	4.80	6.23	10.49	18.57
44	2.56	3.50	3.90	4.77	6.15	10.30	18.25
45	2.57	3.48	3.87	4.72	6.05	10.07	17.88
46	2.57	3.46	3.83	4.64	5.93	9.82	17.49
47	2.55	3.41	3.76	4.55	5.79	9.54	17.03
48	2.52	3.34	3.68	4.44	5.61	9.21	16.49
49	2.46	3.26	3.57	4.29	5.39	8.85	15.89
50	2.39	3.16	3.45	4.14	5.16	8.47	15.22
51	2.31	3.03	3.31	3.96	4.89	8.03	14.48
52	2.23	2.89	3.15	3.75	4.60	7.56	13.66
53	2.09	2.70	2.95	3.50	4.25	7.00	12.66
54	1.94	2.52	2.73	3.23	3.88	6.42	11.62
55	1.80	2.31	2.50	2.96	3.51	5.81	10.54
56	1.65	2.10	2.26	2.67	3.13	5.21	9.46
57	1.47	1.88	2.02	2.39	2.77	4.62	8.40
58	1.31	1.67	1.80	2.12	2.42	4.07	7.37
59	1.14	1.47	1.58	1.87	2.09	3.53	6.41
60	1.00	1.28	1.38	1.63	1.80	3.06	5.53
61	0.87	1.13	1.21	1.42	1.56	2.66	4.76
62	0.77	0.99	1.05	1.24	1.36	2.32	4.13
63	0.69	0.88	0.93	1.11	1.21	2.08	3.64
64	0.62	0.80	0.85	1.01	1.14	1.93	3.34
65	0.61	0.77	0.82	0.97	1.14	1.90	3.25
66	0.61	0.77	0.83	0.99	1.23	2.01	3.39

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.14	3.00	3.36	4.19	6.29	12.73	23.14
26	2.17	3.05	3.42	4.26	6.39	12.80	23.22
27	2.21	3.12	3.48	4.35	6.48	12.85	23.27
28	2.25	3.18	3.56	4.44	6.56	12.87	23.26
29	2.31	3.25	3.63	4.54	6.65	12.88	23.21
30	2.35	3.32	3.71	4.64	6.72	12.87	23.13
31	2.40	3.38	3.79	4.73	6.79	12.85	23.01
32	2.45	3.45	3.87	4.83	6.85	12.80	22.87
33	2.50	3.51	3.94	4.91	6.89	12.73	22.70
34	2.53	3.56	4.00	4.99	6.93	12.65	22.50
35	2.58	3.63	4.07	5.06	6.95	12.57	22.29
36	2.62	3.67	4.12	5.12	6.97	12.45	22.06
37	2.65	3.70	4.16	5.17	6.98	12.33	21.81
38	2.68	3.74	4.20	5.20	6.97	12.21	21.56
39	2.70	3.77	4.22	5.23	6.94	12.06	21.30
40	2.72	3.78	4.24	5.24	6.92	11.90	21.01
41	2.73	3.78	4.25	5.24	6.86	11.72	20.72
42	2.74	3.78	4.25	5.22	6.80	11.54	20.39
43	2.76	3.79	4.24	5.19	6.73	11.34	20.07
44	2.77	3.78	4.22	5.16	6.65	11.13	19.73
45	2.78	3.77	4.19	5.10	6.55	10.89	19.33
46	2.78	3.74	4.14	5.02	6.42	10.62	18.90
47	2.76	3.69	4.07	4.92	6.26	10.31	18.41
48	2.72	3.62	3.98	4.80	6.06	9.96	17.83
49	2.66	3.52	3.86	4.65	5.83	9.57	17.18
50	2.59	3.41	3.73	4.47	5.57	9.15	16.45
51	2.50	3.27	3.58	4.28	5.29	8.69	15.66
52	2.40	3.12	3.41	4.06	4.97	8.18	14.77
53	2.26	2.92	3.19	3.78	4.59	7.57	13.69
54	2.10	2.72	2.95	3.49	4.20	6.93	12.57
55	1.94	2.50	2.70	3.19	3.79	6.28	11.40
56	1.78	2.27	2.45	2.89	3.39	5.63	10.23
57	1.59	2.03	2.19	2.59	2.99	5.00	9.07
58	1.42	1.80	1.94	2.29	2.61	4.39	7.96
59	1.24	1.59	1.71	2.02	2.26	3.82	6.93
60	1.08	1.39	1.50	1.76	1.94	3.31	5.98
61	0.94	1.21	1.30	1.53	1.68	2.87	5.15
62	0.83	1.06	1.14	1.34	1.46	2.51	4.46
63	0.74	0.95	1.01	1.20	1.31	2.24	3.94
64	0.68	0.86	0.92	1.09	1.23	2.09	3.62
65	0.66	0.83	0.89	1.05	1.24	2.06	3.51
66	0.66	0.84	0.90	1.06	1.33	2.16	3.66

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.20	3.09	3.46	4.30	6.45		
26	2.24	3.15	3.53	4.40	6.56		
27	2.29	3.22	3.62	4.51	6.68		
28	2.34	3.30	3.70	4.61	6.78		
29	2.40	3.38	3.79	4.73	6.89		
30	2.46	3.47	3.88	4.84	7.00		
31	2.52	3.55	3.98	4.96	7.09		
32	2.58	3.63	4.07	5.08	7.18		
33	2.64	3.71	4.16	5.18	7.25		
34	2.69	3.78	4.25	5.29	7.32		
35	2.75	3.85	4.33	5.38	7.37		
36	2.80	3.92	4.40	5.47	7.43		
37	2.85	3.99	4.47	5.55	7.46		
38	2.90	4.04	4.53	5.61	7.50		
39	2.93	4.08	4.58	5.67	7.52		
40	2.97	4.13	4.63	5.71	7.52		
41	2.99	4.15	4.66	5.74	7.52		
42	3.03	4.18	4.70	5.76	7.49		
43	3.07	4.22	4.72	5.77	7.45		
44	3.11	4.24	4.73	5.77	7.40		
45	3.14	4.26	4.73	5.76	7.32		
46	3.16	4.26	4.72	5.71	7.22		
47	3.18	4.24	4.67	5.66	7.08		
48	3.16	4.20	4.62	5.57	6.91		
49	3.12	4.14	4.54	5.46	6.71		
50	3.09	4.07	4.44	5.32	6.47		
51	3.02	3.95	4.32	5.16	6.20		
52	2.94	3.83	4.17	4.96	5.90		
53	2.82	3.64	3.96	4.72	5.53		
54	2.67	3.44	3.75	4.44	5.13		
55	2.52	3.23	3.50	4.14	4.72		
56	2.36	3.01	3.25	3.84	4.29		
57	2.18	2.78	2.99	3.53	3.88		
58	2.01	2.57	2.77	3.26	3.53		
59	1.85	2.36	2.54	2.98	3.19		
60	1.68	2.16	2.32	2.73	2.87		
61	1.53	1.96	2.11	2.48	2.56		
62	1.38	1.78	1.90	2.24	2.28		
63	1.23	1.58	1.69	2.00	2.01		
64	1.08	1.40	1.50	1.78	1.76		
65	0.96	1.25	1.34	1.58	1.55		
66	0.84	1.11	1.19	1.40	1.36		
67	0.76	0.99	1.06	1.26	1.21		
68	0.70	0.92	0.98	1.15	1.10		
69	0.65	0.86	0.92	1.10	1.03		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.38	3.34	3.74	4.66	6.97		
26	2.42	3.41	3.82	4.75	7.09		
27	2.47	3.48	3.91	4.87	7.22		
28	2.53	3.56	4.00	4.98	7.34		
29	2.60	3.65	4.10	5.11	7.45		
30	2.66	3.75	4.20	5.24	7.57		
31	2.72	3.84	4.30	5.37	7.66		
32	2.79	3.92	4.40	5.49	7.76		
33	2.85	4.01	4.50	5.61	7.84		
34	2.91	4.09	4.59	5.72	7.91		
35	2.97	4.17	4.68	5.82	7.97		
36	3.03	4.24	4.76	5.91	8.03		
37	3.08	4.31	4.83	6.00	8.07		
38	3.13	4.36	4.90	6.07	8.10		
39	3.17	4.42	4.95	6.12	8.12		
40	3.21	4.46	5.01	6.18	8.13		
41	3.24	4.49	5.04	6.20	8.12		
42	3.27	4.51	5.08	6.23	8.10		
43	3.32	4.56	5.10	6.24	8.06		
44	3.36	4.58	5.11	6.24	8.00		
45	3.40	4.60	5.11	6.22	7.91		
46	3.41	4.60	5.10	6.18	7.80		
47	3.43	4.58	5.05	6.12	7.66		
48	3.41	4.54	5.00	6.02	7.47		
49	3.38	4.47	4.91	5.90	7.25		
50	3.34	4.39	4.80	5.76	7.00		
51	3.26	4.27	4.67	5.58	6.71		
52	3.18	4.14	4.51	5.37	6.38		
53	3.04	3.94	4.29	5.10	5.98		
54	2.89	3.72	4.05	4.80	5.54		
55	2.72	3.49	3.78	4.48	5.10		
56	2.55	3.26	3.51	4.14	4.65		
57	2.36	3.01	3.24	3.82	4.20		
58	2.17	2.78	2.99	3.52	3.81		
59	2.00	2.55	2.75	3.23	3.45		
60	1.82	2.33	2.51	2.95	3.10		
61	1.65	2.12	2.28	2.68	2.77		
62	1.50	1.92	2.06	2.43	2.46		
63	1.33	1.72	1.83	2.16	2.17		
64	1.17	1.51	1.63	1.92	1.90		
65	1.04	1.35	1.44	1.70	1.67		
66	0.92	1.20	1.28	1.51	1.47		
67	0.82	1.07	1.15	1.36	1.30		
68	0.75	0.99	1.06	1.25	1.19		
69	0.70	0.93	1.00	1.19	1.12		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.97	4.16	4.66	5.80			
26	3.03	4.26	4.77	5.94			
27	3.10	4.36	4.89	6.11			
28	3.19	4.49	5.03	6.27			
29	3.27	4.61	5.17	6.46			
30	3.36	4.73	5.32	6.64			
31	3.45	4.87	5.46	6.82			
32	3.54	5.00	5.61	7.00			
33	3.63	5.13	5.76	7.19			
34	3.73	5.25	5.90	7.36			
35	3.82	5.38	6.03	7.52			
36	3.91	5.48	6.15	7.66			
37	3.98	5.59	6.27	7.80			
38	4.06	5.68	6.36	7.90			
39	4.12	5.75	6.46	7.99			
40	4.17	5.81	6.52	8.07			
41	4.21	5.85	6.56	8.10			
42	4.23	5.87	6.59	8.11			
43	4.29	5.90	6.59	8.09			
44	4.30	5.90	6.56	8.04			
45	4.32	5.87	6.52	7.95			
46	4.30	5.81	6.43	7.82			
47	4.28	5.73	6.32	7.66			
48	4.19	5.59	6.14	7.44			
49	4.08	5.42	5.95	7.17			
50	3.96	5.23	5.72	6.87			
51	3.81	5.00	5.46	6.54			
52	3.63	4.73	5.17	6.16			
53	3.41	4.42	4.81	5.72			
54	3.17	4.08	4.44	5.26			
55	2.90	3.74	4.05	4.80			
56	2.65	3.38	3.65	4.31			
57	2.38	3.03	3.26	3.85			
58	2.10	2.68	2.88	3.41			
59	1.84	2.35	2.53	2.98			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	3.20	4.50	5.03	6.27			
26	3.27	4.60	5.16	6.42			
27	3.35	4.72	5.29	6.60			
28	3.44	4.85	5.44	6.78			
29	3.54	4.98	5.59	6.98			
30	3.63	5.12	5.75	7.17			
31	3.73	5.26	5.90	7.37			
32	3.83	5.40	6.06	7.58			
33	3.93	5.54	6.22	7.77			
34	4.03	5.68	6.37	7.96			
35	4.13	5.81	6.51	8.12			
36	4.22	5.92	6.65	8.28			
37	4.30	6.04	6.78	8.43			
38	4.38	6.13	6.88	8.54			
39	4.45	6.21	6.98	8.64			
40	4.51	6.27	7.05	8.72			
41	4.55	6.33	7.10	8.76			
42	4.58	6.34	7.13	8.77			
43	4.63	6.37	7.13	8.75			
44	4.66	6.37	7.10	8.69			
45	4.67	6.34	7.05	8.59			
46	4.66	6.28	6.95	8.46			
47	4.62	6.20	6.83	8.27			
48	4.53	6.05	6.64	8.03			
49	4.42	5.86	6.43	7.75			
50	4.29	5.65	6.19	7.43			
51	4.12	5.40	5.90	7.07			
52	3.92	5.12	5.59	6.66			
53	3.68	4.78	5.20	6.19			
54	3.42	4.42	4.80	5.69			
55	3.14	4.04	4.37	5.18			
56	2.86	3.65	3.95	4.66			
57	2.57	3.27	3.53	4.16			
58	2.27	2.90	3.12	3.68			
59	1.99	2.54	2.74	3.22			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.11	0.12	0.16	0.23	0.46	0.84
26	0.10	0.12	0.13	0.17	0.24	0.48	0.86
27	0.10	0.12	0.14	0.18	0.26	0.49	0.90
28	0.10	0.13	0.16	0.18	0.27	0.51	0.92
29	0.10	0.14	0.17	0.20	0.29	0.54	0.97
30	0.11	0.16	0.18	0.22	0.30	0.55	1.01
31	0.11	0.17	0.18	0.23	0.31	0.58	1.06
32	0.12	0.18	0.20	0.25	0.33	0.61	1.09
33	0.13	0.18	0.21	0.26	0.34	0.64	1.14
34	0.14	0.20	0.23	0.28	0.37	0.67	1.19
35	0.16	0.22	0.24	0.30	0.39	0.70	1.25
36	0.17	0.23	0.26	0.31	0.41	0.72	1.29
37	0.18	0.25	0.27	0.33	0.43	0.77	1.36
38	0.18	0.26	0.29	0.35	0.46	0.80	1.43
39	0.20	0.28	0.30	0.37	0.48	0.84	1.49
40	0.21	0.30	0.33	0.40	0.50	0.88	1.57
41	0.23	0.30	0.34	0.42	0.53	0.92	1.65
42	0.24	0.33	0.37	0.45	0.56	0.97	1.72
43	0.26	0.35	0.39	0.48	0.60	1.01	1.81
44	0.28	0.37	0.41	0.49	0.63	1.07	1.90
45	0.30	0.40	0.44	0.53	0.67	1.12	2.00
46	0.32	0.42	0.47	0.55	0.70	1.17	2.10
47	0.34	0.45	0.49	0.59	0.73	1.23	2.21
48	0.36	0.48	0.52	0.62	0.77	1.29	2.32
49	0.39	0.50	0.55	0.66	0.81	1.35	2.45
50	0.41	0.53	0.58	0.70	0.84	1.41	2.54
51	0.43	0.55	0.61	0.72	0.88	1.47	2.66
52	0.45	0.58	0.63	0.75	0.90	1.50	2.73
53	0.48	0.61	0.66	0.77	0.92	1.55	2.81
54	0.49	0.62	0.68	0.79	0.94	1.58	2.86
55	0.49	0.63	0.69	0.81	0.94	1.58	2.88
56	0.49	0.63	0.69	0.81	0.93	1.57	2.86
57	0.49	0.62	0.68	0.79	0.91	1.53	2.79
58	0.48	0.61	0.65	0.77	0.88	1.48	2.68
59	0.45	0.57	0.62	0.72	0.82	1.38	2.50
60	0.40	0.52	0.56	0.67	0.74	1.26	2.27
61	0.36	0.47	0.49	0.58	0.64	1.09	1.97
62	0.30	0.38	0.40	0.48	0.52	0.90	1.58

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.09	0.12	0.13	0.17	0.24	0.48	0.87
26	0.10	0.13	0.14	0.18	0.25	0.49	0.90
27	0.10	0.13	0.15	0.18	0.26	0.52	0.93
28	0.11	0.14	0.17	0.19	0.28	0.54	0.97
29	0.11	0.15	0.18	0.21	0.30	0.56	1.01
30	0.12	0.17	0.18	0.23	0.31	0.58	1.06
31	0.12	0.18	0.19	0.24	0.33	0.61	1.10
32	0.13	0.18	0.21	0.26	0.34	0.63	1.14
33	0.14	0.19	0.22	0.27	0.36	0.67	1.20
34	0.15	0.21	0.24	0.29	0.39	0.70	1.24
35	0.17	0.23	0.25	0.31	0.40	0.73	1.30
36	0.18	0.24	0.26	0.33	0.43	0.76	1.36
37	0.18	0.26	0.28	0.34	0.45	0.80	1.42
38	0.19	0.27	0.30	0.37	0.48	0.84	1.49
39	0.21	0.29	0.32	0.39	0.50	0.88	1.56
40	0.22	0.31	0.34	0.41	0.53	0.92	1.64
41	0.24	0.32	0.36	0.44	0.55	0.96	1.72
42	0.25	0.34	0.39	0.47	0.59	1.01	1.80
43	0.27	0.37	0.40	0.49	0.62	1.06	1.89
44	0.29	0.39	0.43	0.52	0.66	1.12	1.99
45	0.31	0.41	0.46	0.55	0.70	1.17	2.09
46	0.33	0.44	0.48	0.58	0.73	1.22	2.20
47	0.36	0.47	0.52	0.62	0.77	1.28	2.31
48	0.38	0.50	0.55	0.65	0.81	1.35	2.43
49	0.40	0.53	0.58	0.69	0.84	1.41	2.55
50	0.43	0.55	0.61	0.72	0.88	1.47	2.66
51	0.45	0.58	0.63	0.76	0.92	1.53	2.77
52	0.47	0.61	0.66	0.78	0.94	1.58	2.85
53	0.49	0.63	0.69	0.81	0.97	1.62	2.93
54	0.51	0.65	0.70	0.83	0.99	1.65	2.98
55	0.51	0.66	0.71	0.84	0.99	1.65	3.00
56	0.52	0.66	0.71	0.84	0.98	1.64	2.98
57	0.51	0.65	0.70	0.83	0.95	1.60	2.91
58	0.49	0.63	0.68	0.80	0.92	1.54	2.79
59	0.47	0.60	0.64	0.76	0.85	1.44	2.61
60	0.42	0.55	0.59	0.70	0.77	1.31	2.37
61	0.38	0.48	0.52	0.61	0.67	1.14	2.06
62	0.31	0.40	0.42	0.50	0.55	0.93	1.65

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.73	1.02	1.14	1.42	2.13	4.30	7.82
26	0.75	1.05	1.17	1.46	2.18	4.36	7.92
27	0.77	1.08	1.21	1.51	2.24	4.43	8.01
28	0.79	1.12	1.25	1.55	2.29	4.47	8.09
29	0.82	1.14	1.28	1.60	2.33	4.52	8.14
30	0.84	1.18	1.32	1.65	2.38	4.56	8.18
31	0.86	1.21	1.36	1.69	2.43	4.58	8.22
32	0.89	1.25	1.40	1.74	2.46	4.61	8.25
33	0.91	1.28	1.43	1.79	2.50	4.62	8.25
34	0.93	1.31	1.47	1.82	2.54	4.64	8.25
35	0.96	1.34	1.50	1.87	2.57	4.64	8.23
36	0.98	1.36	1.53	1.90	2.59	4.63	8.21
37	0.99	1.39	1.56	1.93	2.60	4.61	8.17
38	1.01	1.41	1.58	1.95	2.62	4.59	8.12
39	1.02	1.42	1.60	1.97	2.63	4.57	8.09
40	1.03	1.43	1.62	1.99	2.63	4.53	8.02
41	1.05	1.44	1.63	2.00	2.62	4.49	7.95
42	1.05	1.45	1.63	2.01	2.61	4.44	7.86
43	1.06	1.46	1.64	2.00	2.60	4.38	7.75
44	1.07	1.46	1.63	1.99	2.58	4.30	7.65
45	1.08	1.46	1.62	1.97	2.53	4.22	7.51
46	1.08	1.44	1.60	1.94	2.48	4.13	7.35
47	1.07	1.43	1.58	1.91	2.43	4.01	7.16
48	1.05	1.39	1.53	1.86	2.34	3.87	6.93
49	1.02	1.36	1.50	1.79	2.25	3.71	6.66
50	0.99	1.31	1.43	1.72	2.15	3.53	6.36
51	0.96	1.26	1.37	1.65	2.03	3.34	6.03
52	0.92	1.19	1.29	1.55	1.90	3.13	5.66
53	0.86	1.11	1.21	1.43	1.74	2.87	5.22
54	0.79	1.02	1.11	1.31	1.58	2.60	4.73
55	0.73	0.92	0.99	1.19	1.41	2.34	4.26
56	0.65	0.84	0.90	1.06	1.25	2.07	3.77
57	0.58	0.73	0.79	0.93	1.09	1.81	3.30
58	0.50	0.64	0.70	0.82	0.94	1.58	2.86
59	0.44	0.56	0.60	0.71	0.81	1.36	2.46
60	0.38	0.48	0.52	0.61	0.69	1.16	2.09
61	0.33	0.42	0.46	0.54	0.59	1.00	1.79
62	0.29	0.37	0.40	0.47	0.51	0.87	1.55
63	0.27	0.35	0.38	0.45	0.48	0.83	1.48
64	0.27	0.34	0.37	0.44	0.48	0.82	1.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.77	1.09	1.22	1.51	2.27	4.59	8.34
26	0.80	1.12	1.25	1.56	2.33	4.66	8.45
27	0.82	1.15	1.29	1.61	2.38	4.72	8.54
28	0.84	1.19	1.33	1.65	2.44	4.77	8.62
29	0.87	1.22	1.37	1.71	2.49	4.82	8.69
30	0.90	1.26	1.41	1.76	2.54	4.86	8.73
31	0.92	1.29	1.45	1.80	2.59	4.89	8.76
32	0.95	1.33	1.50	1.86	2.63	4.92	8.79
33	0.97	1.36	1.53	1.90	2.67	4.93	8.80
34	0.99	1.40	1.57	1.94	2.71	4.95	8.79
35	1.02	1.43	1.60	1.99	2.74	4.95	8.77
36	1.04	1.45	1.64	2.02	2.76	4.94	8.76
37	1.06	1.48	1.66	2.06	2.78	4.92	8.71
38	1.08	1.50	1.68	2.09	2.80	4.90	8.67
39	1.09	1.51	1.71	2.10	2.81	4.88	8.62
40	1.10	1.53	1.72	2.12	2.81	4.83	8.55
41	1.12	1.54	1.73	2.13	2.80	4.79	8.47
42	1.12	1.55	1.73	2.14	2.79	4.73	8.38
43	1.14	1.56	1.74	2.13	2.77	4.67	8.27
44	1.14	1.56	1.73	2.12	2.75	4.59	8.16
45	1.15	1.56	1.72	2.10	2.70	4.51	8.01
46	1.15	1.54	1.71	2.07	2.65	4.40	7.84
47	1.14	1.52	1.68	2.03	2.59	4.28	7.64
48	1.12	1.49	1.64	1.98	2.50	4.13	7.39
49	1.09	1.45	1.59	1.91	2.40	3.96	7.10
50	1.06	1.40	1.53	1.84	2.29	3.77	6.78
51	1.02	1.34	1.46	1.75	2.16	3.56	6.43
52	0.98	1.27	1.38	1.65	2.02	3.34	6.04
53	0.92	1.18	1.28	1.53	1.86	3.06	5.56
54	0.84	1.09	1.18	1.40	1.68	2.78	5.05
55	0.77	0.99	1.06	1.27	1.50	2.50	4.54
56	0.70	0.89	0.96	1.13	1.33	2.21	4.02
57	0.62	0.78	0.84	0.99	1.16	1.94	3.52
58	0.54	0.69	0.74	0.87	1.00	1.68	3.05
59	0.47	0.60	0.64	0.76	0.86	1.44	2.62
60	0.40	0.52	0.55	0.65	0.73	1.24	2.24
61	0.35	0.45	0.48	0.57	0.62	1.07	1.91
62	0.31	0.40	0.42	0.50	0.55	0.93	1.65
63	0.29	0.38	0.40	0.48	0.52	0.88	1.58
64	0.29	0.37	0.40	0.47	0.51	0.87	1.55

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.78	1.10	1.24	1.53	2.29	4.58	8.33
26	0.81	1.14	1.27	1.58	2.35	4.68	8.47
27	0.84	1.17	1.31	1.64	2.41	4.75	8.59
28	0.86	1.21	1.36	1.69	2.47	4.82	8.69
29	0.89	1.26	1.40	1.75	2.54	4.88	8.79
30	0.92	1.29	1.45	1.80	2.60	4.95	8.87
31	0.95	1.34	1.50	1.87	2.66	4.99	8.94
32	0.99	1.38	1.54	1.92	2.71	5.04	9.00
33	1.01	1.42	1.59	1.98	2.76	5.08	9.05
34	1.04	1.46	1.64	2.03	2.81	5.10	9.07
35	1.07	1.50	1.68	2.08	2.85	5.13	9.11
36	1.10	1.53	1.72	2.14	2.90	5.16	9.13
37	1.13	1.57	1.76	2.18	2.93	5.17	9.14
38	1.14	1.60	1.79	2.22	2.97	5.17	9.15
39	1.17	1.63	1.82	2.25	2.98	5.18	9.14
40	1.19	1.65	1.86	2.29	3.00	5.17	9.13
41	1.21	1.67	1.88	2.31	3.02	5.16	9.12
42	1.22	1.69	1.90	2.32	3.03	5.13	9.08
43	1.26	1.72	1.92	2.34	3.03	5.10	9.05
44	1.27	1.73	1.93	2.35	3.03	5.07	9.00
45	1.28	1.74	1.94	2.35	3.01	5.02	8.92
46	1.30	1.75	1.94	2.34	2.99	4.95	8.82
47	1.30	1.75	1.92	2.32	2.95	4.87	8.69
48	1.30	1.73	1.91	2.30	2.89	4.76	8.52
49	1.28	1.71	1.87	2.24	2.82	4.63	8.30
50	1.27	1.66	1.83	2.19	2.72	4.47	8.05
51	1.24	1.63	1.78	2.12	2.61	4.29	7.74
52	1.21	1.57	1.71	2.04	2.49	4.09	7.40
53	1.14	1.49	1.62	1.92	2.32	3.84	6.93
54	1.08	1.39	1.51	1.80	2.16	3.56	6.44
55	1.01	1.29	1.40	1.65	1.97	3.26	5.91
56	0.93	1.19	1.28	1.52	1.79	2.97	5.38
57	0.85	1.09	1.16	1.38	1.59	2.66	4.82
58	0.76	0.98	1.05	1.24	1.41	2.37	4.29
59	0.68	0.86	0.93	1.10	1.24	2.08	3.78
60	0.60	0.77	0.83	0.97	1.07	1.82	3.29
61	0.52	0.67	0.72	0.85	0.93	1.59	2.85
62	0.46	0.59	0.62	0.74	0.81	1.39	2.46
63	0.40	0.51	0.55	0.65	0.71	1.22	2.15
64	0.36	0.47	0.49	0.58	0.65	1.11	1.91
65	0.33	0.42	0.45	0.53	0.62	1.04	1.76
66	0.32	0.40	0.43	0.50	0.62	1.03	1.72

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.84	1.17	1.32	1.64	2.44	4.89	8.89
26	0.86	1.21	1.36	1.69	2.51	4.99	9.04
27	0.89	1.25	1.40	1.74	2.57	5.07	9.16
28	0.92	1.29	1.44	1.80	2.64	5.14	9.28
29	0.95	1.34	1.50	1.87	2.71	5.21	9.38
30	0.98	1.38	1.55	1.93	2.77	5.27	9.46
31	1.01	1.43	1.59	1.99	2.83	5.32	9.54
32	1.05	1.47	1.65	2.05	2.89	5.38	9.60
33	1.08	1.51	1.70	2.11	2.95	5.41	9.64
34	1.11	1.56	1.74	2.16	2.99	5.45	9.68
35	1.14	1.59	1.80	2.22	3.04	5.47	9.72
36	1.17	1.64	1.83	2.28	3.09	5.50	9.73
37	1.20	1.67	1.87	2.32	3.12	5.51	9.75
38	1.22	1.71	1.91	2.37	3.16	5.52	9.76
39	1.25	1.73	1.94	2.40	3.19	5.53	9.75
40	1.27	1.76	1.98	2.44	3.20	5.52	9.74
41	1.29	1.79	2.01	2.46	3.22	5.50	9.72
42	1.30	1.80	2.02	2.48	3.23	5.47	9.69
43	1.34	1.83	2.04	2.50	3.23	5.45	9.64
44	1.36	1.85	2.06	2.51	3.23	5.40	9.60
45	1.37	1.86	2.07	2.51	3.21	5.35	9.52
46	1.39	1.87	2.07	2.50	3.19	5.28	9.41
47	1.39	1.87	2.05	2.48	3.14	5.19	9.27
48	1.39	1.85	2.03	2.45	3.08	5.08	9.08
49	1.37	1.82	2.00	2.39	3.00	4.94	8.85
50	1.36	1.78	1.95	2.34	2.90	4.77	8.59
51	1.32	1.73	1.89	2.26	2.79	4.58	8.26
52	1.28	1.67	1.82	2.17	2.66	4.36	7.89
53	1.22	1.58	1.72	2.05	2.48	4.09	7.40
54	1.15	1.49	1.61	1.92	2.30	3.79	6.87
55	1.08	1.38	1.50	1.77	2.10	3.48	6.31
56	0.99	1.27	1.37	1.62	1.90	3.16	5.74
57	0.91	1.16	1.24	1.47	1.70	2.83	5.15
58	0.81	1.04	1.12	1.32	1.50	2.53	4.58
59	0.72	0.92	0.99	1.17	1.32	2.22	4.03
60	0.63	0.82	0.88	1.03	1.14	1.94	3.51
61	0.55	0.71	0.77	0.91	0.99	1.70	3.04
62	0.48	0.62	0.67	0.79	0.86	1.48	2.63
63	0.43	0.55	0.59	0.70	0.76	1.30	2.29
64	0.39	0.49	0.53	0.62	0.70	1.18	2.03
65	0.35	0.45	0.48	0.56	0.66	1.11	1.87
66	0.33	0.42	0.46	0.54	0.67	1.10	1.83

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.86	1.21	1.36	1.67	2.48		
26	0.89	1.25	1.39	1.73	2.57		
27	0.92	1.28	1.44	1.80	2.64		
28	0.96	1.34	1.50	1.87	2.72		
29	0.99	1.39	1.55	1.94	2.80		
30	1.02	1.43	1.62	2.01	2.87		
31	1.06	1.50	1.67	2.08	2.95		
32	1.10	1.54	1.73	2.16	3.02		
33	1.14	1.60	1.79	2.23	3.10		
34	1.18	1.65	1.85	2.30	3.16		
35	1.22	1.70	1.91	2.37	3.23		
36	1.26	1.75	1.96	2.44	3.28		
37	1.28	1.80	2.02	2.50	3.34		
38	1.33	1.84	2.07	2.56	3.40		
39	1.36	1.88	2.12	2.60	3.45		
40	1.39	1.93	2.16	2.67	3.49		
41	1.42	1.96	2.20	2.71	3.53		
42	1.45	2.00	2.24	2.75	3.56		
43	1.50	2.04	2.29	2.79	3.59		
44	1.52	2.08	2.31	2.82	3.61		
45	1.56	2.11	2.34	2.84	3.62		
46	1.59	2.14	2.36	2.86	3.60		
47	1.62	2.16	2.38	2.86	3.58		
48	1.63	2.16	2.38	2.86	3.53		
49	1.63	2.16	2.36	2.84	3.48		
50	1.63	2.14	2.34	2.81	3.40		
51	1.61	2.11	2.31	2.75	3.29		
52	1.58	2.06	2.25	2.68	3.18		
53	1.54	2.00	2.17	2.58	3.01		
54	1.48	1.91	2.07	2.46	2.83		
55	1.41	1.81	1.96	2.31	2.63		
56	1.35	1.71	1.85	2.18	2.44		
57	1.26	1.60	1.72	2.03	2.23		
58	1.16	1.50	1.60	1.89	2.05		
59	1.08	1.39	1.49	1.75	1.87		
60	0.99	1.27	1.36	1.61	1.68		
61	0.91	1.16	1.25	1.47	1.52		
62	0.83	1.06	1.13	1.34	1.36		
63	0.73	0.95	1.01	1.20	1.21		
64	0.65	0.84	0.90	1.06	1.06		
65	0.58	0.75	0.80	0.95	0.92		
66	0.51	0.66	0.71	0.84	0.82		
67	0.46	0.60	0.63	0.76	0.73		
68	0.41	0.55	0.59	0.70	0.66		
69	0.40	0.51	0.56	0.66	0.62		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.92	1.28	1.44	1.79	2.65		
26	0.95	1.33	1.49	1.85	2.74		
27	0.99	1.37	1.54	1.92	2.82		
28	1.02	1.43	1.60	1.99	2.90		
29	1.06	1.48	1.65	2.07	2.98		
30	1.09	1.53	1.72	2.14	3.06		
31	1.14	1.59	1.79	2.22	3.14		
32	1.17	1.65	1.85	2.30	3.22		
33	1.21	1.71	1.91	2.38	3.30		
34	1.26	1.76	1.97	2.45	3.37		
35	1.30	1.81	2.03	2.53	3.44		
36	1.34	1.87	2.09	2.60	3.50		
37	1.37	1.92	2.15	2.67	3.56		
38	1.42	1.96	2.21	2.73	3.63		
39	1.45	2.01	2.26	2.78	3.68		
40	1.49	2.06	2.31	2.84	3.72		
41	1.51	2.09	2.35	2.89	3.77		
42	1.55	2.13	2.39	2.93	3.80		
43	1.59	2.17	2.44	2.97	3.83		
44	1.63	2.22	2.47	3.01	3.85		
45	1.66	2.25	2.50	3.04	3.85		
46	1.70	2.28	2.52	3.05	3.84		
47	1.72	2.30	2.53	3.05	3.82		
48	1.73	2.31	2.53	3.05	3.77		
49	1.73	2.30	2.52	3.03	3.70		
50	1.73	2.28	2.50	2.99	3.63		
51	1.72	2.25	2.46	2.93	3.51		
52	1.69	2.20	2.40	2.86	3.39		
53	1.65	2.13	2.31	2.75	3.21		
54	1.58	2.03	2.21	2.62	3.02		
55	1.50	1.94	2.09	2.47	2.81		
56	1.43	1.82	1.97	2.32	2.60		
57	1.34	1.71	1.84	2.16	2.38		
58	1.24	1.59	1.71	2.02	2.18		
59	1.15	1.48	1.58	1.87	1.99		
60	1.06	1.36	1.45	1.72	1.80		
61	0.97	1.24	1.33	1.57	1.62		
62	0.88	1.13	1.21	1.43	1.45		
63	0.78	1.01	1.08	1.28	1.28		
64	0.70	0.90	0.96	1.14	1.13		
65	0.62	0.80	0.85	1.01	0.99		
66	0.55	0.70	0.76	0.90	0.87		
67	0.48	0.63	0.68	0.81	0.77		
68	0.44	0.58	0.62	0.74	0.70		
69	0.42	0.55	0.60	0.70	0.66		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.38	1.92	2.16	2.68			
26	1.42	2.00	2.24	2.77			
27	1.48	2.07	2.31	2.89			
28	1.53	2.16	2.42	3.00			
29	1.60	2.24	2.51	3.12			
30	1.65	2.33	2.61	3.25			
31	1.72	2.43	2.72	3.38			
32	1.80	2.52	2.83	3.52			
33	1.87	2.62	2.94	3.65			
34	1.94	2.71	3.04	3.78			
35	2.02	2.82	3.16	3.92			
36	2.08	2.91	3.26	4.05			
37	2.16	3.00	3.37	4.17			
38	2.22	3.10	3.48	4.29			
39	2.29	3.18	3.57	4.41			
40	2.35	3.26	3.65	4.51			
41	2.41	3.34	3.74	4.60			
42	2.46	3.39	3.81	4.68			
43	2.52	3.46	3.87	4.73			
44	2.58	3.51	3.92	4.78			
45	2.62	3.56	3.94	4.80			
46	2.66	3.58	3.96	4.80			
47	2.68	3.58	3.95	4.78			
48	2.68	3.56	3.91	4.72			
49	2.65	3.51	3.85	4.64			
50	2.61	3.44	3.77	4.52			
51	2.56	3.35	3.66	4.38			
52	2.48	3.24	3.53	4.21			
53	2.38	3.08	3.35	3.99			
54	2.25	2.90	3.14	3.74			
55	2.11	2.71	2.93	3.48			
56	1.96	2.50	2.71	3.19			
57	1.80	2.30	2.46	2.91			
58	1.63	2.07	2.23	2.63			
59	1.45	1.86	2.00	2.35			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.47	2.05	2.30	2.85			
26	1.51	2.13	2.38	2.96			
27	1.58	2.21	2.47	3.08			
28	1.64	2.30	2.58	3.20			
29	1.71	2.39	2.68	3.34			
30	1.77	2.49	2.79	3.47			
31	1.84	2.59	2.90	3.61			
32	1.92	2.68	3.02	3.76			
33	1.99	2.80	3.13	3.90			
34	2.07	2.90	3.25	4.04			
35	2.15	3.00	3.37	4.19			
36	2.22	3.11	3.48	4.32			
37	2.30	3.20	3.59	4.45			
38	2.37	3.30	3.70	4.58			
39	2.44	3.39	3.81	4.70			
40	2.51	3.48	3.90	4.80			
41	2.57	3.56	3.99	4.91			
42	2.62	3.62	4.07	4.99			
43	2.68	3.69	4.13	5.05			
44	2.75	3.75	4.18	5.10			
45	2.80	3.79	4.21	5.12			
46	2.83	3.82	4.22	5.12			
47	2.86	3.82	4.22	5.10			
48	2.85	3.79	4.17	5.03			
49	2.82	3.75	4.11	4.95			
50	2.79	3.67	4.02	4.82			
51	2.73	3.57	3.91	4.67			
52	2.65	3.45	3.77	4.49			
53	2.53	3.28	3.57	4.25			
54	2.40	3.10	3.35	3.99			
55	2.25	2.89	3.12	3.70			
56	2.09	2.67	2.89	3.41			
57	1.92	2.45	2.63	3.11			
58	1.73	2.21	2.38	2.81			
59	1.55	1.98	2.13	2.51			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:47

Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.14	0.16	0.19	0.27	0.55	0.99
26	0.11	0.15	0.17	0.20	0.29	0.57	1.04
27	0.11	0.16	0.18	0.22	0.30	0.59	1.07
28	0.11	0.17	0.18	0.23	0.32	0.62	1.11
29	0.12	0.18	0.20	0.25	0.33	0.64	1.16
30	0.13	0.18	0.21	0.26	0.36	0.67	1.21
31	0.15	0.20	0.23	0.27	0.38	0.70	1.26
32	0.16	0.21	0.24	0.29	0.40	0.74	1.31
33	0.17	0.23	0.26	0.31	0.42	0.77	1.37
34	0.18	0.25	0.26	0.33	0.44	0.79	1.43
35	0.18	0.26	0.28	0.35	0.47	0.84	1.49
36	0.20	0.27	0.30	0.37	0.49	0.88	1.56
37	0.22	0.29	0.33	0.40	0.52	0.92	1.63
38	0.23	0.31	0.34	0.42	0.55	0.96	1.71
39	0.25	0.33	0.37	0.44	0.58	1.00	1.78
40	0.26	0.35	0.40	0.48	0.61	1.06	1.87
41	0.27	0.37	0.42	0.50	0.64	1.10	1.96
42	0.29	0.40	0.44	0.54	0.68	1.15	2.07
43	0.31	0.42	0.47	0.56	0.71	1.21	2.17
44	0.33	0.44	0.50	0.60	0.76	1.28	2.28
45	0.36	0.48	0.53	0.63	0.79	1.34	2.40
46	0.39	0.50	0.56	0.67	0.84	1.41	2.52
47	0.41	0.54	0.59	0.70	0.88	1.47	2.64
48	0.43	0.57	0.62	0.75	0.92	1.55	2.77
49	0.46	0.60	0.66	0.78	0.97	1.61	2.92
50	0.49	0.63	0.70	0.83	1.01	1.69	3.04
51	0.51	0.67	0.73	0.86	1.05	1.75	3.17
52	0.54	0.70	0.76	0.90	1.08	1.80	3.26
53	0.56	0.72	0.78	0.92	1.10	1.85	3.35
54	0.58	0.75	0.80	0.94	1.12	1.87	3.41
55	0.59	0.76	0.81	0.96	1.12	1.88	3.42
56	0.59	0.76	0.81	0.96	1.11	1.87	3.40
57	0.58	0.75	0.79	0.94	1.09	1.82	3.31
58	0.56	0.72	0.77	0.91	1.04	1.75	3.17
59	0.53	0.68	0.73	0.85	0.97	1.64	2.96
60	0.48	0.62	0.66	0.77	0.88	1.48	2.68
61	0.42	0.55	0.58	0.69	0.76	1.28	2.31
62	0.34	0.44	0.48	0.56	0.61	1.05	1.86

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.15	0.17	0.20	0.29	0.57	1.05
26	0.11	0.16	0.18	0.21	0.31	0.60	1.09
27	0.12	0.17	0.18	0.23	0.32	0.62	1.13
28	0.12	0.18	0.19	0.24	0.33	0.65	1.17
29	0.13	0.18	0.21	0.26	0.35	0.68	1.22
30	0.14	0.19	0.22	0.27	0.38	0.70	1.28
31	0.16	0.21	0.24	0.29	0.40	0.74	1.33
32	0.17	0.22	0.25	0.31	0.41	0.77	1.38
33	0.18	0.24	0.26	0.33	0.44	0.81	1.44
34	0.18	0.26	0.28	0.34	0.47	0.84	1.50
35	0.19	0.27	0.30	0.37	0.49	0.88	1.57
36	0.21	0.29	0.32	0.39	0.52	0.92	1.64
37	0.23	0.31	0.34	0.41	0.55	0.96	1.72
38	0.24	0.33	0.36	0.44	0.57	1.01	1.80
39	0.26	0.34	0.39	0.47	0.61	1.06	1.87
40	0.26	0.37	0.41	0.50	0.64	1.11	1.97
41	0.29	0.39	0.44	0.53	0.68	1.16	2.07
42	0.31	0.41	0.47	0.56	0.71	1.21	2.17
43	0.33	0.44	0.49	0.59	0.75	1.28	2.29
44	0.35	0.47	0.53	0.63	0.79	1.35	2.40
45	0.38	0.50	0.55	0.67	0.84	1.41	2.53
46	0.40	0.53	0.59	0.70	0.88	1.48	2.65
47	0.43	0.56	0.62	0.74	0.92	1.55	2.78
48	0.46	0.60	0.66	0.78	0.98	1.63	2.92
49	0.48	0.63	0.70	0.83	1.02	1.70	3.07
50	0.52	0.67	0.74	0.87	1.06	1.78	3.20
51	0.54	0.70	0.77	0.91	1.10	1.84	3.34
52	0.56	0.73	0.80	0.94	1.14	1.89	3.43
53	0.59	0.76	0.83	0.98	1.16	1.94	3.53
54	0.61	0.78	0.84	0.99	1.18	1.97	3.58
55	0.62	0.79	0.85	1.01	1.18	1.98	3.60
56	0.62	0.79	0.85	1.01	1.17	1.96	3.57
57	0.61	0.78	0.84	0.99	1.14	1.92	3.48
58	0.59	0.76	0.81	0.95	1.09	1.84	3.34
59	0.55	0.71	0.77	0.90	1.02	1.72	3.12
60	0.51	0.65	0.70	0.82	0.92	1.56	2.82
61	0.44	0.57	0.61	0.72	0.79	1.36	2.44
62	0.36	0.47	0.50	0.59	0.64	1.10	1.95

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.11	1.55	1.73	2.16	3.25	6.60	11.99
26	1.13	1.58	1.77	2.21	3.31	6.64	12.06
27	1.14	1.61	1.80	2.25	3.35	6.68	12.10
28	1.17	1.65	1.85	2.31	3.41	6.70	12.12
29	1.20	1.68	1.89	2.35	3.45	6.71	12.11
30	1.22	1.72	1.93	2.41	3.50	6.71	12.08
31	1.25	1.76	1.97	2.46	3.53	6.71	12.03
32	1.27	1.80	2.01	2.51	3.56	6.68	11.96
33	1.29	1.82	2.05	2.55	3.59	6.66	11.88
34	1.32	1.86	2.09	2.60	3.62	6.61	11.77
35	1.35	1.88	2.12	2.63	3.63	6.56	11.66
36	1.36	1.90	2.14	2.66	3.63	6.50	11.53
37	1.37	1.92	2.16	2.68	3.63	6.43	11.39
38	1.39	1.94	2.17	2.69	3.63	6.35	11.24
39	1.40	1.94	2.18	2.70	3.61	6.27	11.09
40	1.40	1.94	2.19	2.70	3.58	6.17	10.91
41	1.40	1.94	2.19	2.69	3.55	6.06	10.73
42	1.40	1.94	2.18	2.68	3.50	5.95	10.52
43	1.41	1.94	2.16	2.66	3.45	5.82	10.32
44	1.41	1.92	2.15	2.62	3.40	5.69	10.08
45	1.40	1.90	2.12	2.57	3.32	5.53	9.83
46	1.39	1.88	2.08	2.53	3.23	5.37	9.55
47	1.37	1.84	2.02	2.45	3.13	5.17	9.23
48	1.35	1.80	1.96	2.37	3.00	4.95	8.86
49	1.30	1.72	1.89	2.27	2.87	4.72	8.46
50	1.25	1.65	1.80	2.16	2.70	4.45	8.01
51	1.20	1.58	1.72	2.05	2.54	4.18	7.54
52	1.14	1.47	1.60	1.92	2.36	3.88	7.01
53	1.05	1.36	1.48	1.76	2.15	3.54	6.42
54	0.96	1.25	1.36	1.59	1.93	3.19	5.78
55	0.87	1.13	1.21	1.43	1.71	2.83	5.16
56	0.78	1.00	1.07	1.27	1.50	2.49	4.52
57	0.69	0.88	0.94	1.12	1.29	2.16	3.93
58	0.60	0.77	0.82	0.97	1.11	1.87	3.39
59	0.51	0.66	0.70	0.84	0.94	1.59	2.89
60	0.44	0.57	0.61	0.71	0.81	1.36	2.46
61	0.38	0.49	0.53	0.62	0.69	1.16	2.09
62	0.33	0.43	0.47	0.55	0.60	1.02	1.80
63	0.32	0.40	0.43	0.51	0.56	0.96	1.71
64	0.31	0.40	0.43	0.51	0.55	0.94	1.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.20	1.67	1.87	2.33	3.51	7.14	12.97
26	1.21	1.71	1.91	2.38	3.57	7.18	13.04
27	1.24	1.74	1.95	2.44	3.63	7.22	13.09
28	1.27	1.79	2.00	2.49	3.69	7.24	13.10
29	1.29	1.82	2.04	2.54	3.73	7.26	13.09
30	1.32	1.87	2.09	2.60	3.78	7.26	13.06
31	1.35	1.90	2.13	2.66	3.82	7.25	13.01
32	1.37	1.94	2.17	2.71	3.85	7.22	12.93
33	1.40	1.97	2.22	2.76	3.88	7.20	12.84
34	1.43	2.01	2.25	2.81	3.91	7.15	12.72
35	1.45	2.03	2.29	2.84	3.92	7.09	12.60
36	1.47	2.06	2.31	2.88	3.92	7.03	12.46
37	1.49	2.08	2.33	2.90	3.92	6.95	12.31
38	1.50	2.09	2.35	2.91	3.92	6.87	12.15
39	1.51	2.10	2.36	2.92	3.90	6.78	11.99
40	1.51	2.10	2.37	2.92	3.87	6.67	11.79
41	1.51	2.10	2.37	2.91	3.84	6.56	11.60
42	1.51	2.09	2.36	2.90	3.78	6.43	11.38
43	1.52	2.09	2.34	2.87	3.73	6.29	11.16
44	1.52	2.08	2.32	2.83	3.67	6.15	10.90
45	1.51	2.06	2.29	2.78	3.59	5.98	10.63
46	1.50	2.03	2.24	2.73	3.49	5.80	10.32
47	1.49	1.99	2.19	2.65	3.39	5.59	9.98
48	1.45	1.94	2.12	2.56	3.25	5.35	9.58
49	1.41	1.87	2.04	2.46	3.10	5.10	9.14
50	1.36	1.79	1.95	2.34	2.92	4.81	8.66
51	1.29	1.70	1.86	2.22	2.75	4.51	8.15
52	1.22	1.59	1.73	2.08	2.55	4.20	7.59
53	1.14	1.47	1.60	1.90	2.32	3.83	6.93
54	1.04	1.35	1.46	1.72	2.09	3.45	6.25
55	0.94	1.21	1.31	1.55	1.85	3.06	5.57
56	0.84	1.08	1.16	1.37	1.62	2.69	4.89
57	0.74	0.95	1.02	1.21	1.40	2.33	4.25
58	0.64	0.83	0.89	1.05	1.20	2.02	3.66
59	0.55	0.71	0.77	0.91	1.02	1.72	3.12
60	0.48	0.62	0.66	0.77	0.87	1.47	2.66
61	0.41	0.53	0.57	0.67	0.74	1.26	2.26
62	0.36	0.47	0.50	0.59	0.64	1.10	1.95
63	0.34	0.44	0.47	0.55	0.61	1.04	1.85
64	0.33	0.44	0.47	0.55	0.60	1.02	1.82

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.21	1.68	1.89	2.35	3.53	7.12	12.94
26	1.23	1.72	1.93	2.41	3.60	7.20	13.04
27	1.25	1.77	1.98	2.46	3.67	7.25	13.12
28	1.28	1.80	2.02	2.53	3.74	7.30	13.18
29	1.32	1.86	2.09	2.60	3.79	7.33	13.21
30	1.36	1.90	2.13	2.66	3.85	7.36	13.22
31	1.38	1.95	2.19	2.73	3.91	7.37	13.21
32	1.42	2.01	2.24	2.79	3.96	7.38	13.19
33	1.45	2.04	2.30	2.86	4.00	7.38	13.15
34	1.48	2.09	2.33	2.91	4.04	7.37	13.09
35	1.51	2.12	2.38	2.97	4.07	7.34	13.02
36	1.54	2.16	2.43	3.01	4.09	7.31	12.94
37	1.58	2.19	2.46	3.05	4.12	7.27	12.86
38	1.59	2.23	2.49	3.09	4.13	7.22	12.76
39	1.61	2.24	2.52	3.11	4.14	7.16	12.65
40	1.63	2.25	2.54	3.12	4.13	7.10	12.54
41	1.64	2.27	2.55	3.14	4.11	7.02	12.41
42	1.65	2.28	2.55	3.14	4.08	6.93	12.27
43	1.67	2.29	2.56	3.14	4.07	6.85	12.13
44	1.68	2.30	2.56	3.12	4.03	6.75	11.96
45	1.69	2.30	2.55	3.10	3.98	6.63	11.77
46	1.70	2.29	2.53	3.07	3.92	6.49	11.55
47	1.69	2.26	2.50	3.02	3.84	6.33	11.29
48	1.67	2.23	2.45	2.96	3.73	6.13	10.97
49	1.65	2.18	2.38	2.88	3.60	5.91	10.61
50	1.60	2.12	2.31	2.77	3.46	5.68	10.20
51	1.57	2.04	2.23	2.66	3.29	5.40	9.74
52	1.50	1.95	2.12	2.53	3.11	5.11	9.23
53	1.42	1.84	2.00	2.38	2.88	4.74	8.59
54	1.33	1.71	1.86	2.20	2.65	4.36	7.91
55	1.23	1.58	1.71	2.02	2.39	3.96	7.21
56	1.14	1.44	1.56	1.83	2.15	3.57	6.49
57	1.02	1.29	1.40	1.65	1.90	3.19	5.78
58	0.91	1.15	1.25	1.47	1.67	2.81	5.10
59	0.80	1.02	1.10	1.29	1.46	2.45	4.44
60	0.70	0.90	0.96	1.14	1.25	2.12	3.85
61	0.61	0.78	0.84	0.99	1.08	1.85	3.31
62	0.53	0.69	0.73	0.86	0.94	1.61	2.88
63	0.48	0.61	0.65	0.77	0.84	1.43	2.53
64	0.43	0.55	0.59	0.70	0.78	1.33	2.30
65	0.41	0.52	0.55	0.66	0.77	1.28	2.20
66	0.40	0.51	0.55	0.66	0.82	1.34	2.24

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Full*	Not Applicable	No

Issue Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	1.30	1.82	2.04	2.54	3.81	7.70	13.98
26	1.33	1.87	2.09	2.60	3.89	7.78	14.10
27	1.36	1.91	2.14	2.67	3.97	7.84	14.19
28	1.39	1.95	2.19	2.74	4.04	7.89	14.25
29	1.43	2.01	2.25	2.81	4.10	7.93	14.28
30	1.46	2.06	2.31	2.88	4.16	7.96	14.29
31	1.50	2.11	2.37	2.95	4.22	7.97	14.28
32	1.53	2.16	2.43	3.02	4.28	7.98	14.26
33	1.57	2.21	2.48	3.09	4.33	7.98	14.21
34	1.60	2.25	2.53	3.15	4.36	7.96	14.16
35	1.64	2.30	2.58	3.20	4.40	7.94	14.08
36	1.66	2.33	2.62	3.26	4.43	7.90	13.99
37	1.70	2.37	2.66	3.30	4.45	7.86	13.90
38	1.72	2.40	2.69	3.34	4.46	7.81	13.80
39	1.74	2.42	2.72	3.36	4.47	7.74	13.68
40	1.76	2.44	2.75	3.38	4.46	7.67	13.55
41	1.77	2.46	2.75	3.40	4.44	7.59	13.41
42	1.79	2.46	2.76	3.40	4.42	7.50	13.26
43	1.80	2.47	2.77	3.40	4.40	7.40	13.11
44	1.82	2.48	2.77	3.38	4.36	7.30	12.93
45	1.83	2.48	2.75	3.35	4.30	7.16	12.72
46	1.84	2.47	2.73	3.32	4.23	7.01	12.49
47	1.83	2.45	2.70	3.26	4.14	6.84	12.21
48	1.80	2.41	2.65	3.19	4.03	6.64	11.86
49	1.78	2.36	2.58	3.11	3.89	6.40	11.48
50	1.73	2.29	2.50	3.00	3.74	6.13	11.03
51	1.69	2.21	2.41	2.88	3.56	5.84	10.53
52	1.62	2.11	2.30	2.74	3.36	5.53	9.98
53	1.53	1.99	2.16	2.57	3.12	5.13	9.28
54	1.43	1.85	2.01	2.38	2.86	4.72	8.55
55	1.33	1.71	1.85	2.18	2.59	4.29	7.79
56	1.22	1.56	1.68	1.98	2.32	3.86	7.01
57	1.10	1.40	1.51	1.78	2.06	3.44	6.25
58	0.98	1.25	1.35	1.58	1.80	3.04	5.51
59	0.86	1.10	1.19	1.40	1.58	2.65	4.80
60	0.75	0.97	1.04	1.22	1.36	2.30	4.15
61	0.66	0.84	0.91	1.06	1.17	2.00	3.58
62	0.57	0.74	0.79	0.93	1.02	1.74	3.11
63	0.51	0.66	0.70	0.83	0.91	1.55	2.73
64	0.47	0.60	0.63	0.75	0.84	1.43	2.48
65	0.45	0.56	0.60	0.71	0.84	1.39	2.38
66	0.44	0.55	0.60	0.71	0.89	1.44	2.43

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.34	1.87	2.09	2.60	3.88		
26	1.36	1.91	2.14	2.67	3.97		
27	1.40	1.97	2.21	2.75	4.07		
28	1.44	2.02	2.26	2.82	4.14		
29	1.48	2.09	2.33	2.90	4.23		
30	1.52	2.14	2.40	2.99	4.30		
31	1.57	2.21	2.47	3.08	4.39		
32	1.61	2.26	2.54	3.17	4.46		
33	1.65	2.32	2.60	3.25	4.52		
34	1.69	2.38	2.67	3.32	4.59		
35	1.73	2.44	2.73	3.40	4.65		
36	1.78	2.49	2.79	3.47	4.70		
37	1.81	2.53	2.84	3.53	4.73		
38	1.86	2.58	2.90	3.58	4.78		
39	1.88	2.62	2.94	3.63	4.81		
40	1.91	2.66	2.98	3.68	4.83		
41	1.94	2.68	3.02	3.71	4.85		
42	1.96	2.71	3.04	3.74	4.85		
43	2.01	2.75	3.08	3.76	4.85		
44	2.03	2.77	3.10	3.78	4.83		
45	2.07	2.79	3.10	3.78	4.80		
46	2.09	2.81	3.10	3.76	4.74		
47	2.10	2.81	3.10	3.75	4.68		
48	2.10	2.79	3.07	3.70	4.59		
49	2.09	2.76	3.03	3.63	4.47		
50	2.07	2.72	2.97	3.56	4.33		
51	2.03	2.66	2.90	3.47	4.17		
52	1.99	2.58	2.82	3.35	3.98		
53	1.90	2.46	2.68	3.19	3.75		
54	1.81	2.34	2.54	3.02	3.48		
55	1.72	2.21	2.38	2.82	3.21		
56	1.62	2.07	2.23	2.63	2.95		
57	1.50	1.91	2.06	2.44	2.67		
58	1.39	1.78	1.90	2.24	2.44		
59	1.28	1.64	1.76	2.07	2.21		
60	1.16	1.50	1.60	1.90	1.99		
61	1.06	1.36	1.47	1.72	1.79		
62	0.96	1.24	1.33	1.56	1.58		
63	0.85	1.10	1.18	1.39	1.40		
64	0.76	0.98	1.05	1.24	1.23		
65	0.67	0.86	0.92	1.10	1.07		
66	0.60	0.77	0.82	0.98	0.94		
67	0.53	0.70	0.74	0.88	0.84		
68	0.48	0.63	0.69	0.81	0.77		
69	0.46	0.60	0.64	0.77	0.72		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.44	2.02	2.26	2.81	4.20		
26	1.48	2.07	2.31	2.89	4.29		
27	1.51	2.13	2.38	2.97	4.39		
28	1.56	2.18	2.45	3.05	4.48		
29	1.60	2.25	2.52	3.14	4.58		
30	1.65	2.31	2.60	3.24	4.66		
31	1.69	2.38	2.68	3.33	4.74		
32	1.74	2.45	2.75	3.42	4.82		
33	1.79	2.51	2.82	3.51	4.89		
34	1.83	2.57	2.89	3.59	4.96		
35	1.87	2.63	2.95	3.67	5.02		
36	1.92	2.69	3.02	3.75	5.08		
37	1.96	2.74	3.07	3.81	5.12		
38	2.01	2.79	3.13	3.87	5.17		
39	2.03	2.83	3.18	3.92	5.20		
40	2.07	2.87	3.22	3.98	5.23		
41	2.09	2.90	3.26	4.01	5.24		
42	2.12	2.93	3.29	4.04	5.24		
43	2.16	2.97	3.33	4.07	5.24		
44	2.20	3.00	3.34	4.08	5.23		
45	2.24	3.02	3.35	4.08	5.18		
46	2.25	3.04	3.35	4.07	5.13		
47	2.27	3.04	3.34	4.05	5.06		
48	2.27	3.02	3.32	4.00	4.96		
49	2.25	2.98	3.27	3.93	4.83		
50	2.24	2.94	3.21	3.85	4.68		
51	2.20	2.88	3.14	3.75	4.51		
52	2.15	2.79	3.04	3.63	4.30		
53	2.06	2.67	2.90	3.45	4.05		
54	1.96	2.53	2.75	3.26	3.77		
55	1.87	2.38	2.58	3.05	3.48		
56	1.75	2.24	2.41	2.84	3.19		
57	1.63	2.07	2.23	2.63	2.89		
58	1.50	1.92	2.06	2.43	2.63		
59	1.38	1.77	1.90	2.24	2.38		
60	1.26	1.62	1.73	2.05	2.15		
61	1.15	1.47	1.58	1.87	1.93		
62	1.04	1.34	1.43	1.68	1.72		
63	0.92	1.19	1.28	1.50	1.51		
64	0.82	1.06	1.14	1.34	1.33		
65	0.72	0.93	1.00	1.19	1.16		
66	0.64	0.83	0.89	1.06	1.02		
67	0.57	0.75	0.80	0.95	0.92		
68	0.52	0.69	0.74	0.87	0.83		
69	0.49	0.65	0.70	0.83	0.78		

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Limited	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	1.93	2.70	3.03	3.77			
26	1.99	2.78	3.12	3.88			
27	2.04	2.88	3.21	4.01			
28	2.11	2.97	3.32	4.14			
29	2.17	3.07	3.43	4.29			
30	2.24	3.17	3.55	4.43			
31	2.32	3.27	3.66	4.58			
32	2.39	3.38	3.78	4.73			
33	2.47	3.48	3.90	4.87			
34	2.55	3.58	4.02	5.01			
35	2.62	3.68	4.14	5.15			
36	2.69	3.78	4.24	5.27			
37	2.77	3.87	4.35	5.39			
38	2.83	3.96	4.44	5.51			
39	2.90	4.04	4.52	5.61			
40	2.95	4.10	4.61	5.69			
41	2.99	4.16	4.67	5.76			
42	3.04	4.20	4.73	5.81			
43	3.09	4.25	4.75	5.82			
44	3.13	4.28	4.77	5.83			
45	3.16	4.29	4.76	5.81			
46	3.18	4.29	4.73	5.75			
47	3.18	4.25	4.68	5.67			
48	3.14	4.18	4.60	5.55			
49	3.09	4.08	4.49	5.39			
50	3.01	3.97	4.35	5.22			
51	2.92	3.84	4.18	5.01			
52	2.81	3.67	4.00	4.77			
53	2.66	3.45	3.76	4.47			
54	2.50	3.22	3.50	4.15			
55	2.32	2.98	3.23	3.83			
56	2.14	2.73	2.95	3.48			
57	1.94	2.47	2.66	3.14			
58	1.74	2.23	2.38	2.82			
59	1.54	1.97	2.12	2.50			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	Graded Life 45/65**	Not Applicable	Full*	Not Applicable	No

Issue Age	6S	5A	4A	3A	2A	1A	1B
18 - 25	2.09	2.92	3.27	4.07			
26	2.15	3.01	3.37	4.20			
27	2.21	3.11	3.48	4.34			
28	2.28	3.20	3.59	4.48			
29	2.35	3.32	3.71	4.63			
30	2.43	3.42	3.84	4.79			
31	2.51	3.54	3.96	4.95			
32	2.59	3.65	4.09	5.10			
33	2.68	3.77	4.22	5.26			
34	2.75	3.87	4.35	5.41			
35	2.83	3.98	4.47	5.56			
36	2.91	4.08	4.58	5.70			
37	2.99	4.19	4.70	5.83			
38	3.06	4.28	4.80	5.96			
39	3.13	4.36	4.89	6.06			
40	3.19	4.44	4.98	6.15			
41	3.24	4.50	5.05	6.22			
42	3.28	4.54	5.10	6.27			
43	3.34	4.59	5.14	6.29			
44	3.39	4.62	5.16	6.30			
45	3.41	4.64	5.15	6.27			
46	3.43	4.63	5.12	6.21			
47	3.43	4.59	5.06	6.12			
48	3.40	4.52	4.97	6.00			
49	3.34	4.42	4.85	5.83			
50	3.26	4.29	4.70	5.64			
51	3.16	4.14	4.52	5.41			
52	3.04	3.97	4.32	5.16			
53	2.88	3.73	4.07	4.83			
54	2.70	3.48	3.78	4.49			
55	2.51	3.22	3.49	4.14			
56	2.31	2.95	3.19	3.77			
57	2.10	2.68	2.88	3.40			
58	1.88	2.40	2.58	3.04			
59	1.66	2.13	2.29	2.70			

* Endorsement Form IDI2000-PE/MS-LIMIT attached to Policy Forms IDI2000-P/GR et al. For exceptions, see Misc pages.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.50	0.62	0.75	0.87
26	0.52	0.64	0.77	0.91
27	0.54	0.67	0.81	0.94
28	0.56	0.70	0.84	0.98
29	0.58	0.73	0.87	1.02
30	0.62	0.77	0.92	1.06
31	0.64	0.80	0.96	1.12
32	0.67	0.84	1.01	1.18
33	0.71	0.89	1.06	1.25
34	0.76	0.94	1.13	1.31
35	0.79	0.99	1.19	1.39
36	0.84	1.05	1.26	1.46
37	0.88	1.11	1.33	1.55
38	0.93	1.17	1.40	1.63
39	0.99	1.23	1.48	1.72
40	1.04	1.29	1.55	1.81
41	1.09	1.36	1.64	1.91
42	1.14	1.43	1.72	2.01
43	1.20	1.50	1.80	2.10
44	1.25	1.57	1.87	2.19
45	1.30	1.64	1.96	2.29
46	1.37	1.71	2.05	2.39
47	1.43	1.79	2.15	2.50
48	1.50	1.87	2.25	2.62
49	1.58	1.96	2.36	2.75
50	1.65	2.06	2.48	2.90
51	1.73	2.16	2.60	3.04
52	1.82	2.28	2.74	3.19
53	1.92	2.40	2.89	3.37
54	2.03	2.53	3.04	3.56
55	2.14	2.67	3.20	3.73
56	2.24	2.80	3.35	3.92
57	2.34	2.93	3.52	4.10
58	2.40	3.00	3.60	4.21
59	2.46	3.08	3.70	4.31
60	2.54	3.18	3.82	4.46
61	2.65	3.31	3.98	4.64
62	2.79	3.48	4.19	4.88
63	3.04	3.79	4.56	5.32
64	3.32	4.14	4.98	5.81
65	3.63	4.53	5.46	6.36
66	3.97	4.96	5.97	6.96
67	4.33	5.41	6.50	7.59
68	4.71	5.89	7.08	8.25
69	5.10	6.36	7.65	8.92

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.21	0.26	0.32	0.37
26	0.22	0.27	0.33	0.39
27	0.23	0.29	0.34	0.40
28	0.25	0.30	0.36	0.42
29	0.26	0.32	0.39	0.45
30	0.27	0.34	0.40	0.48
31	0.29	0.36	0.43	0.51
32	0.31	0.39	0.47	0.54
33	0.33	0.41	0.49	0.58
34	0.35	0.44	0.53	0.62
35	0.38	0.48	0.57	0.66
36	0.40	0.51	0.61	0.71
37	0.44	0.55	0.65	0.77
38	0.47	0.58	0.70	0.82
39	0.50	0.62	0.75	0.88
40	0.54	0.67	0.80	0.94
41	0.57	0.71	0.86	1.00
42	0.61	0.77	0.92	1.07
43	0.65	0.81	0.98	1.14
44	0.70	0.86	1.04	1.21
45	0.74	0.92	1.11	1.29
46	0.78	0.98	1.18	1.37
47	0.84	1.05	1.26	1.46
48	0.89	1.12	1.34	1.56
49	0.95	1.19	1.43	1.66
50	1.01	1.27	1.52	1.78
51	1.08	1.36	1.63	1.90
52	1.15	1.44	1.73	2.02
53	1.23	1.55	1.86	2.16
54	1.32	1.65	1.98	2.31
55	1.41	1.75	2.11	2.46
56	1.49	1.87	2.24	2.60
57	1.58	1.97	2.37	2.75
58	1.63	2.03	2.44	2.84
59	1.68	2.10	2.53	2.94
60	1.74	2.18	2.62	3.06
61	1.83	2.29	2.75	3.21
62	1.94	2.43	2.91	3.41
63	2.13	2.67	3.20	3.73
64	2.35	2.93	3.52	4.11
65	2.59	3.23	3.88	4.53
66	2.84	3.56	4.27	4.98
67	3.12	3.90	4.68	5.46
68	3.41	4.25	5.11	5.96
69	3.70	4.61	5.54	6.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	2 Yrs	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.18	0.23	0.27	0.32
26	0.18	0.24	0.28	0.33
27	0.19	0.25	0.30	0.34
28	0.21	0.26	0.31	0.36
29	0.22	0.27	0.33	0.39
30	0.24	0.29	0.35	0.40
31	0.25	0.31	0.37	0.43
32	0.26	0.33	0.40	0.47
33	0.28	0.35	0.42	0.50
34	0.31	0.38	0.46	0.54
35	0.33	0.40	0.49	0.57
36	0.35	0.44	0.53	0.62
37	0.38	0.47	0.56	0.66
38	0.40	0.50	0.61	0.70
39	0.43	0.54	0.65	0.76
40	0.47	0.58	0.70	0.81
41	0.49	0.62	0.74	0.87
42	0.53	0.66	0.79	0.92
43	0.56	0.70	0.84	0.99
44	0.60	0.75	0.90	1.06
45	0.64	0.80	0.96	1.12
46	0.68	0.85	1.02	1.20
47	0.73	0.91	1.09	1.28
48	0.77	0.97	1.16	1.36
49	0.83	1.04	1.25	1.45
50	0.89	1.11	1.33	1.55
51	0.95	1.18	1.42	1.65
52	1.01	1.27	1.51	1.77
53	1.08	1.36	1.63	1.89
54	1.16	1.44	1.73	2.02
55	1.23	1.54	1.85	2.16
56	1.31	1.64	1.97	2.30
57	1.39	1.73	2.09	2.43
58	1.43	1.79	2.15	2.51
59	1.48	1.85	2.23	2.60
60	1.54	1.93	2.31	2.70
61	1.62	2.02	2.43	2.84
62	1.72	2.16	2.59	3.02
63	1.89	2.37	2.84	3.32
64	2.09	2.61	3.13	3.66
65	2.31	2.88	3.46	4.04
66	2.54	3.18	3.82	4.45
67	2.79	3.48	4.19	4.88
68	3.05	3.81	4.58	5.34
69	3.32	4.14	4.98	5.81

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Premium rates for issue ages older than 69 will be the appropriate age 69 premium rate times the sum of 1.0000 plus 0.0300 times the excess of the issue age over age 69, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.86	1.08	1.30	1.51
26	0.90	1.13	1.36	1.58
27	0.94	1.18	1.42	1.65
28	0.99	1.23	1.48	1.72
29	1.03	1.29	1.55	1.81
30	1.08	1.36	1.64	1.90
31	1.14	1.43	1.72	2.01
32	1.21	1.51	1.81	2.11
33	1.28	1.59	1.92	2.24
34	1.36	1.68	2.02	2.37
35	1.43	1.79	2.14	2.50
36	1.51	1.89	2.26	2.64
37	1.59	1.99	2.39	2.79
38	1.68	2.10	2.53	2.95
39	1.77	2.22	2.66	3.11
40	1.87	2.33	2.80	3.26
41	1.95	2.45	2.94	3.43
42	2.05	2.57	3.09	3.60
43	2.15	2.68	3.22	3.76
44	2.24	2.80	3.36	3.92
45	2.33	2.91	3.50	4.08
46	2.42	3.03	3.63	4.25
47	2.53	3.15	3.78	4.42
48	2.63	3.29	3.95	4.60
49	2.74	3.42	4.12	4.80
50	2.85	3.56	4.29	4.99
51	2.97	3.70	4.45	5.18
52	3.07	3.84	4.61	5.38
53	3.19	4.00	4.80	5.60
54	3.32	4.14	4.98	5.81
55	3.42	4.28	5.13	5.99
56	3.50	4.38	5.26	6.13
57	3.56	4.45	5.34	6.24
58	3.59	4.48	5.39	6.28
59	3.57	4.47	5.37	6.27
60	3.52	4.40	5.29	6.17
61	3.41	4.27	5.13	5.98
62	3.26	4.07	4.89	5.70

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	90 Days	Not Applicable	Not Applicable	No

Issue Age	**3A to 6S**	**2A**	**1A**	**1B**
18 - 25	0.38	0.47	0.56	0.66
26	0.40	0.49	0.59	0.69
27	0.41	0.52	0.62	0.73
28	0.44	0.55	0.66	0.77
29	0.47	0.58	0.70	0.82
30	0.49	0.62	0.74	0.86
31	0.53	0.66	0.79	0.92
32	0.56	0.70	0.84	0.99
33	0.61	0.76	0.91	1.06
34	0.65	0.81	0.97	1.14
35	0.70	0.87	1.04	1.21
36	0.74	0.93	1.12	1.30
37	0.80	0.99	1.20	1.40
38	0.85	1.06	1.28	1.50
39	0.92	1.14	1.37	1.60
40	0.98	1.22	1.47	1.71
41	1.04	1.30	1.57	1.82
42	1.11	1.39	1.66	1.94
43	1.18	1.47	1.77	2.07
44	1.25	1.57	1.87	2.19
45	1.33	1.65	1.99	2.32
46	1.40	1.75	2.10	2.46
47	1.49	1.86	2.23	2.60
48	1.58	1.97	2.37	2.76
49	1.67	2.09	2.51	2.92
50	1.77	2.21	2.65	3.09
51	1.87	2.32	2.80	3.26
52	1.96	2.45	2.94	3.43
53	2.07	2.59	3.11	3.62
54	2.17	2.71	3.26	3.80
55	2.26	2.83	3.40	3.97
56	2.34	2.93	3.52	4.10
57	2.40	3.00	3.61	4.21
58	2.44	3.05	3.66	4.28
59	2.45	3.06	3.68	4.29
60	2.43	3.04	3.64	4.26
61	2.38	2.97	3.56	4.15
62	2.27	2.84	3.41	3.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.32	0.40	0.48	0.56
26	0.33	0.42	0.50	0.59
27	0.35	0.44	0.53	0.62
28	0.38	0.47	0.56	0.66
29	0.40	0.50	0.60	0.70
30	0.42	0.53	0.63	0.74
31	0.45	0.56	0.68	0.79
32	0.48	0.61	0.73	0.84
33	0.52	0.65	0.77	0.91
34	0.55	0.70	0.84	0.98
35	0.60	0.75	0.90	1.05
36	0.64	0.80	0.96	1.12
37	0.69	0.85	1.03	1.21
38	0.74	0.92	1.10	1.28
39	0.78	0.99	1.18	1.38
40	0.84	1.06	1.27	1.48
41	0.90	1.13	1.35	1.58
42	0.96	1.20	1.44	1.68
43	1.02	1.28	1.53	1.79
44	1.08	1.36	1.63	1.89
45	1.14	1.43	1.72	2.01
46	1.21	1.52	1.83	2.13
47	1.28	1.61	1.94	2.25
48	1.37	1.71	2.06	2.39
49	1.45	1.81	2.18	2.54
50	1.54	1.92	2.31	2.69
51	1.62	2.02	2.44	2.84
52	1.71	2.14	2.56	2.99
53	1.80	2.25	2.71	3.16
54	1.89	2.37	2.84	3.32
55	1.98	2.47	2.97	3.47
56	2.05	2.56	3.08	3.59
57	2.10	2.63	3.16	3.69
58	2.14	2.68	3.21	3.75
59	2.16	2.69	3.23	3.77
60	2.14	2.67	3.20	3.74
61	2.09	2.61	3.13	3.66
62	2.01	2.51	3.01	3.51

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.29	0.37	0.44	0.51
26	0.31	0.39	0.47	0.55
27	0.33	0.40	0.49	0.57
28	0.34	0.43	0.52	0.61
29	0.37	0.47	0.55	0.65
30	0.40	0.49	0.59	0.70
31	0.42	0.53	0.63	0.74
32	0.45	0.56	0.68	0.79
33	0.48	0.61	0.73	0.85
34	0.52	0.65	0.78	0.92
35	0.56	0.70	0.84	0.98
36	0.60	0.75	0.90	1.05
37	0.64	0.81	0.97	1.13
38	0.70	0.86	1.04	1.21
39	0.74	0.92	1.11	1.29
40	0.79	0.99	1.19	1.39
41	0.84	1.06	1.28	1.49
42	0.91	1.14	1.36	1.58
43	0.96	1.21	1.44	1.69
44	1.02	1.28	1.54	1.80
45	1.08	1.36	1.63	1.90
46	1.15	1.44	1.73	2.02
47	1.22	1.53	1.83	2.14
48	1.30	1.63	1.95	2.28
49	1.38	1.72	2.07	2.42
50	1.46	1.83	2.19	2.56
51	1.55	1.93	2.32	2.71
52	1.63	2.03	2.45	2.85
53	1.72	2.16	2.59	3.02
54	1.82	2.27	2.73	3.19
55	1.90	2.38	2.86	3.34
56	1.98	2.47	2.97	3.46
57	2.03	2.54	3.05	3.56
58	2.08	2.60	3.12	3.63
59	2.09	2.61	3.14	3.67
60	2.09	2.60	3.13	3.65
61	2.05	2.56	3.08	3.59
62	1.98	2.47	2.97	3.47

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.25	0.31	0.37	0.43
26	0.26	0.33	0.40	0.46
27	0.28	0.35	0.42	0.48
28	0.30	0.37	0.45	0.52
29	0.32	0.40	0.48	0.55
30	0.34	0.42	0.51	0.60
31	0.36	0.46	0.55	0.63
32	0.39	0.49	0.59	0.69
33	0.42	0.53	0.63	0.74
34	0.45	0.56	0.68	0.79
35	0.48	0.61	0.73	0.85
36	0.52	0.65	0.78	0.92
37	0.56	0.70	0.84	0.99
38	0.61	0.76	0.91	1.06
39	0.65	0.81	0.98	1.14
40	0.70	0.87	1.05	1.21
41	0.75	0.93	1.12	1.30
42	0.79	0.99	1.20	1.39
43	0.84	1.06	1.27	1.48
44	0.90	1.13	1.35	1.58
45	0.96	1.20	1.43	1.67
46	1.01	1.27	1.52	1.78
47	1.07	1.35	1.62	1.88
48	1.14	1.43	1.72	2.01
49	1.21	1.52	1.83	2.13
50	1.29	1.61	1.94	2.26
51	1.36	1.71	2.05	2.39
52	1.44	1.80	2.16	2.53
53	1.53	1.92	2.31	2.68
54	1.62	2.02	2.43	2.83
55	1.70	2.12	2.55	2.97
56	1.77	2.22	2.66	3.10
57	1.83	2.29	2.75	3.20
58	1.87	2.34	2.81	3.28
59	1.89	2.37	2.84	3.32
60	1.89	2.37	2.84	3.32
61	1.87	2.33	2.81	3.27
62	1.81	2.27	2.72	3.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.59	1.99	2.38	2.78
26	1.65	2.07	2.48	2.90
27	1.72	2.16	2.59	3.02
28	1.80	2.24	2.69	3.15
29	1.87	2.34	2.82	3.28
30	1.96	2.46	2.95	3.43
31	2.05	2.56	3.08	3.60
32	2.15	2.68	3.23	3.76
33	2.25	2.82	3.38	3.95
34	2.37	2.96	3.55	4.14
35	2.47	3.10	3.72	4.34
36	2.59	3.24	3.89	4.54
37	2.71	3.38	4.07	4.74
38	2.82	3.53	4.24	4.95
39	2.95	3.68	4.42	5.16
40	3.05	3.82	4.59	5.35
41	3.17	3.96	4.75	5.55
42	3.27	4.09	4.91	5.73
43	3.35	4.20	5.04	5.88
44	3.44	4.30	5.17	6.03
45	3.51	4.39	5.27	6.15
46	3.57	4.48	5.38	6.27
47	3.63	4.55	5.46	6.37
48	3.70	4.62	5.54	6.48
49	3.75	4.68	5.62	6.56
50	3.79	4.73	5.68	6.64
51	3.82	4.78	5.74	6.70
52	3.84	4.80	5.77	6.73
53	3.86	4.82	5.79	6.76
54	3.85	4.82	5.80	6.76
55	3.85	4.81	5.78	6.74
56	3.82	4.77	5.74	6.70
57	3.78	4.72	5.68	6.62
58	3.64	4.56	5.46	6.38
59	3.50	4.39	5.27	6.14
60	3.39	4.23	5.09	5.93
61	3.30	4.12	4.95	5.77
62	3.26	4.07	4.89	5.70
63	3.36	4.21	5.06	5.90
64	3.54	4.42	5.32	6.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.68	0.85	1.02	1.20
26	0.71	0.89	1.06	1.25
27	0.75	0.93	1.12	1.30
28	0.78	0.98	1.18	1.37
29	0.83	1.03	1.24	1.44
30	0.87	1.09	1.31	1.53
31	0.92	1.15	1.39	1.62
32	0.98	1.22	1.47	1.72
33	1.04	1.30	1.56	1.82
34	1.10	1.38	1.65	1.94
35	1.17	1.47	1.76	2.05
36	1.24	1.56	1.87	2.18
37	1.32	1.65	1.98	2.31
38	1.40	1.75	2.09	2.45
39	1.48	1.85	2.22	2.59
40	1.56	1.94	2.34	2.73
41	1.64	2.05	2.46	2.88
42	1.72	2.16	2.59	3.02
43	1.80	2.25	2.70	3.15
44	1.87	2.35	2.82	3.29
45	1.95	2.44	2.93	3.41
46	2.02	2.53	3.04	3.55
47	2.09	2.62	3.15	3.67
48	2.16	2.71	3.26	3.80
49	2.24	2.80	3.36	3.92
50	2.31	2.88	3.46	4.03
51	2.36	2.95	3.55	4.14
52	2.41	3.02	3.63	4.22
53	2.46	3.07	3.69	4.30
54	2.49	3.12	3.74	4.36
55	2.52	3.14	3.78	4.41
56	2.53	3.16	3.79	4.43
57	2.53	3.16	3.79	4.43
58	2.46	3.07	3.69	4.30
59	2.38	2.98	3.58	4.18
60	2.32	2.90	3.49	4.07
61	2.28	2.85	3.43	4.00
62	2.27	2.84	3.41	3.99
63	2.37	2.97	3.56	4.15
64	2.51	3.13	3.77	4.39

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.59	0.73	0.88	1.03
26	0.62	0.77	0.92	1.07
27	0.64	0.80	0.97	1.13
28	0.68	0.84	1.01	1.19
29	0.71	0.89	1.07	1.25
30	0.76	0.94	1.13	1.32
31	0.79	0.99	1.20	1.40
32	0.84	1.06	1.27	1.48
33	0.90	1.12	1.35	1.57
34	0.95	1.19	1.43	1.67
35	1.01	1.27	1.52	1.77
36	1.07	1.34	1.61	1.88
37	1.14	1.43	1.71	1.99
38	1.21	1.50	1.81	2.11
39	1.28	1.59	1.91	2.24
40	1.35	1.68	2.02	2.36
41	1.42	1.77	2.12	2.47
42	1.49	1.86	2.23	2.60
43	1.55	1.94	2.33	2.72
44	1.62	2.02	2.43	2.83
45	1.68	2.10	2.53	2.95
46	1.74	2.18	2.62	3.05
47	1.80	2.26	2.71	3.17
48	1.87	2.33	2.81	3.27
49	1.93	2.41	2.90	3.38
50	1.98	2.48	2.97	3.48
51	2.03	2.54	3.05	3.56
52	2.08	2.60	3.12	3.64
53	2.12	2.65	3.19	3.71
54	2.15	2.68	3.23	3.77
55	2.17	2.72	3.26	3.80
56	2.18	2.73	3.28	3.83
57	2.19	2.74	3.28	3.83
58	2.14	2.67	3.20	3.74
59	2.08	2.60	3.12	3.64
60	2.03	2.54	3.05	3.56
61	2.01	2.51	3.01	3.51
62	2.01	2.51	3.01	3.51
63	2.10	2.62	3.15	3.68
64	2.23	2.78	3.34	3.90

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.55	0.68	0.82	0.95
26	0.57	0.71	0.85	0.99
27	0.60	0.75	0.90	1.05
28	0.62	0.78	0.94	1.10
29	0.66	0.83	0.99	1.16
30	0.70	0.88	1.06	1.23
31	0.74	0.92	1.12	1.30
32	0.78	0.99	1.18	1.38
33	0.84	1.05	1.26	1.46
34	0.89	1.11	1.34	1.56
35	0.94	1.18	1.42	1.65
36	1.00	1.25	1.50	1.75
37	1.06	1.33	1.59	1.86
38	1.13	1.40	1.69	1.97
39	1.19	1.49	1.79	2.08
40	1.25	1.57	1.88	2.19
41	1.32	1.65	1.98	2.31
42	1.38	1.72	2.08	2.42
43	1.44	1.80	2.16	2.53
44	1.50	1.88	2.26	2.63
45	1.57	1.95	2.35	2.74
46	1.62	2.02	2.44	2.84
47	1.68	2.09	2.52	2.94
48	1.73	2.16	2.60	3.04
49	1.79	2.24	2.68	3.13
50	1.84	2.30	2.76	3.22
51	1.89	2.36	2.83	3.31
52	1.93	2.41	2.90	3.38
53	1.97	2.46	2.96	3.45
54	2.01	2.51	3.01	3.51
55	2.03	2.54	3.05	3.56
56	2.05	2.57	3.08	3.60
57	2.07	2.58	3.10	3.62
58	2.03	2.53	3.04	3.56
59	2.00	2.49	2.99	3.49
60	1.97	2.46	2.96	3.45
61	1.96	2.45	2.94	3.43
62	1.98	2.47	2.97	3.47
63	2.09	2.60	3.12	3.64
64	2.22	2.77	3.33	3.88

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.47	0.59	0.70	0.83
26	0.49	0.62	0.74	0.86
27	0.52	0.64	0.77	0.91
28	0.55	0.68	0.82	0.95
29	0.57	0.72	0.86	1.00
30	0.61	0.76	0.92	1.06
31	0.64	0.80	0.97	1.13
32	0.68	0.85	1.02	1.20
33	0.72	0.91	1.08	1.27
34	0.77	0.96	1.15	1.35
35	0.82	1.02	1.22	1.43
36	0.86	1.08	1.30	1.51
37	0.92	1.14	1.37	1.60
38	0.97	1.21	1.45	1.70
39	1.02	1.28	1.53	1.80
40	1.07	1.35	1.62	1.88
41	1.14	1.42	1.70	1.98
42	1.19	1.48	1.78	2.08
43	1.23	1.55	1.86	2.16
44	1.28	1.60	1.93	2.25
45	1.33	1.66	2.00	2.33
46	1.38	1.72	2.07	2.42
47	1.43	1.78	2.14	2.50
48	1.47	1.84	2.21	2.57
49	1.51	1.89	2.27	2.65
50	1.55	1.94	2.33	2.72
51	1.59	1.99	2.39	2.79
52	1.63	2.04	2.45	2.86
53	1.67	2.09	2.51	2.93
54	1.71	2.14	2.57	2.99
55	1.74	2.18	2.61	3.05
56	1.78	2.22	2.67	3.11
57	1.80	2.24	2.70	3.15
58	1.79	2.24	2.68	3.12
59	1.77	2.22	2.67	3.11
60	1.77	2.21	2.66	3.10
61	1.78	2.23	2.68	3.12
62	1.81	2.27	2.72	3.18
63	1.91	2.39	2.87	3.35
64	2.04	2.55	3.06	3.57

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.65	2.05	2.46	2.88
26	1.72	2.14	2.57	3.00
27	1.79	2.24	2.68	3.13
28	1.87	2.33	2.81	3.27
29	1.95	2.45	2.94	3.42
30	2.05	2.56	3.08	3.59
31	2.15	2.68	3.23	3.76
32	2.25	2.82	3.38	3.95
33	2.38	2.96	3.56	4.14
34	2.49	3.11	3.74	4.36
35	2.61	3.26	3.92	4.58
36	2.75	3.42	4.12	4.80
37	2.88	3.59	4.32	5.03
38	3.01	3.77	4.51	5.27
39	3.14	3.93	4.72	5.50
40	3.27	4.09	4.92	5.74
41	3.41	4.26	5.12	5.97
42	3.54	4.42	5.30	6.19
43	3.64	4.56	5.46	6.38
44	3.75	4.69	5.62	6.56
45	3.85	4.80	5.78	6.74
46	3.95	4.93	5.92	6.92
47	4.04	5.04	6.06	7.08
48	4.14	5.17	6.20	7.24
49	4.22	5.28	6.34	7.40
50	4.31	5.39	6.47	7.55
51	4.39	5.49	6.59	7.69
52	4.46	5.57	6.70	7.81
53	4.53	5.67	6.81	7.94
54	4.60	5.75	6.90	8.05
55	4.65	5.80	6.97	8.13
56	4.66	5.83	7.00	8.17
57	4.66	5.83	7.00	8.17
58	4.56	5.70	6.85	7.99
59	4.44	5.56	6.69	7.80
60	4.33	5.41	6.50	7.59
61	4.22	5.27	6.34	7.39
62	4.12	5.15	6.19	7.22
63	4.07	5.10	6.12	7.14
64	4.07	5.09	6.10	7.12
65	4.10	5.12	6.16	7.18
66	4.18	5.24	6.28	7.34

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.71	0.89	1.07	1.25
26	0.75	0.93	1.12	1.30
27	0.78	0.98	1.18	1.37
28	0.83	1.03	1.24	1.44
29	0.87	1.09	1.31	1.52
30	0.92	1.15	1.38	1.62
31	0.98	1.22	1.47	1.72
32	1.04	1.30	1.56	1.82
33	1.11	1.38	1.66	1.94
34	1.18	1.47	1.77	2.06
35	1.25	1.57	1.88	2.20
36	1.34	1.66	2.01	2.34
37	1.42	1.77	2.13	2.48
38	1.50	1.88	2.26	2.64
39	1.60	2.00	2.40	2.80
40	1.69	2.11	2.54	2.97
41	1.79	2.24	2.68	3.13
42	1.88	2.35	2.82	3.30
43	1.98	2.47	2.97	3.46
44	2.07	2.59	3.11	3.63
45	2.16	2.70	3.25	3.79
46	2.26	2.82	3.39	3.95
47	2.35	2.94	3.53	4.12
48	2.46	3.06	3.68	4.29
49	2.55	3.19	3.83	4.47
50	2.65	3.31	3.97	4.64
51	2.74	3.42	4.11	4.80
52	2.82	3.53	4.24	4.95
53	2.91	3.63	4.37	5.10
54	2.99	3.73	4.49	5.24
55	3.05	3.82	4.58	5.35
56	3.10	3.87	4.66	5.43
57	3.13	3.92	4.70	5.48
58	3.09	3.86	4.64	5.41
59	3.04	3.80	4.56	5.32
60	2.98	3.72	4.47	5.22
61	2.92	3.65	4.39	5.12
62	2.88	3.60	4.32	5.04
63	2.87	3.58	4.30	5.02
64	2.88	3.60	4.32	5.04
65	2.92	3.65	4.38	5.11
66	3.00	3.75	4.50	5.25

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Catastrophic Disability Benefit
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Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.62	0.77	0.92	1.07
26	0.64	0.80	0.97	1.13
27	0.68	0.84	1.01	1.18
28	0.71	0.89	1.06	1.25
29	0.75	0.94	1.13	1.32
30	0.79	0.99	1.20	1.39
31	0.84	1.06	1.27	1.48
32	0.90	1.12	1.35	1.58
33	0.96	1.20	1.43	1.67
34	1.02	1.27	1.52	1.78
35	1.08	1.36	1.63	1.89
36	1.15	1.44	1.72	2.02
37	1.22	1.53	1.84	2.15
38	1.30	1.63	1.95	2.28
39	1.38	1.72	2.07	2.41
40	1.46	1.82	2.19	2.56
41	1.54	1.93	2.31	2.70
42	1.63	2.03	2.44	2.84
43	1.71	2.13	2.56	2.98
44	1.79	2.24	2.68	3.12
45	1.87	2.33	2.80	3.27
46	1.94	2.44	2.92	3.41
47	2.03	2.53	3.04	3.56
48	2.11	2.64	3.18	3.70
49	2.20	2.75	3.30	3.85
50	2.28	2.85	3.42	4.00
51	2.36	2.95	3.55	4.14
52	2.44	3.04	3.65	4.26
53	2.51	3.13	3.77	4.39
54	2.58	3.22	3.86	4.51
55	2.63	3.29	3.95	4.61
56	2.68	3.34	4.01	4.68
57	2.70	3.38	4.06	4.73
58	2.68	3.34	4.01	4.68
59	2.64	3.30	3.96	4.62
60	2.60	3.25	3.90	4.55
61	2.56	3.19	3.84	4.48
62	2.53	3.16	3.80	4.44
63	2.53	3.16	3.79	4.43
64	2.54	3.19	3.83	4.46
65	2.60	3.24	3.90	4.54
66	2.68	3.34	4.01	4.68

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

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Catastrophic Disability Benefit
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.57	0.71	0.85	1.00
26	0.60	0.75	0.90	1.05
27	0.62	0.78	0.94	1.10
28	0.66	0.83	0.99	1.16
29	0.70	0.88	1.06	1.23
30	0.74	0.93	1.12	1.30
31	0.79	0.99	1.18	1.38
32	0.84	1.05	1.26	1.47
33	0.89	1.12	1.34	1.56
34	0.95	1.19	1.43	1.66
35	1.01	1.27	1.51	1.77
36	1.07	1.35	1.61	1.88
37	1.14	1.43	1.72	2.00
38	1.21	1.51	1.82	2.12
39	1.28	1.61	1.93	2.25
40	1.36	1.70	2.04	2.38
41	1.43	1.80	2.16	2.52
42	1.51	1.89	2.27	2.65
43	1.58	1.98	2.38	2.78
44	1.66	2.08	2.50	2.91
45	1.73	2.17	2.60	3.04
46	1.81	2.26	2.72	3.17
47	1.88	2.36	2.83	3.30
48	1.96	2.46	2.95	3.44
49	2.04	2.55	3.06	3.57
50	2.11	2.64	3.18	3.70
51	2.18	2.74	3.28	3.83
52	2.25	2.82	3.39	3.95
53	2.32	2.90	3.49	4.07
54	2.38	2.98	3.58	4.18
55	2.44	3.05	3.67	4.28
56	2.49	3.11	3.73	4.36
57	2.53	3.15	3.78	4.42
58	2.52	3.14	3.78	4.40
59	2.50	3.12	3.75	4.37
60	2.48	3.11	3.73	4.35
61	2.47	3.09	3.70	4.33
62	2.46	3.08	3.70	4.32
63	2.48	3.10	3.72	4.35
64	2.52	3.14	3.78	4.41
65	2.58	3.22	3.87	4.51
66	2.67	3.34	4.00	4.67

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.49	0.62	0.74	0.86
26	0.52	0.65	0.77	0.91
27	0.55	0.68	0.82	0.96
28	0.57	0.72	0.86	1.01
29	0.61	0.76	0.92	1.06
30	0.64	0.81	0.97	1.13
31	0.69	0.85	1.03	1.20
32	0.73	0.91	1.09	1.28
33	0.77	0.97	1.16	1.36
34	0.83	1.03	1.23	1.44
35	0.88	1.09	1.31	1.53
36	0.93	1.16	1.40	1.63
37	0.99	1.23	1.49	1.73
38	1.05	1.31	1.58	1.84
39	1.11	1.39	1.67	1.94
40	1.17	1.47	1.76	2.06
41	1.24	1.55	1.86	2.16
42	1.30	1.63	1.95	2.28
43	1.36	1.71	2.05	2.38
44	1.43	1.78	2.14	2.50
45	1.49	1.86	2.23	2.60
46	1.55	1.94	2.32	2.71
47	1.60	2.01	2.41	2.82
48	1.66	2.09	2.50	2.92
49	1.72	2.16	2.60	3.03
50	1.79	2.24	2.68	3.13
51	1.85	2.31	2.77	3.23
52	1.90	2.38	2.86	3.34
53	1.96	2.45	2.94	3.43
54	2.02	2.52	3.02	3.52
55	2.06	2.58	3.10	3.61
56	2.10	2.63	3.16	3.69
57	2.15	2.68	3.22	3.76
58	2.16	2.70	3.25	3.79
59	2.18	2.73	3.27	3.82
60	2.19	2.75	3.29	3.85
61	2.21	2.76	3.33	3.88
62	2.24	2.80	3.36	3.92
63	2.26	2.82	3.40	3.96
64	2.31	2.88	3.46	4.03
65	2.37	2.96	3.55	4.14
66	2.45	3.06	3.68	4.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	60 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	1.72	2.15	2.58	3.01
26	1.79	2.24	2.69	3.14
27	1.87	2.34	2.82	3.28
28	1.96	2.46	2.96	3.44
29	2.06	2.58	3.10	3.62
30	2.16	2.71	3.25	3.79
31	2.28	2.85	3.42	3.99
32	2.39	2.99	3.59	4.19
33	2.53	3.15	3.78	4.42
34	2.66	3.33	4.00	4.66
35	2.80	3.50	4.21	4.91
36	2.95	3.69	4.43	5.17
37	3.11	3.87	4.66	5.43
38	3.26	4.07	4.89	5.71
39	3.41	4.27	5.12	5.98
40	3.57	4.47	5.37	6.26
41	3.73	4.66	5.61	6.54
42	3.89	4.86	5.84	6.81
43	4.03	5.04	6.05	7.07
44	4.17	5.21	6.27	7.31
45	4.31	5.39	6.48	7.55
46	4.45	5.56	6.69	7.80
47	4.59	5.74	6.90	8.05
48	4.74	5.93	7.12	8.32
49	4.89	6.12	7.35	8.58
50	5.04	6.31	7.58	8.84
51	5.20	6.49	7.81	9.11
52	5.34	6.69	8.03	9.37
53	5.52	6.90	8.28	9.67
54	5.68	7.10	8.53	9.95
55	5.83	7.29	8.75	10.21
56	5.96	7.44	8.94	10.43
57	6.05	7.57	9.09	10.60
58	6.11	7.62	9.15	10.68
59	6.11	7.64	9.18	10.71
60	6.09	7.61	9.14	10.67
61	6.04	7.55	9.07	10.58
62	5.96	7.45	8.94	10.44
63	5.76	7.21	8.65	10.09
64	5.55	6.94	8.33	9.72
65	5.36	6.70	8.04	9.39
66	5.20	6.50	7.81	9.11
67	5.10	6.38	7.66	8.94
68	5.08	6.35	7.63	8.90
69	5.17	6.45	7.75	9.05

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	90 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.76	0.94	1.14	1.32
26	0.79	0.99	1.19	1.39
27	0.84	1.04	1.25	1.46
28	0.88	1.10	1.32	1.54
29	0.93	1.17	1.40	1.64
30	0.99	1.24	1.49	1.73
31	1.06	1.32	1.58	1.85
32	1.12	1.40	1.68	1.96
33	1.20	1.50	1.80	2.09
34	1.28	1.60	1.92	2.24
35	1.36	1.71	2.05	2.39
36	1.46	1.82	2.19	2.55
37	1.56	1.94	2.33	2.72
38	1.65	2.07	2.49	2.90
39	1.76	2.21	2.65	3.09
40	1.87	2.34	2.82	3.28
41	1.99	2.48	2.98	3.48
42	2.10	2.63	3.16	3.69
43	2.22	2.77	3.34	3.89
44	2.34	2.92	3.51	4.10
45	2.46	3.07	3.70	4.31
46	2.59	3.23	3.88	4.52
47	2.71	3.39	4.07	4.75
48	2.85	3.56	4.28	5.00
49	2.99	3.74	4.50	5.24
50	3.13	3.92	4.71	5.49
51	3.28	4.10	4.93	5.75
52	3.42	4.28	5.14	6.00
53	3.58	4.48	5.38	6.27
54	3.73	4.66	5.61	6.54
55	3.87	4.84	5.81	6.78
56	4.00	5.00	6.00	7.00
57	4.10	5.12	6.16	7.18
58	4.16	5.20	6.25	7.29
59	4.19	5.24	6.29	7.35
60	4.21	5.25	6.31	7.37
61	4.19	5.24	6.29	7.34
62	4.16	5.20	6.24	7.29
63	4.05	5.06	6.07	7.08
64	3.92	4.90	5.90	6.87
65	3.81	4.77	5.73	6.68
66	3.72	4.66	5.60	6.53
67	3.68	4.60	5.53	6.44
68	3.69	4.60	5.54	6.45
69	3.76	4.70	5.65	6.59

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	180 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.65	0.81	0.98	1.14
26	0.69	0.85	1.03	1.20
27	0.72	0.90	1.08	1.26
28	0.76	0.95	1.14	1.33
29	0.81	1.01	1.21	1.41
30	0.85	1.07	1.28	1.50
31	0.91	1.14	1.36	1.59
32	0.97	1.21	1.45	1.70
33	1.04	1.29	1.56	1.81
34	1.11	1.38	1.66	1.94
35	1.18	1.48	1.77	2.07
36	1.26	1.58	1.89	2.21
37	1.35	1.68	2.02	2.36
38	1.43	1.79	2.15	2.51
39	1.52	1.91	2.29	2.68
40	1.62	2.02	2.43	2.84
41	1.72	2.15	2.58	3.01
42	1.82	2.27	2.73	3.19
43	1.92	2.40	2.88	3.36
44	2.02	2.53	3.04	3.54
45	2.13	2.66	3.19	3.72
46	2.24	2.79	3.35	3.91
47	2.34	2.93	3.52	4.11
48	2.46	3.08	3.70	4.31
49	2.59	3.23	3.88	4.52
50	2.71	3.39	4.07	4.74
51	2.83	3.54	4.25	4.95
52	2.96	3.70	4.44	5.17
53	3.09	3.86	4.64	5.41
54	3.21	4.02	4.83	5.63
55	3.34	4.17	5.01	5.84
56	3.44	4.30	5.17	6.03
57	3.53	4.41	5.30	6.19
58	3.57	4.47	5.37	6.27
59	3.60	4.51	5.41	6.31
60	3.61	4.51	5.42	6.33
61	3.60	4.50	5.40	6.31
62	3.57	4.47	5.37	6.27
63	3.49	4.37	5.24	6.12
64	3.41	4.27	5.12	5.98
65	3.34	4.17	5.02	5.85
66	3.29	4.11	4.94	5.76
67	3.27	4.09	4.91	5.73
68	3.30	4.13	4.95	5.78
69	3.39	4.23	5.09	5.93

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	365 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.61	0.76	0.91	1.06
26	0.63	0.79	0.96	1.12
27	0.67	0.84	1.01	1.18
28	0.71	0.89	1.06	1.24
29	0.76	0.94	1.13	1.32
30	0.80	1.00	1.21	1.40
31	0.85	1.06	1.28	1.49
32	0.91	1.14	1.36	1.59
33	0.97	1.21	1.45	1.70
34	1.04	1.29	1.55	1.81
35	1.10	1.38	1.65	1.94
36	1.18	1.47	1.77	2.07
37	1.26	1.57	1.88	2.20
38	1.34	1.67	2.01	2.34
39	1.43	1.78	2.14	2.50
40	1.51	1.89	2.27	2.65
41	1.60	2.01	2.41	2.81
42	1.70	2.12	2.55	2.97
43	1.79	2.24	2.68	3.13
44	1.88	2.36	2.83	3.30
45	1.98	2.47	2.97	3.47
46	2.08	2.60	3.12	3.64
47	2.18	2.73	3.27	3.82
48	2.29	2.86	3.44	4.01
49	2.40	3.00	3.61	4.21
50	2.52	3.14	3.78	4.40
51	2.62	3.28	3.94	4.60
52	2.74	3.42	4.11	4.80
53	2.86	3.57	4.29	5.01
54	2.97	3.72	4.47	5.22
55	3.09	3.85	4.64	5.40
56	3.19	3.98	4.78	5.58
57	3.26	4.08	4.90	5.72
58	3.30	4.13	4.95	5.78
59	3.33	4.15	4.99	5.82
60	3.33	4.16	5.00	5.83
61	3.33	4.16	5.00	5.83
62	3.32	4.14	4.98	5.81
63	3.27	4.09	4.92	5.74
64	3.24	4.05	4.86	5.67
65	3.21	4.01	4.82	5.63
66	3.21	4.01	4.82	5.62
67	3.24	4.05	4.86	5.67
68	3.30	4.13	4.96	5.79
69	3.41	4.27	5.13	5.98

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	730 Days	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.53	0.66	0.79	0.92
26	0.55	0.70	0.83	0.97
27	0.58	0.73	0.88	1.02
28	0.62	0.77	0.93	1.08
29	0.66	0.82	0.99	1.15
30	0.70	0.87	1.05	1.22
31	0.74	0.92	1.12	1.30
32	0.79	0.99	1.19	1.38
33	0.84	1.06	1.27	1.48
34	0.90	1.13	1.36	1.58
35	0.96	1.20	1.44	1.68
36	1.02	1.28	1.54	1.80
37	1.09	1.36	1.64	1.91
38	1.16	1.45	1.74	2.03
39	1.23	1.55	1.86	2.16
40	1.31	1.64	1.97	2.30
41	1.39	1.73	2.09	2.44
42	1.47	1.83	2.20	2.57
43	1.55	1.93	2.32	2.71
44	1.62	2.03	2.44	2.84
45	1.71	2.13	2.56	2.98
46	1.79	2.23	2.68	3.12
47	1.87	2.33	2.81	3.27
48	1.95	2.45	2.94	3.42
49	2.04	2.55	3.07	3.58
50	2.13	2.67	3.20	3.74
51	2.23	2.78	3.34	3.90
52	2.31	2.90	3.48	4.05
53	2.41	3.01	3.62	4.22
54	2.51	3.13	3.76	4.38
55	2.59	3.24	3.89	4.54
56	2.67	3.34	4.01	4.67
57	2.74	3.42	4.11	4.80
58	2.77	3.46	4.15	4.85
59	2.79	3.48	4.19	4.88
60	2.80	3.50	4.21	4.91
61	2.81	3.51	4.22	4.92
62	2.82	3.52	4.23	4.94
63	2.82	3.52	4.23	4.94
64	2.82	3.53	4.24	4.95
65	2.84	3.56	4.28	4.98
66	2.89	3.61	4.33	5.05
67	2.95	3.68	4.42	5.16
68	3.04	3.79	4.56	5.32
69	3.16	3.94	4.74	5.53

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.04	0.04	0.05	0.06
26	0.04	0.04	0.05	0.06
27	0.04	0.04	0.05	0.06
28	0.04	0.05	0.06	0.07
29	0.04	0.05	0.06	0.07
30	0.04	0.05	0.07	0.08
31	0.04	0.06	0.07	0.09
32	0.05	0.06	0.08	0.09
33	0.05	0.07	0.08	0.10
34	0.06	0.07	0.09	0.11
35	0.06	0.08	0.10	0.11
36	0.07	0.09	0.11	0.11
37	0.07	0.09	0.11	0.12
38	0.08	0.10	0.11	0.13
39	0.08	0.11	0.12	0.15
40	0.09	0.11	0.13	0.16
41	0.10	0.11	0.14	0.17
42	0.10	0.12	0.15	0.18
43	0.11	0.13	0.16	0.18
44	0.11	0.14	0.17	0.19
45	0.11	0.15	0.18	0.21
46	0.12	0.16	0.18	0.22
47	0.13	0.17	0.19	0.23
48	0.14	0.18	0.21	0.25
49	0.15	0.18	0.22	0.26
50	0.15	0.19	0.23	0.26
51	0.16	0.19	0.24	0.27
52	0.17	0.20	0.25	0.29
53	0.17	0.21	0.26	0.30
54	0.18	0.22	0.26	0.30
55	0.18	0.22	0.26	0.31
56	0.18	0.22	0.26	0.31
57	0.18	0.21	0.26	0.30
58	0.17	0.21	0.25	0.29
59	0.16	0.19	0.24	0.27
60	0.14	0.18	0.22	0.26
61	0.12	0.16	0.19	0.22
62	0.11	0.13	0.16	0.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.33	0.41	0.50	0.58
26	0.33	0.42	0.50	0.59
27	0.34	0.42	0.51	0.60
28	0.34	0.43	0.52	0.61
29	0.35	0.44	0.53	0.62
30	0.36	0.45	0.55	0.63
31	0.37	0.47	0.55	0.65
32	0.38	0.48	0.57	0.67
33	0.40	0.49	0.59	0.69
34	0.40	0.50	0.61	0.70
35	0.41	0.52	0.62	0.72
36	0.42	0.53	0.63	0.75
37	0.43	0.55	0.65	0.77
38	0.44	0.55	0.67	0.77
39	0.45	0.56	0.68	0.79
40	0.46	0.57	0.69	0.80
41	0.47	0.58	0.70	0.81
42	0.47	0.58	0.70	0.82
43	0.47	0.58	0.70	0.82
44	0.46	0.58	0.70	0.81
45	0.46	0.57	0.69	0.80
46	0.45	0.56	0.67	0.78
47	0.44	0.55	0.65	0.77
48	0.42	0.53	0.63	0.74
49	0.40	0.51	0.61	0.71
50	0.39	0.48	0.58	0.68
51	0.37	0.46	0.55	0.64
52	0.34	0.43	0.52	0.61
53	0.32	0.40	0.48	0.55
54	0.29	0.36	0.44	0.51
55	0.26	0.33	0.40	0.46
56	0.24	0.29	0.35	0.41
57	0.21	0.26	0.31	0.36
58	0.18	0.23	0.27	0.32
59	0.16	0.19	0.24	0.27
60	0.13	0.17	0.20	0.24
61	0.11	0.15	0.18	0.20
62	0.11	0.13	0.16	0.18
63	0.10	0.12	0.15	0.18
64	0.10	0.12	0.15	0.17

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.36	0.46	0.55	0.63
26	0.37	0.46	0.55	0.65
27	0.38	0.47	0.56	0.66
28	0.39	0.48	0.58	0.67
29	0.40	0.49	0.59	0.69
30	0.40	0.50	0.61	0.70
31	0.41	0.52	0.62	0.73
32	0.43	0.54	0.64	0.75
33	0.44	0.55	0.66	0.77
34	0.46	0.57	0.69	0.80
35	0.47	0.59	0.70	0.82
36	0.48	0.61	0.72	0.84
37	0.49	0.62	0.75	0.87
38	0.51	0.63	0.77	0.90
39	0.52	0.65	0.78	0.92
40	0.53	0.67	0.80	0.93
41	0.54	0.68	0.81	0.95
42	0.55	0.69	0.82	0.96
43	0.55	0.69	0.83	0.97
44	0.55	0.69	0.83	0.97
45	0.55	0.69	0.83	0.96
46	0.55	0.68	0.82	0.95
47	0.54	0.67	0.80	0.94
48	0.53	0.65	0.78	0.92
49	0.51	0.64	0.77	0.90
50	0.49	0.62	0.74	0.86
51	0.48	0.59	0.71	0.84
52	0.46	0.56	0.68	0.79
53	0.42	0.54	0.64	0.75
54	0.40	0.50	0.60	0.70
55	0.37	0.46	0.55	0.64
56	0.33	0.42	0.50	0.59
57	0.31	0.38	0.46	0.54
58	0.27	0.34	0.41	0.48
59	0.25	0.31	0.37	0.43
60	0.21	0.27	0.33	0.38
61	0.18	0.24	0.28	0.33
62	0.17	0.20	0.25	0.29
63	0.15	0.18	0.22	0.26
64	0.13	0.17	0.20	0.23
65	0.12	0.15	0.18	0.21
66	0.11	0.14	0.18	0.20

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
Original CPI COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.40	0.50	0.61	0.70
26	0.41	0.51	0.62	0.72
27	0.42	0.53	0.63	0.74
28	0.43	0.54	0.64	0.76
29	0.44	0.55	0.66	0.77
30	0.46	0.57	0.69	0.80
31	0.47	0.59	0.70	0.83
32	0.48	0.61	0.73	0.85
33	0.50	0.62	0.76	0.88
34	0.52	0.65	0.78	0.92
35	0.54	0.68	0.81	0.94
36	0.55	0.70	0.84	0.98
37	0.57	0.72	0.86	1.01
38	0.59	0.74	0.89	1.04
39	0.61	0.77	0.92	1.06
40	0.62	0.78	0.94	1.09
41	0.64	0.80	0.96	1.12
42	0.65	0.81	0.98	1.14
43	0.66	0.82	0.99	1.15
44	0.66	0.83	0.99	1.16
45	0.66	0.83	0.99	1.16
46	0.66	0.83	0.99	1.16
47	0.66	0.83	0.99	1.15
48	0.65	0.82	0.98	1.14
49	0.64	0.80	0.97	1.13
50	0.63	0.78	0.94	1.10
51	0.62	0.77	0.92	1.07
52	0.60	0.74	0.89	1.04
53	0.57	0.71	0.85	0.99
54	0.54	0.68	0.81	0.94
55	0.51	0.63	0.77	0.89
56	0.48	0.60	0.71	0.84
57	0.45	0.55	0.67	0.78
58	0.41	0.52	0.62	0.73
59	0.39	0.48	0.58	0.68
60	0.35	0.44	0.53	0.62
61	0.33	0.40	0.48	0.57
62	0.30	0.37	0.45	0.52
63	0.26	0.33	0.40	0.47
64	0.24	0.30	0.36	0.41
65	0.21	0.26	0.32	0.37
66	0.18	0.24	0.28	0.33
67	0.17	0.21	0.26	0.30
68	0.16	0.19	0.24	0.27
69	0.15	0.18	0.22	0.26

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.02	0.03	0.03	0.04
26	0.02	0.03	0.03	0.04
27	0.02	0.03	0.04	0.04
28	0.03	0.03	0.04	0.04
29	0.03	0.03	0.04	0.04
30	0.03	0.04	0.04	0.04
31	0.03	0.04	0.04	0.04
32	0.03	0.04	0.04	0.05
33	0.04	0.04	0.04	0.05
34	0.04	0.04	0.05	0.06
35	0.04	0.04	0.05	0.06
36	0.04	0.05	0.06	0.07
37	0.04	0.05	0.06	0.07
38	0.04	0.05	0.07	0.08
39	0.04	0.06	0.07	0.08
40	0.05	0.06	0.08	0.09
41	0.05	0.07	0.08	0.10
42	0.06	0.07	0.09	0.10
43	0.06	0.08	0.09	0.11
44	0.06	0.08	0.10	0.11
45	0.07	0.09	0.11	0.12
46	0.07	0.09	0.11	0.12
47	0.08	0.10	0.11	0.13
48	0.08	0.10	0.12	0.14
49	0.08	0.11	0.12	0.15
50	0.09	0.11	0.13	0.15
51	0.09	0.11	0.13	0.16
52	0.10	0.11	0.14	0.17
53	0.10	0.12	0.15	0.17
54	0.10	0.12	0.15	0.18
55	0.10	0.12	0.15	0.18
56	0.11	0.12	0.15	0.18
57	0.10	0.12	0.15	0.18
58	0.10	0.12	0.14	0.17
59	0.09	0.11	0.14	0.16
60	0.09	0.11	0.12	0.15
61	0.07	0.10	0.11	0.13
62	0.06	0.08	0.09	0.11

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al

3% Simple COLA Benefit on Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.13	0.17	0.20	0.24
26	0.14	0.18	0.21	0.25
27	0.14	0.18	0.21	0.25
28	0.15	0.18	0.22	0.26
29	0.15	0.19	0.23	0.26
30	0.16	0.19	0.24	0.27
31	0.16	0.20	0.25	0.28
32	0.17	0.21	0.26	0.30
33	0.18	0.22	0.26	0.31
34	0.18	0.23	0.27	0.32
35	0.18	0.24	0.28	0.33
36	0.19	0.25	0.29	0.34
37	0.20	0.26	0.30	0.35
38	0.21	0.26	0.32	0.37
39	0.21	0.26	0.33	0.38
40	0.22	0.27	0.33	0.39
41	0.22	0.28	0.33	0.40
42	0.23	0.28	0.34	0.40
43	0.23	0.29	0.34	0.40
44	0.23	0.29	0.34	0.40
45	0.23	0.29	0.34	0.40
46	0.23	0.28	0.34	0.40
47	0.22	0.28	0.33	0.40
48	0.22	0.27	0.33	0.39
49	0.21	0.26	0.32	0.37
50	0.20	0.26	0.31	0.36
51	0.19	0.25	0.30	0.34
52	0.18	0.24	0.28	0.33
53	0.18	0.22	0.26	0.31
54	0.16	0.20	0.24	0.28
55	0.15	0.18	0.22	0.26
56	0.13	0.17	0.20	0.23
57	0.12	0.15	0.18	0.21
58	0.11	0.13	0.16	0.18
59	0.09	0.11	0.14	0.16
60	0.08	0.10	0.12	0.14
61	0.07	0.09	0.11	0.12
62	0.06	0.08	0.09	0.11
63	0.06	0.07	0.09	0.11
64	0.06	0.07	0.09	0.11

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.15	0.18	0.22	0.26
26	0.15	0.18	0.23	0.26
27	0.16	0.19	0.23	0.27
28	0.16	0.20	0.24	0.28
29	0.17	0.21	0.25	0.29
30	0.18	0.21	0.26	0.30
31	0.18	0.22	0.27	0.32
32	0.18	0.23	0.28	0.33
33	0.19	0.25	0.29	0.34
34	0.20	0.26	0.31	0.35
35	0.21	0.26	0.32	0.37
36	0.22	0.27	0.33	0.39
37	0.23	0.28	0.34	0.40
38	0.24	0.30	0.35	0.41
39	0.25	0.31	0.37	0.43
40	0.26	0.32	0.38	0.44
41	0.26	0.33	0.39	0.45
42	0.26	0.33	0.40	0.47
43	0.26	0.33	0.40	0.47
44	0.27	0.33	0.40	0.48
45	0.27	0.34	0.41	0.48
46	0.27	0.34	0.41	0.48
47	0.27	0.34	0.40	0.48
48	0.27	0.33	0.40	0.48
49	0.26	0.33	0.40	0.47
50	0.26	0.33	0.39	0.46
51	0.26	0.32	0.38	0.44
52	0.25	0.31	0.37	0.42
53	0.23	0.29	0.35	0.40
54	0.22	0.27	0.33	0.39
55	0.20	0.26	0.31	0.36
56	0.19	0.24	0.28	0.33
57	0.18	0.22	0.26	0.31
58	0.16	0.19	0.24	0.27
59	0.14	0.18	0.21	0.25
60	0.12	0.16	0.18	0.22
61	0.11	0.14	0.17	0.19
62	0.10	0.12	0.15	0.17
63	0.09	0.11	0.13	0.15
64	0.08	0.10	0.11	0.14
65	0.07	0.09	0.11	0.12
66	0.07	0.09	0.11	0.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
3% Simple COLA Benefit on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.16	0.20	0.24	0.28
26	0.17	0.20	0.25	0.29
27	0.17	0.21	0.26	0.30
28	0.18	0.22	0.26	0.31
29	0.18	0.23	0.27	0.33
30	0.19	0.24	0.29	0.33
31	0.20	0.25	0.30	0.35
32	0.21	0.26	0.32	0.37
33	0.22	0.27	0.33	0.39
34	0.23	0.29	0.34	0.40
35	0.24	0.30	0.36	0.42
36	0.25	0.32	0.38	0.44
37	0.26	0.33	0.40	0.46
38	0.27	0.34	0.40	0.48
39	0.28	0.35	0.42	0.49
40	0.29	0.37	0.44	0.51
41	0.30	0.38	0.46	0.53
42	0.31	0.39	0.47	0.55
43	0.32	0.40	0.48	0.55
44	0.33	0.40	0.48	0.56
45	0.33	0.41	0.49	0.57
46	0.33	0.41	0.49	0.58
47	0.33	0.41	0.50	0.58
48	0.33	0.41	0.50	0.58
49	0.33	0.41	0.50	0.58
50	0.33	0.41	0.49	0.58
51	0.33	0.40	0.48	0.57
52	0.32	0.40	0.48	0.55
53	0.31	0.39	0.47	0.54
54	0.30	0.37	0.44	0.52
55	0.28	0.35	0.42	0.49
56	0.26	0.33	0.40	0.47
57	0.26	0.32	0.38	0.44
58	0.24	0.30	0.36	0.41
59	0.22	0.28	0.33	0.39
60	0.20	0.26	0.31	0.36
61	0.19	0.24	0.28	0.33
62	0.18	0.22	0.26	0.31
63	0.16	0.19	0.24	0.27
64	0.14	0.18	0.21	0.25
65	0.12	0.16	0.18	0.22
66	0.11	0.14	0.17	0.19
67	0.10	0.12	0.15	0.18
68	0.10	0.11	0.14	0.16
69	0.09	0.11	0.13	0.15

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	5 Yrs	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.03	0.03	0.04	0.04
26	0.03	0.03	0.04	0.04
27	0.03	0.04	0.04	0.04
28	0.03	0.04	0.04	0.04
29	0.03	0.04	0.04	0.05
30	0.04	0.04	0.04	0.05
31	0.04	0.04	0.05	0.06
32	0.04	0.04	0.05	0.06
33	0.04	0.04	0.05	0.07
34	0.04	0.05	0.06	0.07
35	0.04	0.05	0.06	0.08
36	0.04	0.06	0.07	0.08
37	0.05	0.06	0.08	0.09
38	0.05	0.07	0.08	0.10
39	0.06	0.07	0.09	0.10
40	0.06	0.08	0.09	0.11
41	0.06	0.08	0.10	0.11
42	0.07	0.09	0.11	0.12
43	0.07	0.09	0.11	0.13
44	0.08	0.10	0.11	0.13
45	0.08	0.11	0.12	0.14
46	0.09	0.11	0.13	0.15
47	0.09	0.11	0.13	0.16
48	0.10	0.12	0.14	0.17
49	0.10	0.12	0.15	0.18
50	0.11	0.13	0.16	0.18
51	0.11	0.14	0.17	0.19
52	0.11	0.14	0.17	0.19
53	0.11	0.15	0.18	0.20
54	0.12	0.15	0.18	0.21
55	0.12	0.15	0.18	0.21
56	0.12	0.15	0.18	0.21
57	0.12	0.15	0.18	0.21
58	0.11	0.14	0.18	0.20
59	0.11	0.13	0.17	0.19
60	0.10	0.12	0.15	0.18
61	0.09	0.11	0.13	0.15
62	0.07	0.09	0.11	0.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 65	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.20	0.26	0.31	0.36
26	0.21	0.26	0.32	0.36
27	0.21	0.26	0.32	0.37
28	0.22	0.27	0.33	0.38
29	0.22	0.28	0.33	0.39
30	0.23	0.28	0.34	0.40
31	0.24	0.29	0.35	0.41
32	0.24	0.30	0.36	0.42
33	0.25	0.31	0.38	0.44
34	0.26	0.33	0.39	0.45
35	0.26	0.33	0.40	0.47
36	0.27	0.34	0.41	0.48
37	0.28	0.35	0.42	0.49
38	0.29	0.36	0.43	0.50
39	0.29	0.37	0.44	0.51
40	0.30	0.37	0.45	0.53
41	0.30	0.38	0.46	0.53
42	0.31	0.38	0.46	0.54
43	0.31	0.38	0.46	0.54
44	0.31	0.38	0.46	0.54
45	0.30	0.38	0.46	0.53
46	0.30	0.37	0.45	0.52
47	0.29	0.36	0.44	0.51
48	0.28	0.35	0.42	0.49
49	0.27	0.34	0.41	0.48
50	0.26	0.33	0.40	0.46
51	0.25	0.31	0.37	0.43
52	0.24	0.29	0.35	0.41
53	0.22	0.27	0.33	0.38
54	0.20	0.25	0.30	0.35
55	0.18	0.23	0.27	0.32
56	0.16	0.20	0.25	0.28
57	0.14	0.18	0.21	0.26
58	0.12	0.16	0.18	0.22
59	0.11	0.14	0.17	0.19
60	0.10	0.11	0.14	0.17
61	0.08	0.11	0.12	0.14
62	0.07	0.09	0.11	0.12
63	0.07	0.09	0.11	0.12
64	0.07	0.09	0.11	0.12

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 67	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.22	0.28	0.33	0.39
26	0.23	0.28	0.34	0.40
27	0.23	0.29	0.35	0.40
28	0.24	0.30	0.36	0.41
29	0.25	0.31	0.37	0.43
30	0.26	0.32	0.38	0.44
31	0.26	0.33	0.40	0.46
32	0.27	0.33	0.40	0.48
33	0.28	0.35	0.42	0.49
34	0.29	0.36	0.43	0.51
35	0.30	0.38	0.45	0.53
36	0.31	0.39	0.47	0.55
37	0.32	0.40	0.48	0.56
38	0.33	0.41	0.49	0.57
39	0.33	0.42	0.51	0.59
40	0.34	0.43	0.52	0.61
41	0.35	0.44	0.53	0.62
42	0.36	0.45	0.54	0.62
43	0.36	0.45	0.55	0.63
44	0.36	0.45	0.55	0.63
45	0.36	0.45	0.55	0.63
46	0.36	0.45	0.54	0.63
47	0.35	0.45	0.54	0.62
48	0.35	0.44	0.53	0.62
49	0.34	0.43	0.51	0.60
50	0.33	0.41	0.50	0.58
51	0.32	0.40	0.48	0.56
52	0.31	0.39	0.46	0.54
53	0.29	0.36	0.43	0.51
54	0.27	0.34	0.40	0.48
55	0.26	0.32	0.38	0.44
56	0.23	0.29	0.34	0.40
57	0.21	0.26	0.32	0.37
58	0.19	0.24	0.28	0.33
59	0.17	0.21	0.26	0.30
60	0.15	0.18	0.22	0.26
61	0.13	0.17	0.19	0.23
62	0.11	0.14	0.18	0.20
63	0.11	0.13	0.16	0.18
64	0.10	0.11	0.14	0.16
65	0.09	0.11	0.13	0.15
66	0.08	0.10	0.12	0.14

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Policy Form(s) IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	To Age 70	Not Applicable	Not Applicable	Not Applicable	No

Issue Age	3A to 6S	2A	1A	1B
18 - 25	0.25	0.31	0.37	0.43
26	0.26	0.32	0.38	0.44
27	0.26	0.33	0.39	0.45
28	0.26	0.33	0.40	0.47
29	0.27	0.34	0.41	0.48
30	0.28	0.35	0.42	0.50
31	0.29	0.37	0.44	0.52
32	0.31	0.38	0.46	0.54
33	0.32	0.40	0.48	0.55
34	0.33	0.41	0.49	0.58
35	0.34	0.43	0.51	0.60
36	0.35	0.45	0.54	0.62
37	0.37	0.46	0.55	0.64
38	0.38	0.48	0.57	0.67
39	0.40	0.49	0.59	0.69
40	0.40	0.50	0.61	0.71
41	0.41	0.52	0.62	0.73
42	0.42	0.53	0.63	0.74
43	0.43	0.54	0.64	0.76
44	0.43	0.55	0.65	0.76
45	0.44	0.55	0.66	0.77
46	0.44	0.55	0.66	0.77
47	0.44	0.55	0.66	0.77
48	0.43	0.55	0.65	0.77
49	0.43	0.54	0.64	0.76
50	0.42	0.53	0.63	0.74
51	0.41	0.52	0.62	0.72
52	0.40	0.50	0.61	0.70
53	0.39	0.48	0.58	0.68
54	0.37	0.46	0.55	0.64
55	0.35	0.43	0.52	0.61
56	0.33	0.41	0.49	0.57
57	0.31	0.39	0.46	0.54
58	0.29	0.36	0.43	0.50
59	0.26	0.33	0.40	0.47
60	0.25	0.31	0.37	0.43
61	0.23	0.28	0.34	0.40
62	0.20	0.26	0.31	0.36
63	0.18	0.23	0.28	0.33
64	0.17	0.21	0.25	0.29
65	0.15	0.18	0.22	0.26
66	0.13	0.17	0.19	0.23
67	0.12	0.15	0.18	0.21
68	0.11	0.14	0.17	0.19
69	0.11	0.13	0.16	0.18

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	32.86	46.03	51.48	60.10	57.24	80.44	135.27
66	35.84	50.28	56.22	65.64	61.78	87.30	146.70
67	38.90	54.63	61.08	71.32	66.44	94.34	158.44
68	42.05	59.11	66.10	77.16	71.22	101.57	170.50
69	45.27	63.71	71.23	83.16	76.13	108.99	182.87
70	48.60	68.42	76.51	89.32	81.18	116.62	195.57
71	52.00	73.26	81.93	95.64	86.35	124.44	208.61
72	55.50	78.23	87.48	102.13	91.65	132.47	221.98
73	59.08	83.34	93.19	108.80	97.10	140.72	235.71
74	62.76	88.57	99.04	115.63	102.69	149.17	249.78
75 and Older	74.39	105.10	117.52	137.20	120.31	175.88	294.23
		Max. Ben. Period		**To Age 67**			
65	42.36	59.35	66.36	77.48	73.79	103.73	174.41
66	39.39	55.27	61.80	72.14	67.90	95.97	161.27
67	38.90	54.63	61.08	71.32	66.44	94.34	158.44

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	59.23	82.96	92.76	108.31	103.12
66	58.86	82.57	92.32	107.79	101.43
67	57.28	80.45	89.96	105.02	97.81
68	54.32	76.37	85.39	99.70	92.01
69	49.80	70.08	78.36	91.49	83.75
70	48.60	68.42	76.51	89.32	81.18

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days		Full*	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	34.23	47.95	53.62	62.60	59.62	83.79	140.91
66	37.33	52.37	58.56	68.37	64.35	90.94	152.81
67	40.52	56.91	63.63	74.29	69.21	98.27	165.04
68	43.80	61.57	68.85	80.38	74.19	105.80	177.60
69	47.16	66.36	74.20	86.63	79.30	113.53	190.49
70	50.62	71.27	79.70	93.04	84.56	121.48	203.72
71	54.17	76.31	85.34	99.63	89.95	129.62	217.30
72	57.81	81.49	91.13	106.39	95.47	137.99	231.23
73	61.54	86.81	97.07	113.33	101.15	146.58	245.53
74	65.38	92.26	103.17	120.45	106.97	155.39	260.19
75 and Older	77.49	109.48	122.42	142.92	125.32	183.21	306.49
		Max. Ben. Period		**To Age 67**			
65	44.12	61.82	69.13	80.71	76.86	108.05	181.68
66	41.03	57.57	64.37	75.15	70.73	99.97	167.99
67	40.52	56.91	63.63	74.29	69.21	98.27	165.04

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	61.70	86.42	96.63	112.82	107.42		
66	61.31	86.01	96.17	112.28	105.66		
67	59.67	83.80	93.71	109.40	101.89		
68	56.58	79.55	88.95	103.85	95.84		
69	51.88	73.00	81.63	95.30	87.24		
70	50.62	71.27	79.70	93.04	84.56		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	32.86	46.03	51.48	60.10	57.24	80.44	135.27
66	35.84	50.28	56.22	65.64	61.78	87.30	146.70
67	38.90	54.63	61.08	71.32	66.44	94.34	158.44
68	42.05	59.11	66.10	77.16	71.22	101.57	170.50
69	45.27	63.71	71.23	83.16	76.13	108.99	182.87
70	48.60	68.42	76.51	89.32	81.18	116.62	195.57
71	52.00	73.26	81.93	95.64	86.35	124.44	208.61
72	55.50	78.23	87.48	102.13	91.65	132.47	221.98
73	59.08	83.34	93.19	108.80	97.10	140.72	235.71
74	62.76	88.57	99.04	115.63	102.69	149.17	249.78
75 and Older	74.39	105.10	117.52	137.20	120.31	175.88	294.23
		Max. Ben. Period		**To Age 67**			
65	42.36	59.35	66.36	77.48	73.79	103.73	174.41
66	39.39	55.27	61.80	72.14	67.90	95.97	161.27
67	38.90	54.63	61.08	71.32	66.44	94.34	158.44

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	59.23	82.96	92.76	108.31	103.12		
66	58.86	82.57	92.32	107.79	101.43		
67	57.28	80.45	89.96	105.02	97.81		
68	54.32	76.37	85.39	99.70	92.01		
69	49.80	70.08	78.36	91.49	83.75		
70	48.60	68.42	76.51	89.32	81.18		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	34.23	47.95	53.62	62.60	59.62	83.79	140.91
66	37.33	52.37	58.56	68.37	64.35	90.94	152.81
67	40.52	56.91	63.63	74.29	69.21	98.27	165.04
68	43.80	61.57	68.85	80.38	74.19	105.80	177.60
69	47.16	66.36	74.20	86.63	79.30	113.53	190.49
70	50.62	71.27	79.70	93.04	84.56	121.48	203.72
71	54.17	76.31	85.34	99.63	89.95	129.62	217.30
72	57.81	81.49	91.13	106.39	95.47	137.99	231.23
73	61.54	86.81	97.07	113.33	101.15	146.58	245.53
74	65.38	92.26	103.17	120.45	106.97	155.39	260.19
75 and Older	77.49	109.48	122.42	142.92	125.32	183.21	306.49
		Max. Ben. Period		**To Age 67**			
65	44.12	61.82	69.13	80.71	76.86	108.05	181.68
66	41.03	57.57	64.37	75.15	70.73	99.97	167.99
67	40.52	56.91	63.63	74.29	69.21	98.27	165.04

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	61.70	86.42	96.63	112.82	107.42		
66	61.31	86.01	96.17	112.28	105.66		
67	59.67	83.80	93.71	109.40	101.89		
68	56.58	79.55	88.95	103.85	95.84		
69	51.88	73.00	81.63	95.30	87.24		
70	50.62	71.27	79.70	93.04	84.56		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	27.72	38.16	42.66	49.81	51.03	74.15	124.68
66	30.36	41.77	46.71	54.53	55.23	80.66	135.54
67	33.06	45.49	50.88	59.40	59.55	87.37	146.73
68	35.86	49.34	55.18	64.42	64.00	94.29	158.26
69	38.74	53.30	59.60	69.58	68.58	101.41	170.13
70	41.69	57.38	64.16	74.91	73.31	108.75	182.35
71	44.75	61.58	68.85	80.39	78.16	116.30	194.94
72	47.89	65.90	73.69	86.04	83.16	124.09	207.90
73	51.12	70.35	78.67	91.84	88.30	132.10	221.22
74	54.45	74.94	83.79	97.82	93.59	140.33	234.93
75 and Older	65.01	89.47	100.06	116.81	110.38	166.49	278.46
		Max. Ben. Period		**To Age 67**			
65	36.21	49.83	55.73	65.06	66.65	96.83	162.80
66	33.53	46.15	51.60	60.25	61.02	89.11	149.73
67	33.06	45.49	50.88	59.40	59.55	87.37	146.73

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	51.23	70.49	78.83	92.04	94.24		
66	50.91	70.05	78.33	91.45	92.59		
67	49.50	68.12	76.17	88.92	89.14		
68	46.85	64.47	72.10	84.17	83.63		
69	42.80	58.90	65.86	76.89	75.79		
70	41.69	57.38	64.16	74.91	73.31		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	28.88	39.75	44.44	51.89	53.16	77.24	129.87
66	31.62	43.51	48.66	56.80	57.53	84.02	141.19
67	34.44	47.39	53.00	61.87	62.03	91.01	152.84
68	37.35	51.40	57.48	67.10	66.67	98.22	164.85
69	40.35	55.52	62.08	72.48	71.44	105.64	177.22
70	43.43	59.77	66.83	78.03	76.36	113.28	189.95
71	46.61	64.15	71.72	83.74	81.42	121.15	203.06
72	49.89	68.65	76.76	89.62	86.63	129.26	216.56
73	53.25	73.28	81.95	95.67	91.98	137.60	230.44
74	56.72	78.06	87.28	101.90	97.49	146.18	244.72
75 and Older	67.72	93.20	104.23	121.68	114.98	173.43	290.06
		Max. Ben. Period		**To Age 67**			
65	37.72	51.91	58.05	67.77	69.43	100.86	169.58
66	34.93	48.07	53.75	62.76	63.56	92.82	155.97
67	34.44	47.39	53.00	61.87	62.03	91.01	152.84

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	53.36	73.43	82.11	95.87	98.17		
66	53.03	72.97	81.59	95.26	96.45		
67	51.56	70.96	79.34	92.63	92.85		
68	48.80	67.16	75.10	87.68	87.11		
69	44.58	61.35	68.60	80.09	78.95		
70	43.43	59.77	66.83	78.03	76.36		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days		Limited	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	25.25	34.74	38.85	45.36	46.47	67.55	113.60
66	27.67	38.07	42.58	49.71	50.35	73.56	123.63
67	30.17	41.53	46.43	54.21	54.35	79.77	133.98
68	32.76	45.08	50.41	58.86	58.48	86.18	144.66
69	35.42	48.76	54.52	63.65	62.74	92.79	155.68
70	38.18	52.54	58.75	68.59	67.13	99.62	167.05
71	41.01	56.45	63.12	73.69	71.65	106.65	178.76
72	43.95	60.48	67.62	78.95	76.32	113.90	190.84
73	46.96	64.63	72.27	84.37	81.13	121.38	203.29
74	50.07	68.91	77.06	89.96	86.07	129.08	216.12
75 and Older	59.98	82.55	92.30	107.76	101.84	153.60	256.92
		Max. Ben. Period		**To Age 67**			
65	33.28	45.81	51.23	59.81	61.27	89.00	149.64
66	30.69	42.23	47.22	55.13	55.84	81.57	137.07
67	30.17	41.53	46.43	54.21	54.35	79.77	133.98

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	47.47	65.32	73.04	85.28	87.30		
66	47.09	64.80	72.46	84.60	85.63		
67	45.71	62.90	70.33	82.12	82.30		
68	43.15	59.39	66.41	77.53	77.03		
69	39.28	54.06	60.45	70.57	69.56		
70	38.18	52.54	58.75	68.59	67.13		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days		Full*	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	26.30	36.19	40.47	47.25	48.41	70.36	118.33
66	28.82	39.66	44.35	51.78	52.45	76.62	128.78
67	31.43	43.26	48.36	56.47	56.61	83.09	139.56
68	34.12	46.96	52.51	61.31	60.92	89.77	150.69
69	36.90	50.79	56.79	66.30	65.35	96.66	162.17
70	39.77	54.73	61.20	71.45	69.93	103.77	174.01
71	42.72	58.80	65.75	76.76	74.64	111.09	186.21
72	45.78	63.00	70.44	82.24	79.50	118.65	198.79
73	48.92	67.32	75.28	87.89	84.51	126.44	211.76
74	52.16	71.78	80.27	93.71	89.66	134.46	225.12
75 and Older	62.48	85.99	96.15	112.25	106.08	160.00	267.63
		Max. Ben. Period		**To Age 67**			
65	34.67	47.72	53.36	62.30	63.82	92.71	155.87
66	31.97	43.99	49.19	57.43	58.17	84.97	142.78
67	31.43	43.26	48.36	56.47	56.61	83.09	139.56

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	49.45	68.04	76.08	88.83	90.94		
66	49.05	67.50	75.48	88.12	89.20		
67	47.61	65.52	73.26	85.54	85.73		
68	44.95	61.86	69.18	80.76	80.24		
69	40.92	56.31	62.97	73.51	72.46		
70	39.77	54.73	61.20	71.45	69.93		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	22.34	30.75	34.38	40.15	41.11	59.66	100.27
66	24.46	33.67	37.65	43.95	44.50	64.91	109.02
67	26.65	36.67	41.01	47.88	47.98	70.31	118.02
68	28.91	39.78	44.48	51.93	51.57	75.88	127.30
69	31.22	42.97	48.05	56.09	55.27	81.62	136.86
70	33.62	46.26	51.73	60.39	59.07	87.52	146.69
71	36.08	49.65	55.52	64.82	63.00	93.61	156.82
72	38.61	53.14	59.42	69.37	67.03	99.87	167.23
73	41.22	56.74	63.44	74.06	71.17	106.32	177.96
74	43.91	60.42	67.56	78.88	75.44	112.94	188.98
75 and Older	52.44	72.16	80.69	94.20	88.96	133.99	223.95
		Max. Ben. Period		**To Age 67**			
65	29.53	40.64	45.44	53.05	54.31	78.74	132.28
66	27.16	37.37	41.79	48.79	49.38	72.02	120.94
67	26.65	36.67	41.01	47.88	47.98	70.31	118.02

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	42.16	58.03	64.89	75.75	77.48		
66	41.71	57.40	64.19	74.94	75.77		
67	40.40	55.59	62.16	72.58	72.67		
68	38.10	52.43	58.63	68.45	67.94		
69	34.64	47.66	53.30	62.23	61.30		
70	33.62	46.26	51.73	60.39	59.07		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Basic Monthly Indemnity Benefit

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	23.27	32.03	35.81	41.82	42.82	62.15	104.45
66	25.48	35.07	39.22	45.78	46.35	67.61	113.56
67	27.76	38.20	42.72	49.87	49.98	73.24	122.94
68	30.11	41.44	46.33	54.09	53.72	79.04	132.60
69	32.52	44.76	50.05	58.43	57.57	85.02	142.56
70	35.02	48.19	53.89	62.91	61.53	91.17	152.80
71	37.58	51.72	57.83	67.52	65.62	97.51	163.35
72	40.22	55.35	61.90	72.26	69.82	104.03	174.20
73	42.94	59.10	66.08	77.15	74.14	110.75	185.37
74	45.74	62.94	70.38	82.17	78.58	117.65	196.85
75 and Older	54.62	75.17	84.05	98.13	92.67	139.57	233.28
		Max. Ben. Period		**To Age 67**			
65	30.76	42.33	47.33	55.26	56.57	82.02	137.79
66	28.29	38.93	43.53	50.82	51.44	75.02	125.98
67	27.76	38.20	42.72	49.87	49.98	73.24	122.94

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	43.92	60.45	67.59	78.91	80.71		
66	43.45	59.79	66.86	78.06	78.93		
67	42.08	57.91	64.75	75.60	75.70		
68	39.69	54.61	61.07	71.30	70.77		
69	36.08	49.65	55.52	64.82	63.85		
70	35.02	48.19	53.89	62.91	61.53		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	1.08	1.51	1.69	1.97	1.87	2.65	4.44
66	1.18	1.65	1.84	2.16	2.04	2.88	4.84
67	1.29	1.80	2.02	2.35	2.19	3.12	5.24
68	1.39	1.96	2.20	2.55	2.36	3.38	5.66
69	1.51	2.12	2.37	2.76	2.53	3.64	6.10
70	1.62	2.28	2.55	2.99	2.71	3.90	6.55
71	1.75	2.46	2.75	3.21	2.89	4.18	7.00
72	1.87	2.63	2.94	3.44	3.08	4.45	7.47
73	2.00	2.81	3.14	3.68	3.27	4.75	7.96
74	2.12	3.00	3.35	3.91	3.48	5.06	8.47
75 and Older	2.54	3.59	4.01	4.68	4.11	6.01	10.07
		Max. Ben. Period		**To Age 67**			
65	2.05	2.88	3.22	3.75	3.57	5.03	8.46
66	1.55	2.17	2.42	2.82	2.66	3.76	6.33
67	1.29	1.80	2.02	2.35	2.19	3.12	5.24

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	3.78	5.30	5.92	6.91	6.58
66	3.54	4.96	5.55	6.48	6.10
67	3.17	4.45	4.97	5.81	5.41
68	2.65	3.72	4.18	4.87	4.49
69	1.97	2.77	3.10	3.62	3.31
70	1.62	2.28	2.55	2.99	2.71

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	1.12	1.57	1.76	2.05	1.95	2.76	4.63
66	1.23	1.72	1.92	2.25	2.12	3.00	5.04
67	1.34	1.88	2.10	2.45	2.28	3.25	5.46
68	1.45	2.04	2.29	2.66	2.46	3.52	5.90
69	1.57	2.21	2.47	2.88	2.64	3.79	6.35
70	1.69	2.38	2.66	3.11	2.82	4.06	6.82
71	1.82	2.56	2.86	3.34	3.01	4.35	7.29
72	1.95	2.74	3.06	3.58	3.21	4.64	7.78
73	2.08	2.93	3.27	3.83	3.41	4.95	8.29
74	2.21	3.12	3.49	4.07	3.62	5.27	8.82
75 and Older	2.65	3.74	4.18	4.88	4.28	6.26	10.49
		Max. Ben. Period		**To Age 67**			
65	2.14	3.00	3.35	3.91	3.72	5.24	8.81
66	1.61	2.26	2.52	2.94	2.77	3.92	6.59
67	1.34	1.88	2.10	2.45	2.28	3.25	5.46

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	3.94	5.52	6.17	7.20	6.85		
66	3.69	5.17	5.78	6.75	6.35		
67	3.30	4.64	5.18	6.05	5.64		
68	2.76	3.88	4.35	5.07	4.68		
69	2.05	2.89	3.23	3.77	3.45		
70	1.69	2.38	2.66	3.11	2.82		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Limited	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.64	0.90	1.01	1.17	1.12	1.57	2.64
66	0.71	0.99	1.10	1.29	1.21	1.72	2.88
67	0.77	1.08	1.20	1.40	1.31	1.86	3.12
68	0.84	1.16	1.31	1.53	1.41	2.01	3.37
69	0.89	1.26	1.41	1.64	1.51	2.16	3.63
70	0.97	1.36	1.52	1.78	1.61	2.32	3.89
71	1.04	1.46	1.63	1.91	1.73	2.49	4.17
72	1.11	1.56	1.76	2.04	1.83	2.65	4.44
73	1.19	1.67	1.87	2.18	1.95	2.83	4.74
74	1.27	1.79	2.00	2.32	2.07	3.00	5.04
75 and Older	1.52	2.13	2.39	2.79	2.45	3.58	5.99
		Max. Ben. Period		**To Age 67**			
65	1.21	1.70	1.90	2.22	2.11	2.97	4.99
66	0.92	1.29	1.44	1.68	1.57	2.24	3.75
67	0.77	1.08	1.20	1.40	1.31	1.86	3.12

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	2.23	3.12	3.48	4.07	3.87
66	2.08	2.92	3.26	3.81	3.59
67	1.87	2.62	2.93	3.43	3.19
68	1.56	2.20	2.46	2.88	2.65
69	1.17	1.64	1.83	2.15	1.97
70	0.97	1.36	1.52	1.78	1.61

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.67	0.94	1.05	1.22	1.17	1.64	2.75
66	0.74	1.03	1.15	1.34	1.26	1.79	3.00
67	0.80	1.12	1.25	1.46	1.36	1.94	3.25
68	0.87	1.21	1.36	1.59	1.47	2.09	3.51
69	0.93	1.31	1.47	1.71	1.57	2.25	3.78
70	1.01	1.42	1.58	1.85	1.68	2.42	4.05
71	1.08	1.52	1.70	1.99	1.80	2.59	4.34
72	1.16	1.63	1.83	2.13	1.91	2.76	4.63
73	1.24	1.74	1.95	2.27	2.03	2.95	4.94
74	1.32	1.86	2.08	2.42	2.16	3.13	5.25
75 and Older	1.58	2.22	2.49	2.91	2.55	3.73	6.24
		Max. Ben. Period		**To Age 67**			
65	1.26	1.77	1.98	2.31	2.20	3.09	5.20
66	0.96	1.34	1.50	1.75	1.64	2.33	3.91
67	0.80	1.12	1.25	1.46	1.36	1.94	3.25

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	2.32	3.25	3.63	4.24	4.03		
66	2.17	3.04	3.40	3.97	3.74		
67	1.95	2.73	3.05	3.57	3.32		
68	1.63	2.29	2.56	3.00	2.76		
69	1.22	1.71	1.91	2.24	2.05		
70	1.01	1.42	1.58	1.85	1.68		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

CPI COLA Benefit 2008

Rider Form(s) IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.76	1.06	1.18	1.37	1.32	1.84	3.11
66	0.83	1.15	1.30	1.51	1.42	2.01	3.38
67	0.89	1.26	1.41	1.65	1.53	2.18	3.67
68	0.98	1.37	1.54	1.79	1.65	2.35	3.96
69	1.06	1.48	1.65	1.94	1.78	2.53	4.26
70	1.13	1.59	1.78	2.08	1.89	2.73	4.57
71	1.22	1.72	1.91	2.24	2.02	2.92	4.90
72	1.31	1.83	2.05	2.40	2.15	3.12	5.22
73	1.39	1.97	2.20	2.56	2.28	3.31	5.56
74	1.49	2.09	2.34	2.74	2.43	3.53	5.90
75 and Older	1.78	2.51	2.80	3.27	2.87	4.20	7.03
		Max. Ben. Period		**To Age 67**			
65	1.43	2.00	2.24	2.62	2.50	3.50	5.89
66	1.08	1.51	1.69	1.98	1.85	2.62	4.42
67	0.89	1.26	1.41	1.65	1.53	2.18	3.67

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	2.63	3.69	4.12	4.81	4.58		
66	2.47	3.46	3.86	4.51	4.24		
67	2.21	3.10	3.47	4.04	3.76		
68	1.85	2.59	2.90	3.39	3.13		
69	1.37	1.94	2.16	2.52	2.31		
70	1.13	1.59	1.78	2.08	1.89		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

CPI COLA Benefit 2008

Rider Form(s) IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.79	1.10	1.23	1.43	1.37	1.92	3.24
66	0.86	1.20	1.35	1.57	1.48	2.09	3.52
67	0.93	1.31	1.47	1.72	1.59	2.27	3.82
68	1.02	1.43	1.60	1.86	1.72	2.45	4.12
69	1.10	1.54	1.72	2.02	1.85	2.64	4.44
70	1.18	1.66	1.85	2.17	1.97	2.84	4.76
71	1.27	1.79	1.99	2.33	2.10	3.04	5.10
72	1.36	1.91	2.14	2.50	2.24	3.25	5.44
73	1.45	2.05	2.29	2.67	2.38	3.45	5.79
74	1.55	2.18	2.44	2.85	2.53	3.68	6.15
75 and Older	1.85	2.61	2.92	3.41	2.99	4.38	7.32
		Max. Ben. Period		**To Age 67**			
65	1.49	2.08	2.33	2.73	2.60	3.65	6.14
66	1.13	1.57	1.76	2.06	1.93	2.73	4.60
67	0.93	1.31	1.47	1.72	1.59	2.27	3.82

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	2.74	3.84	4.29	5.01	4.77		
66	2.57	3.60	4.02	4.70	4.42		
67	2.30	3.23	3.61	4.21	3.92		
68	1.93	2.70	3.02	3.53	3.26		
69	1.43	2.02	2.25	2.63	2.41		
70	1.18	1.66	1.85	2.17	1.97		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	8.39	11.75	13.14	15.34	14.61	20.53	34.53
66	9.14	12.83	14.35	16.75	15.77	22.29	37.44
67	9.93	13.95	15.59	18.20	16.95	24.08	40.43
68	10.73	15.08	16.87	19.70	18.18	25.92	43.51
69	11.55	16.26	18.18	21.23	19.43	27.81	46.67
70	12.41	17.46	19.53	22.79	20.72	29.76	49.91
71	13.27	18.70	20.91	24.41	22.04	31.76	53.24
72	14.16	19.96	22.32	26.07	23.39	33.81	56.65
73	15.08	21.27	23.78	27.76	24.78	35.92	60.15
74	16.02	22.61	25.27	29.51	26.21	38.07	63.75
75 and Older	18.98	26.82	30.00	35.02	30.70	44.88	75.09
		Max. Ben. Period		**To Age 67**			
65	10.81	15.15	16.93	19.78	18.84	26.47	44.51
66	10.05	14.10	15.77	18.41	17.33	24.49	41.16
67	9.93	13.95	15.59	18.20	16.95	24.08	40.43

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	15.12	21.18	23.68	27.65	26.32
66	15.02	21.07	23.56	27.51	25.89
67	14.62	20.53	22.96	26.80	24.96
68	13.87	19.49	21.80	25.44	23.48
69	12.71	17.89	20.00	23.35	21.37
70	12.41	17.46	19.53	22.79	20.72

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	8.56	11.99	13.41	15.65	14.91	20.95	35.23
66	9.33	13.09	14.64	17.09	16.09	22.74	38.20
67	10.13	14.23	15.91	18.57	17.30	24.57	41.26
68	10.95	15.39	17.21	20.10	18.55	26.45	44.40
69	11.79	16.59	18.55	21.66	19.83	28.38	47.62
70	12.66	17.82	19.93	23.26	21.14	30.37	50.93
71	13.54	19.08	21.34	24.91	22.49	32.41	54.33
72	14.45	20.37	22.78	26.60	23.87	34.50	57.81
73	15.39	21.70	24.27	28.33	25.29	36.65	61.38
74	16.35	23.07	25.79	30.11	26.74	38.85	65.05
75 and Older	19.37	27.37	30.61	35.73	31.33	45.80	76.62
		Max. Ben. Period		**To Age 67**			
65	11.03	15.46	17.28	20.18	19.22	27.01	45.42
66	10.26	14.39	16.09	18.79	17.68	24.99	42.00
67	10.13	14.23	15.91	18.57	17.30	24.57	41.26

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	15.43	21.61	24.16	28.21	26.86		
66	15.33	21.50	24.04	28.07	26.42		
67	14.92	20.95	23.43	27.35	25.47		
68	14.15	19.89	22.24	25.96	23.96		
69	12.97	18.25	20.41	23.83	21.81		
70	12.66	17.82	19.93	23.26	21.14		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Limited	Not Applicable	No

Max. Ben. Period 2 Yrs

Attained Age	6S	5A	4A	3A	2A	1A	1B
65	8.39	11.75	13.14	15.34	14.61	20.53	34.53
66	9.14	12.83	14.35	16.75	15.77	22.29	37.44
67	9.93	13.95	15.59	18.20	16.95	24.08	40.43
68	10.73	15.08	16.87	19.70	18.18	25.92	43.51
69	11.55	16.26	18.18	21.23	19.43	27.81	46.67
70	12.41	17.46	19.53	22.79	20.72	29.76	49.91
71	13.27	18.70	20.91	24.41	22.04	31.76	53.24
72	14.16	19.96	22.32	26.07	23.39	33.81	56.65
73	15.08	21.27	23.78	27.76	24.78	35.92	60.15
74	16.02	22.61	25.27	29.51	26.21	38.07	63.75
75 and Older	18.98	26.82	30.00	35.02	30.70	44.88	75.09

Max. Ben. Period To Age 67

65	10.81	15.15	16.93	19.78	18.84	26.47	44.51
66	10.05	14.10	15.77	18.41	17.33	24.49	41.16
67	9.93	13.95	15.59	18.20	16.95	24.08	40.43

For attained ages older than 67 use Two Year MBP Premium Rates

Max. Ben. Period To Age 70

65	15.12	21.18	23.68	27.65	26.32
66	15.02	21.07	23.56	27.51	25.89
67	14.62	20.53	22.96	26.80	24.96
68	13.87	19.49	21.80	25.44	23.48
69	12.71	17.89	20.00	23.35	21.37
70	12.41	17.46	19.53	22.79	20.72

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	8.56	11.99	13.41	15.65	14.91	20.95	35.23
66	9.33	13.09	14.64	17.09	16.09	22.74	38.20
67	10.13	14.23	15.91	18.57	17.30	24.57	41.26
68	10.95	15.39	17.21	20.10	18.55	26.45	44.40
69	11.79	16.59	18.55	21.66	19.83	28.38	47.62
70	12.66	17.82	19.93	23.26	21.14	30.37	50.93
71	13.54	19.08	21.34	24.91	22.49	32.41	54.33
72	14.45	20.37	22.78	26.60	23.87	34.50	57.81
73	15.39	21.70	24.27	28.33	25.29	36.65	61.38
74	16.35	23.07	25.79	30.11	26.74	38.85	65.05
75 and Older	19.37	27.37	30.61	35.73	31.33	45.80	76.62
		Max. Ben. Period		**To Age 67**			
65	11.03	15.46	17.28	20.18	19.22	27.01	45.42
66	10.26	14.39	16.09	18.79	17.68	24.99	42.00
67	10.13	14.23	15.91	18.57	17.30	24.57	41.26

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	15.43	21.61	24.16	28.21	26.86
66	15.33	21.50	24.04	28.07	26.42
67	14.92	20.95	23.43	27.35	25.47
68	14.15	19.89	22.24	25.96	23.96
69	12.97	18.25	20.41	23.83	21.81
70	12.66	17.82	19.93	23.26	21.14

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.08	9.74	10.89	12.71	13.02	18.92	31.82
66	7.75	10.66	11.93	13.92	14.09	20.59	34.59
67	8.44	11.61	12.99	15.16	15.20	22.30	37.45
68	9.15	12.59	14.08	16.44	16.34	24.07	40.39
69	9.89	13.60	15.21	17.76	17.50	25.88	43.42
70	10.64	14.64	16.38	19.12	18.71	27.75	46.54
71	11.42	15.72	17.57	20.52	19.95	29.68	49.75
72	12.22	16.82	18.81	21.96	21.23	31.67	53.06
73	13.04	17.95	20.08	23.44	22.54	33.71	56.46
74	13.90	19.13	21.38	24.97	23.88	35.82	59.96
75 and Older	16.59	22.83	25.54	29.81	28.18	42.49	71.07
		Max. Ben. Period		**To Age 67**			
65	9.24	12.72	14.22	16.60	17.01	24.72	41.55
66	8.56	11.78	13.17	15.38	15.57	22.75	38.21
67	8.44	11.61	12.99	15.16	15.20	22.30	37.45

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	13.07	17.99	20.12	23.49	24.05		
66	12.99	17.88	19.99	23.34	23.63		
67	12.63	17.39	19.44	22.70	22.75		
68	11.96	16.45	18.40	21.48	21.34		
69	10.93	15.03	16.81	19.62	19.35		
70	10.64	14.64	16.38	19.12	18.71		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.22	9.94	11.11	12.97	13.29	19.31	32.47
66	7.91	10.88	12.17	14.20	14.38	21.01	35.30
67	8.61	11.85	13.25	15.47	15.51	22.75	38.21
68	9.34	12.85	14.37	16.78	16.67	24.56	41.21
69	10.09	13.88	15.52	18.12	17.86	26.41	44.31
70	10.86	14.94	16.71	19.51	19.09	28.32	47.49
71	11.65	16.04	17.93	20.94	20.36	30.29	50.77
72	12.47	17.16	19.19	22.41	21.66	32.32	54.14
73	13.31	18.32	20.49	23.92	23.00	34.40	57.61
74	14.18	19.52	21.82	25.48	24.37	36.55	61.18
75 and Older	16.93	23.30	26.06	30.42	28.75	43.36	72.52
		Max. Ben. Period		**To Age 67**			
65	9.43	12.98	14.51	16.94	17.36	25.22	42.40
66	8.73	12.02	13.44	15.69	15.89	23.21	38.99
67	8.61	11.85	13.25	15.47	15.51	22.75	38.21

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	13.34	18.36	20.53	23.97	24.54		
66	13.26	18.24	20.40	23.82	24.11		
67	12.89	17.74	19.84	23.16	23.21		
68	12.20	16.79	18.78	21.92	21.78		
69	11.15	15.34	17.15	20.02	19.74		
70	10.86	14.94	16.71	19.51	19.09		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

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For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.45	8.87	9.92	11.57	11.86	17.24	28.99
66	7.07	9.72	10.87	12.69	12.85	18.78	31.56
67	7.70	10.60	11.85	13.84	13.87	20.35	34.19
68	8.36	11.51	12.87	15.02	14.93	21.99	36.92
69	9.05	12.45	13.92	16.25	16.01	23.69	39.73
70	9.74	13.41	14.99	17.50	17.13	25.42	42.63
71	10.47	14.41	16.11	18.81	18.29	27.21	45.62
72	11.22	15.44	17.26	20.15	19.48	29.07	48.71
73	11.99	16.49	18.44	21.53	20.71	30.98	51.88
74	12.78	17.59	19.67	22.96	21.97	32.95	55.15
75 and Older	15.31	21.07	23.56	27.50	25.99	39.20	65.57
		Max. Ben. Period		**To Age 67**			
65	8.50	11.69	13.07	15.27	15.64	22.72	38.19
66	7.83	10.78	12.05	14.07	14.25	20.82	34.99
67	7.70	10.60	11.85	13.84	13.87	20.35	34.19

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	12.11	16.67	18.64	21.77	22.29		
66	12.01	16.54	18.49	21.59	21.85		
67	11.66	16.05	17.95	20.96	21.00		
68	11.02	15.16	16.95	19.79	19.66		
69	10.03	13.80	15.43	18.01	17.76		
70	9.74	13.41	14.99	17.50	17.13		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.58	9.05	10.12	11.81	12.10	17.59	29.58
66	7.21	9.92	11.09	12.95	13.11	19.16	32.20
67	7.86	10.82	12.09	14.12	14.15	20.77	34.89
68	8.53	11.74	13.13	15.33	15.23	22.44	37.67
69	9.23	12.70	14.20	16.58	16.34	24.17	40.54
70	9.94	13.68	15.30	17.86	17.48	25.94	43.50
71	10.68	14.70	16.44	19.19	18.66	27.77	46.55
72	11.45	15.75	17.61	20.56	19.88	29.66	49.70
73	12.23	16.83	18.82	21.97	21.13	31.61	52.94
74	13.04	17.95	20.07	23.43	22.42	33.62	56.28
75 and Older	15.62	21.50	24.04	28.06	26.52	40.00	66.91
		Max. Ben. Period		**To Age 67**			
65	8.67	11.93	13.34	15.58	15.96	23.18	38.97
66	7.99	11.00	12.30	14.36	14.54	21.24	35.70
67	7.86	10.82	12.09	14.12	14.15	20.77	34.89

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	12.36	17.01	19.02	22.21	22.74		
66	12.26	16.88	18.87	22.03	22.30		
67	11.90	16.38	18.32	21.39	21.43		
68	11.24	15.47	17.30	20.19	20.06		
69	10.23	14.08	15.74	18.38	18.12		
70	9.94	13.68	15.30	17.86	17.48		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	5.70	7.85	8.77	10.25	10.50	15.23	25.59
66	6.24	8.59	9.61	11.22	11.36	16.56	27.82
67	6.80	9.36	10.47	12.22	12.25	17.94	30.13
68	7.38	10.15	11.35	13.25	13.16	19.36	32.49
69	7.97	10.97	12.26	14.32	14.10	20.83	34.93
70	8.58	11.81	13.20	15.42	15.07	22.33	37.44
71	9.21	12.67	14.17	16.54	16.08	23.89	40.02
72	9.86	13.56	15.17	17.71	17.11	25.49	42.68
73	10.53	14.48	16.19	18.90	18.17	27.14	45.41
74	11.21	15.43	17.25	20.13	19.26	28.82	48.23
75 and Older	13.39	18.41	20.59	24.04	22.71	34.19	57.15
		Max. Ben. Period		**To Age 67**			
65	7.54	10.37	11.59	13.54	13.86	20.10	33.76
66	6.93	9.54	10.66	12.46	12.60	18.38	30.87
67	6.80	9.36	10.47	12.22	12.25	17.94	30.13

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	10.76	14.81	16.56	19.34	19.78		
66	10.64	14.65	16.39	19.13	19.34		
67	10.31	14.19	15.87	18.52	18.55		
68	9.72	13.38	14.96	17.47	17.34		
69	8.84	12.16	13.60	15.89	15.64		
70	8.58	11.81	13.20	15.42	15.07		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery)

Rider Form(s) IDI2000-PR/RDISA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	5.82	8.01	8.95	10.46	10.71	15.54	26.11
66	6.37	8.77	9.81	11.45	11.59	16.90	28.39
67	6.94	9.55	10.68	12.47	12.50	18.31	30.74
68	7.53	10.36	11.58	13.52	13.43	19.76	33.15
69	8.13	11.19	12.51	14.61	14.39	21.26	35.64
70	8.76	12.05	13.47	15.73	15.38	22.79	38.20
71	9.40	12.93	14.46	16.88	16.41	24.38	40.84
72	10.06	13.84	15.48	18.07	17.46	26.01	43.55
73	10.74	14.78	16.52	19.29	18.54	27.69	46.34
74	11.44	15.74	17.60	20.54	19.65	29.41	49.21
75 and Older	13.66	18.79	21.01	24.53	23.17	34.89	58.32
		Max. Ben. Period		**To Age 67**			
65	7.69	10.58	11.83	13.82	14.14	20.51	34.45
66	7.07	9.73	10.88	12.71	12.86	18.76	31.50
67	6.94	9.55	10.68	12.47	12.50	18.31	30.74

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	10.98	15.11	16.90	19.73	20.18		
66	10.86	14.95	16.72	19.52	19.73		
67	10.52	14.48	16.19	18.90	18.93		
68	9.92	13.65	15.27	17.83	17.69		
69	9.02	12.41	13.88	16.21	15.96		
70	8.76	12.05	13.47	15.73	15.38		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.27	0.38	0.43	0.50	0.48	0.68	1.14
66	0.30	0.42	0.47	0.55	0.52	0.74	1.23
67	0.33	0.46	0.52	0.60	0.56	0.79	1.34
68	0.35	0.50	0.56	0.66	0.61	0.86	1.45
69	0.38	0.54	0.61	0.71	0.65	0.93	1.56
70	0.41	0.59	0.66	0.76	0.70	1.00	1.68
71	0.45	0.63	0.71	0.82	0.74	1.07	1.78
72	0.48	0.68	0.75	0.88	0.78	1.14	1.91
73	0.51	0.72	0.80	0.94	0.83	1.22	2.03
74	0.54	0.76	0.85	1.00	0.89	1.29	2.17
75 and Older	0.65	0.92	1.03	1.20	1.05	1.54	2.57
		Max. Ben. Period		**To Age 67**			
65	0.53	0.74	0.82	0.96	0.91	1.28	2.16
66	0.39	0.56	0.62	0.73	0.68	0.96	1.62
67	0.33	0.46	0.52	0.60	0.56	0.79	1.34

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.97	1.35	1.51	1.76	1.68		
66	0.90	1.26	1.42	1.66	1.56		
67	0.81	1.14	1.27	1.48	1.38		
68	0.68	0.95	1.07	1.24	1.15		
69	0.50	0.71	0.79	0.92	0.84		
70	0.41	0.59	0.66	0.76	0.70		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on Original CPI COLA Benefit

Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.28	0.39	0.44	0.51	0.49	0.69	1.16
66	0.31	0.43	0.48	0.56	0.53	0.75	1.26
67	0.34	0.47	0.53	0.61	0.57	0.81	1.37
68	0.36	0.51	0.57	0.67	0.62	0.88	1.48
69	0.39	0.55	0.62	0.72	0.66	0.95	1.59
70	0.42	0.60	0.67	0.78	0.71	1.02	1.71
71	0.46	0.64	0.72	0.84	0.75	1.09	1.82
72	0.49	0.69	0.77	0.90	0.80	1.16	1.95
73	0.52	0.73	0.82	0.96	0.85	1.24	2.07
74	0.55	0.78	0.87	1.02	0.91	1.32	2.21
75 and Older	0.66	0.94	1.05	1.22	1.07	1.57	2.62
		Max. Ben. Period		**To Age 67**			
65	0.54	0.75	0.84	0.98	0.93	1.31	2.20
66	0.40	0.57	0.63	0.74	0.69	0.98	1.65
67	0.34	0.47	0.53	0.61	0.57	0.81	1.37

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.99	1.38	1.54	1.80	1.71		
66	0.92	1.29	1.45	1.69	1.59		
67	0.83	1.16	1.30	1.51	1.41		
68	0.69	0.97	1.09	1.27	1.17		
69	0.51	0.72	0.81	0.94	0.86		
70	0.42	0.60	0.67	0.78	0.71		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.17	0.24	0.25	0.30	0.28	0.40	0.68
66	0.19	0.25	0.28	0.33	0.31	0.44	0.74
67	0.20	0.27	0.30	0.36	0.33	0.48	0.79
68	0.22	0.29	0.33	0.39	0.36	0.51	0.86
69	0.23	0.32	0.36	0.42	0.38	0.55	0.93
70	0.25	0.35	0.39	0.45	0.41	0.60	0.99
71	0.26	0.37	0.42	0.49	0.44	0.64	1.07
72	0.28	0.40	0.45	0.52	0.47	0.68	1.14
73	0.30	0.43	0.48	0.56	0.50	0.73	1.22
74	0.32	0.46	0.51	0.60	0.53	0.76	1.28
75 and Older	0.39	0.55	0.61	0.72	0.63	0.91	1.53
		Max. Ben. Period		**To Age 67**			
65	0.31	0.43	0.49	0.57	0.54	0.75	1.27
66	0.24	0.33	0.37	0.43	0.40	0.57	0.96
67	0.20	0.27	0.30	0.36	0.33	0.48	0.79

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.57	0.79	0.89	1.04	0.99		
66	0.53	0.74	0.83	0.97	0.92		
67	0.48	0.67	0.74	0.87	0.81		
68	0.40	0.56	0.63	0.74	0.68		
69	0.30	0.42	0.47	0.55	0.50		
70	0.25	0.35	0.39	0.45	0.41		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on 3% Simple COLA Benefit

Rider Form(s) IDI2000-PR/RDISA, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No
Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.17	0.24	0.26	0.31	0.29	0.41	0.69
66	0.19	0.26	0.29	0.34	0.32	0.45	0.75
67	0.20	0.28	0.31	0.37	0.34	0.49	0.81
68	0.22	0.30	0.34	0.40	0.37	0.52	0.88
69	0.23	0.33	0.37	0.43	0.39	0.56	0.95
70	0.25	0.36	0.40	0.46	0.42	0.61	1.01
71	0.27	0.38	0.43	0.50	0.45	0.65	1.09
72	0.29	0.41	0.46	0.53	0.48	0.69	1.16
73	0.31	0.44	0.49	0.57	0.51	0.74	1.24
74	0.33	0.47	0.52	0.61	0.54	0.78	1.31
75 and Older	0.40	0.56	0.62	0.73	0.64	0.93	1.56
		Max. Ben. Period		**To Age 67**			
65	0.32	0.44	0.50	0.58	0.55	0.77	1.30
66	0.24	0.34	0.38	0.44	0.41	0.58	0.98
67	0.20	0.28	0.31	0.37	0.34	0.49	0.81

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.58	0.81	0.91	1.06	1.01		
66	0.54	0.76	0.85	0.99	0.94		
67	0.49	0.68	0.76	0.89	0.83		
68	0.41	0.57	0.64	0.75	0.69		
69	0.31	0.43	0.48	0.56	0.51		
70	0.25	0.36	0.40	0.46	0.42		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.27	0.30	0.35	0.33	0.47	0.79
66	0.22	0.29	0.33	0.38	0.36	0.51	0.86
67	0.23	0.32	0.36	0.42	0.39	0.56	0.94
68	0.25	0.35	0.39	0.46	0.42	0.60	1.01
69	0.27	0.38	0.42	0.50	0.45	0.65	1.09
70	0.29	0.41	0.45	0.53	0.48	0.70	1.17
71	0.31	0.44	0.49	0.57	0.52	0.74	1.25
72	0.33	0.47	0.53	0.62	0.55	0.79	1.33
73	0.35	0.50	0.56	0.66	0.59	0.84	1.42
74	0.38	0.54	0.60	0.70	0.62	0.90	1.51
75 and Older	0.45	0.64	0.72	0.83	0.74	1.08	1.79
		Max. Ben. Period		**To Age 67**			
65	0.36	0.51	0.57	0.67	0.64	0.89	1.51
66	0.27	0.38	0.43	0.51	0.47	0.67	1.13
67	0.23	0.32	0.36	0.42	0.39	0.56	0.94

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.68	0.94	1.05	1.23	1.17		
66	0.63	0.88	0.99	1.16	1.09		
67	0.57	0.79	0.88	1.03	0.96		
68	0.47	0.67	0.74	0.86	0.80		
69	0.35	0.50	0.55	0.65	0.59		
70	0.29	0.41	0.45	0.53	0.48		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.28	0.31	0.36	0.34	0.48	0.81
66	0.22	0.30	0.34	0.39	0.37	0.52	0.88
67	0.23	0.33	0.37	0.43	0.40	0.57	0.96
68	0.26	0.36	0.40	0.47	0.43	0.61	1.03
69	0.28	0.39	0.43	0.51	0.46	0.66	1.11
70	0.30	0.42	0.46	0.54	0.49	0.71	1.19
71	0.32	0.45	0.50	0.58	0.53	0.76	1.28
72	0.34	0.48	0.54	0.63	0.56	0.81	1.36
73	0.36	0.51	0.57	0.67	0.60	0.86	1.45
74	0.39	0.55	0.61	0.71	0.63	0.92	1.54
75 and Older	0.46	0.65	0.73	0.85	0.75	1.10	1.83
		Max. Ben. Period		**To Age 67**			
65	0.37	0.52	0.58	0.68	0.65	0.91	1.54
66	0.28	0.39	0.44	0.52	0.48	0.68	1.15
67	0.23	0.33	0.37	0.43	0.40	0.57	0.96

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.69	0.96	1.07	1.25	1.19		
66	0.64	0.90	1.01	1.18	1.11		
67	0.58	0.81	0.90	1.05	0.98		
68	0.48	0.68	0.76	0.88	0.82		
69	0.36	0.51	0.56	0.66	0.60		
70	0.30	0.42	0.46	0.54	0.49		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.06	14.10	15.77	18.40	17.53	24.64	41.42
66	10.98	15.40	17.22	20.10	18.92	26.73	44.92
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52
68	12.88	18.10	20.25	23.63	21.81	31.11	52.21
69	13.87	19.51	21.81	25.47	23.31	33.38	56.01
70	14.89	20.95	23.43	27.35	24.86	35.71	59.90
71	15.93	22.43	25.09	29.29	26.45	38.11	63.89
72	16.99	23.96	26.79	31.28	28.07	40.57	67.98
73	18.09	25.52	28.54	33.32	29.74	43.09	72.19
74	19.22	27.13	30.33	35.42	31.45	45.69	76.50
75 and Older	22.79	32.18	36.00	42.02	36.85	53.86	90.11
		Max. Ben. Period		**To Age 67**			
65	12.98	18.18	20.33	23.73	22.60	31.77	53.41
66	12.06	16.92	18.92	22.10	20.80	29.39	49.39
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.14	25.41	28.41	33.17	31.59		
66	18.02	25.28	28.27	33.01	31.07		
67	17.54	24.64	27.55	32.16	29.96		
68	16.63	23.39	26.16	30.54	28.18		
69	15.25	21.46	24.00	28.02	25.65		
70	14.89	20.95	23.43	27.35	24.86		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.27	14.39	16.09	18.78	17.89	25.14	42.27
66	11.20	15.71	17.57	20.51	19.31	27.28	45.84
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51
68	13.14	18.47	20.66	24.11	22.26	31.74	53.28
69	14.15	19.91	22.26	25.99	23.79	34.06	57.15
70	15.19	21.38	23.91	27.91	25.37	36.44	61.12
71	16.25	22.89	25.60	29.89	26.99	38.89	65.19
72	17.34	24.45	27.34	31.92	28.64	41.40	69.37
73	18.46	26.04	29.12	34.00	30.35	43.97	73.66
74	19.61	27.68	30.95	36.14	32.09	46.62	78.06
75 and Older	23.25	32.84	36.73	42.88	37.60	54.96	91.95
		Max. Ben. Period		**To Age 67**			
65	13.24	18.55	20.74	24.21	23.06	32.42	54.50
66	12.31	17.27	19.31	22.55	21.22	29.99	50.40
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.51	25.93	28.99	33.85	32.23		
66	18.39	25.80	28.85	33.68	31.70		
67	17.90	25.14	28.11	32.82	30.57		
68	16.97	23.87	26.69	31.16	28.75		
69	15.56	21.90	24.49	28.59	26.17		
70	15.19	21.38	23.91	27.91	25.37		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Limited	Not Applicable	No

Max. Ben. Period 2 Yrs

Attained Age	6S	5A	4A	3A	2A	1A	1B
65	10.06	14.10	15.77	18.40	17.53	24.64	41.42
66	10.98	15.40	17.22	20.10	18.92	26.73	44.92
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52
68	12.88	18.10	20.25	23.63	21.81	31.11	52.21
69	13.87	19.51	21.81	25.47	23.31	33.38	56.01
70	14.89	20.95	23.43	27.35	24.86	35.71	59.90
71	15.93	22.43	25.09	29.29	26.45	38.11	63.89
72	16.99	23.96	26.79	31.28	28.07	40.57	67.98
73	18.09	25.52	28.54	33.32	29.74	43.09	72.19
74	19.22	27.13	30.33	35.42	31.45	45.69	76.50
75 and Older	22.79	32.18	36.00	42.02	36.85	53.86	90.11

Max. Ben. Period To Age 67

65	12.98	18.18	20.33	23.73	22.60	31.77	53.41
66	12.06	16.92	18.92	22.10	20.80	29.39	49.39
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52

For attained ages older than 67 use Two Year MBP Premium Rates

Max. Ben. Period To Age 70

65	18.14	25.41	28.41	33.17	31.59
66	18.02	25.28	28.27	33.01	31.07
67	17.54	24.64	27.55	32.16	29.96
68	16.63	23.39	26.16	30.54	28.18
69	15.25	21.46	24.00	28.02	25.65
70	14.89	20.95	23.43	27.35	24.86

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	10.27	14.39	16.09	18.78	17.89	25.14	42.27
66	11.20	15.71	17.57	20.51	19.31	27.28	45.84
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51
68	13.14	18.47	20.66	24.11	22.26	31.74	53.28
69	14.15	19.91	22.26	25.99	23.79	34.06	57.15
70	15.19	21.38	23.91	27.91	25.37	36.44	61.12
71	16.25	22.89	25.60	29.89	26.99	38.89	65.19
72	17.34	24.45	27.34	31.92	28.64	41.40	69.37
73	18.46	26.04	29.12	34.00	30.35	43.97	73.66
74	19.61	27.68	30.95	36.14	32.09	46.62	78.06
75 and Older	23.25	32.84	36.73	42.88	37.60	54.96	91.95
		Max. Ben. Period		**To Age 67**			
65	13.24	18.55	20.74	24.21	23.06	32.42	54.50
66	12.31	17.27	19.31	22.55	21.22	29.99	50.40
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.51	25.93	28.99	33.85	32.23		
66	18.39	25.80	28.85	33.68	31.70		
67	17.90	25.14	28.11	32.82	30.57		
68	16.97	23.87	26.69	31.16	28.75		
69	15.56	21.90	24.49	28.59	26.17		
70	15.19	21.38	23.91	27.91	25.37		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	8.49	11.69	13.06	15.26	15.63	22.71	38.18
66	9.30	12.79	14.31	16.70	16.91	24.71	41.51
67	10.12	13.94	15.58	18.19	18.24	26.75	44.93
68	10.99	15.11	16.90	19.73	19.60	28.88	48.47
69	11.87	16.33	18.25	21.31	21.00	31.06	52.11
70	12.77	17.57	19.65	22.94	22.45	33.30	55.85
71	13.70	18.87	21.09	24.62	23.94	35.62	59.70
72	14.67	20.19	22.57	26.35	25.47	38.00	63.67
73	15.66	21.54	24.10	28.13	27.04	40.45	67.75
74	16.68	22.95	25.66	29.96	28.67	42.97	71.95
75 and Older	19.91	27.40	30.64	35.77	33.80	50.99	85.28
		Max. Ben. Period		**To Age 67**			
65	11.09	15.26	17.07	19.92	20.41	29.65	49.85
66	10.27	14.13	15.81	18.45	18.69	27.29	45.85
67	10.12	13.94	15.58	18.19	18.24	26.75	44.93

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	15.69	21.59	24.14	28.18	28.86		
66	15.59	21.45	23.99	28.01	28.36		
67	15.16	20.86	23.32	27.23	27.30		
68	14.35	19.75	22.08	25.77	25.61		
69	13.10	18.04	20.17	23.55	23.22		
70	12.77	17.57	19.65	22.94	22.45		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	8.66	11.93	13.33	15.57	15.95	23.17	38.96
66	9.49	13.05	14.60	17.04	17.26	25.21	42.36
67	10.33	14.22	15.90	18.56	18.61	27.30	45.85
68	11.21	15.42	17.24	20.13	20.00	29.47	49.46
69	12.11	16.66	18.62	21.74	21.43	31.69	53.17
70	13.03	17.93	20.05	23.41	22.91	33.98	56.99
71	13.98	19.25	21.52	25.12	24.43	36.35	60.92
72	14.97	20.60	23.03	26.89	25.99	38.78	64.97
73	15.98	21.98	24.59	28.70	27.59	41.28	69.13
74	17.02	23.42	26.18	30.57	29.25	43.85	73.42
75 and Older	20.32	27.96	31.27	36.50	34.49	52.03	87.02
		Max. Ben. Period		**To Age 67**			
65	11.32	15.57	17.42	20.33	20.83	30.26	50.87
66	10.48	14.42	16.13	18.83	19.07	27.85	46.79
67	10.33	14.22	15.90	18.56	18.61	27.30	45.85

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	16.01	22.03	24.63	28.76	29.45		
66	15.91	21.89	24.48	28.58	28.94		
67	15.47	21.29	23.80	27.79	27.86		
68	14.64	20.15	22.53	26.30	26.13		
69	13.37	18.41	20.58	24.03	23.69		
70	13.03	17.93	20.05	23.41	22.91		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

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For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.73	10.64	11.90	13.90	14.23	20.69	34.79
66	8.48	11.66	13.04	15.22	15.43	22.53	37.86
67	9.24	12.72	14.22	16.60	16.64	24.43	41.03
68	10.04	13.81	15.44	18.02	17.91	26.39	44.31
69	10.85	14.94	16.70	19.49	19.22	28.42	47.68
70	11.69	16.09	17.99	21.01	20.56	30.51	51.16
71	12.56	17.29	19.34	22.57	21.94	32.66	54.74
72	13.46	18.52	20.71	24.18	23.37	34.89	58.45
73	14.39	19.80	22.13	25.84	24.84	37.17	62.26
74	15.34	21.10	23.60	27.55	26.36	39.53	66.19
75 and Older	18.37	25.28	28.27	33.01	31.18	47.04	78.68
		Max. Ben. Period		**To Age 67**			
65	10.19	14.03	15.69	18.32	18.77	27.25	45.82
66	9.40	12.94	14.46	16.89	17.10	24.98	41.97
67	9.24	12.72	14.22	16.60	16.64	24.43	41.03

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	14.54	20.00	22.36	26.12	26.73		
66	14.43	19.85	22.19	25.91	26.22		
67	13.99	19.27	21.54	25.15	25.21		
68	13.22	18.19	20.34	23.75	23.59		
69	12.03	16.55	18.51	21.61	21.31		
70	11.69	16.09	17.99	21.01	20.56		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.89	10.86	12.14	14.18	14.52	21.11	35.50
66	8.65	11.90	13.31	15.53	15.74	22.99	38.63
67	9.43	12.98	14.51	16.94	16.98	24.93	41.87
68	10.24	14.09	15.75	18.39	18.28	26.93	45.21
69	11.07	15.24	17.04	19.89	19.61	29.00	48.65
70	11.93	16.42	18.36	21.44	20.98	31.13	52.20
71	12.82	17.64	19.73	23.03	22.39	33.33	55.86
72	13.73	18.90	21.13	24.67	23.85	35.60	59.64
73	14.68	20.20	22.58	26.37	25.35	37.93	63.53
74	15.65	21.53	24.08	28.11	26.90	40.34	67.54
75 and Older	18.74	25.80	28.85	33.68	31.82	48.00	80.29
		Max. Ben. Period		**To Age 67**			
65	10.40	14.32	16.01	18.69	19.15	27.81	46.76
66	9.59	13.20	14.76	17.23	17.45	25.49	42.83
67	9.43	12.98	14.51	16.94	16.98	24.93	41.87

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	14.84	20.41	22.82	26.65	27.28		
66	14.72	20.25	22.64	26.44	26.76		
67	14.28	19.66	21.98	25.66	25.72		
68	13.49	18.56	20.75	24.23	24.07		
69	12.28	16.89	18.89	22.05	21.74		
70	11.93	16.42	18.36	21.44	20.98		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.84	9.42	10.53	12.30	12.59	18.28	30.71
66	7.49	10.31	11.53	13.46	13.63	19.87	33.39
67	8.16	11.23	12.56	14.66	14.69	21.53	36.14
68	8.85	12.18	13.62	15.91	15.80	23.24	38.98
69	9.56	13.16	14.72	17.18	16.92	25.00	41.91
70	10.30	14.17	15.85	18.49	18.09	26.80	44.92
71	11.04	15.21	17.00	19.85	19.30	28.67	48.03
72	11.83	16.28	18.20	21.25	20.53	30.59	51.21
73	12.62	17.38	19.42	22.69	21.80	32.57	54.50
74	13.45	18.50	20.69	24.16	23.10	34.59	57.88
75 and Older	16.06	22.10	24.72	28.85	27.24	41.03	68.58
		Max. Ben. Period		**To Age 67**			
65	9.05	12.45	13.92	16.25	16.63	24.12	40.51
66	8.32	11.45	12.80	14.95	15.12	22.06	37.03
67	8.16	11.23	12.56	14.66	14.69	21.53	36.14

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	12.92	17.78	19.87	23.20	23.73		
66	12.78	17.58	19.66	22.95	23.21		
67	12.37	17.02	19.04	22.23	22.26		
68	11.67	16.05	17.95	20.96	20.81		
69	10.60	14.60	16.33	19.06	18.78		
70	10.30	14.17	15.85	18.49	18.09		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.98	9.61	10.74	12.55	12.85	18.65	31.34
66	7.64	10.52	11.77	13.73	13.91	20.28	34.07
67	8.33	11.46	12.82	14.96	14.99	21.97	36.88
68	9.03	12.43	13.90	16.23	16.12	23.71	39.78
69	9.76	13.43	15.02	17.53	17.27	25.51	42.77
70	10.51	14.46	16.17	18.87	18.46	27.35	45.84
71	11.27	15.52	17.35	20.26	19.69	29.25	49.01
72	12.07	16.61	18.57	21.68	20.95	31.21	52.26
73	12.88	17.73	19.82	23.15	22.24	33.23	55.61
74	13.72	18.88	21.11	24.65	23.57	35.30	59.06
75 and Older	16.39	22.55	25.22	29.44	27.80	41.87	69.98
		Max. Ben. Period		**To Age 67**			
65	9.23	12.70	14.20	16.58	16.97	24.61	41.34
66	8.49	11.68	13.06	15.25	15.43	22.51	37.79
67	8.33	11.46	12.82	14.96	14.99	21.97	36.88

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	13.18	18.14	20.28	23.67	24.21		
66	13.04	17.94	20.06	23.42	23.68		
67	12.62	17.37	19.43	22.68	22.71		
68	11.91	16.38	18.32	21.39	21.23		
69	10.82	14.90	16.66	19.45	19.16		
70	10.51	14.46	16.17	18.87	18.46		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.33	0.46	0.52	0.61	0.58	0.81	1.36
66	0.36	0.51	0.57	0.67	0.63	0.88	1.48
67	0.39	0.55	0.62	0.73	0.67	0.96	1.61
68	0.43	0.60	0.68	0.78	0.73	1.04	1.73
69	0.46	0.65	0.73	0.84	0.77	1.12	1.87
70	0.50	0.70	0.78	0.91	0.83	1.20	2.01
71	0.54	0.75	0.84	0.98	0.88	1.28	2.15
72	0.58	0.80	0.90	1.05	0.94	1.36	2.28
73	0.61	0.86	0.96	1.13	1.00	1.46	2.44
74	0.65	0.92	1.03	1.20	1.07	1.55	2.60
75 and Older	0.78	1.10	1.23	1.43	1.25	1.84	3.09
		Max. Ben. Period		**To Age 67**			
65	0.63	0.88	0.99	1.15	1.10	1.54	2.59
66	0.47	0.67	0.74	0.86	0.81	1.16	1.94
67	0.39	0.55	0.62	0.73	0.67	0.96	1.61

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period			**To Age 70**	
65	1.16	1.63	1.81	2.12	2.02
66	1.09	1.52	1.70	1.99	1.87
67	0.97	1.36	1.52	1.78	1.66
68	0.81	1.14	1.28	1.49	1.37
69	0.61	0.85	0.95	1.11	1.02
70	0.50	0.70	0.78	0.91	0.83

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.34	0.47	0.53	0.62	0.59	0.83	1.39
66	0.37	0.52	0.58	0.68	0.64	0.90	1.51
67	0.40	0.56	0.63	0.74	0.68	0.98	1.64
68	0.44	0.61	0.69	0.80	0.74	1.06	1.77
69	0.47	0.66	0.74	0.86	0.79	1.14	1.91
70	0.51	0.71	0.80	0.93	0.85	1.22	2.05
71	0.55	0.77	0.86	1.00	0.90	1.31	2.19
72	0.59	0.82	0.92	1.07	0.96	1.39	2.33
73	0.62	0.88	0.98	1.15	1.02	1.49	2.49
74	0.66	0.94	1.05	1.22	1.09	1.58	2.65
75 and Older	0.80	1.12	1.25	1.46	1.28	1.88	3.15
		Max. Ben. Period		**To Age 67**			
65	0.64	0.90	1.01	1.17	1.12	1.57	2.64
66	0.48	0.68	0.76	0.88	0.83	1.18	1.98
67	0.40	0.56	0.63	0.74	0.68	0.98	1.64

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	1.18	1.66	1.85	2.16	2.06
66	1.11	1.55	1.73	2.03	1.91
67	0.99	1.39	1.55	1.82	1.69
68	0.83	1.16	1.31	1.52	1.40
69	0.62	0.87	0.97	1.13	1.04
70	0.51	0.71	0.80	0.93	0.85

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.27	0.31	0.36	0.34	0.48	0.81
66	0.22	0.30	0.34	0.39	0.37	0.53	0.88
67	0.24	0.33	0.37	0.43	0.40	0.57	0.96
68	0.25	0.35	0.40	0.47	0.43	0.62	1.03
69	0.27	0.38	0.43	0.50	0.46	0.67	1.11
70	0.29	0.42	0.46	0.55	0.49	0.72	1.20
71	0.31	0.45	0.50	0.59	0.53	0.76	1.27
72	0.34	0.48	0.54	0.63	0.56	0.81	1.36
73	0.36	0.51	0.58	0.67	0.60	0.87	1.45
74	0.39	0.55	0.61	0.72	0.64	0.92	1.55
75 and Older	0.46	0.66	0.74	0.85	0.75	1.10	1.83
		Max. Ben. Period		**To Age 67**			
65	0.37	0.52	0.58	0.68	0.65	0.91	1.53
66	0.28	0.39	0.44	0.52	0.48	0.69	1.15
67	0.24	0.33	0.37	0.43	0.40	0.57	0.96

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.69	0.96	1.07	1.24	1.19		
66	0.64	0.89	1.00	1.17	1.10		
67	0.58	0.80	0.90	1.05	0.98		
68	0.48	0.68	0.75	0.88	0.81		
69	0.36	0.50	0.56	0.66	0.61		
70	0.29	0.42	0.46	0.55	0.49		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.28	0.32	0.37	0.35	0.49	0.83
66	0.22	0.31	0.35	0.40	0.38	0.54	0.90
67	0.24	0.34	0.38	0.44	0.41	0.58	0.98
68	0.26	0.36	0.41	0.48	0.44	0.63	1.05
69	0.28	0.39	0.44	0.51	0.47	0.68	1.13
70	0.30	0.43	0.47	0.56	0.50	0.73	1.22
71	0.32	0.46	0.51	0.60	0.54	0.78	1.30
72	0.35	0.49	0.55	0.64	0.57	0.83	1.39
73	0.37	0.52	0.59	0.68	0.61	0.89	1.48
74	0.40	0.56	0.62	0.73	0.65	0.94	1.58
75 and Older	0.47	0.67	0.75	0.87	0.77	1.12	1.87
		Max. Ben. Period		**To Age 67**			
65	0.38	0.53	0.59	0.69	0.66	0.93	1.56
66	0.29	0.40	0.45	0.53	0.49	0.70	1.17
67	0.24	0.34	0.38	0.44	0.41	0.58	0.98

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.70	0.98	1.09	1.27	1.21		
66	0.65	0.91	1.02	1.19	1.12		
67	0.59	0.82	0.92	1.07	1.00		
68	0.49	0.69	0.77	0.90	0.83		
69	0.37	0.51	0.57	0.67	0.62		
70	0.30	0.43	0.47	0.56	0.50		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.24	0.32	0.36	0.42	0.40	0.57	0.95
66	0.25	0.35	0.40	0.46	0.43	0.62	1.04
67	0.27	0.38	0.43	0.51	0.47	0.67	1.13
68	0.30	0.42	0.47	0.55	0.51	0.73	1.22
69	0.32	0.45	0.51	0.60	0.55	0.77	1.30
70	0.34	0.49	0.55	0.64	0.58	0.83	1.40
71	0.37	0.53	0.59	0.69	0.62	0.89	1.50
72	0.40	0.56	0.63	0.74	0.66	0.96	1.60
73	0.43	0.61	0.68	0.78	0.70	1.02	1.71
74	0.46	0.64	0.72	0.84	0.74	1.08	1.81
75 and Older	0.55	0.76	0.86	1.00	0.88	1.28	2.16
		Max. Ben. Period		**To Age 67**			
65	0.44	0.61	0.69	0.80	0.76	1.08	1.80
66	0.33	0.46	0.52	0.61	0.57	0.80	1.35
67	0.27	0.38	0.43	0.51	0.47	0.67	1.13

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.80	1.13	1.26	1.47	1.40		
66	0.75	1.06	1.19	1.38	1.30		
67	0.68	0.95	1.06	1.23	1.16		
68	0.57	0.79	0.89	1.04	0.96		
69	0.42	0.60	0.67	0.77	0.71		
70	0.34	0.49	0.55	0.64	0.58		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.24	0.33	0.37	0.43	0.41	0.58	0.97
66	0.26	0.36	0.41	0.47	0.44	0.63	1.06
67	0.28	0.39	0.44	0.52	0.48	0.68	1.15
68	0.31	0.43	0.48	0.56	0.52	0.74	1.24
69	0.33	0.46	0.52	0.61	0.56	0.79	1.33
70	0.35	0.50	0.56	0.65	0.59	0.85	1.43
71	0.38	0.54	0.60	0.70	0.63	0.91	1.53
72	0.41	0.57	0.64	0.75	0.67	0.98	1.63
73	0.44	0.62	0.69	0.80	0.71	1.04	1.74
74	0.47	0.65	0.73	0.86	0.76	1.10	1.85
75 and Older	0.56	0.78	0.88	1.02	0.90	1.31	2.20
		Max. Ben. Period		**To Age 67**			
65	0.45	0.62	0.70	0.82	0.78	1.10	1.84
66	0.34	0.47	0.53	0.62	0.58	0.82	1.38
67	0.28	0.39	0.44	0.52	0.48	0.68	1.15

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.82	1.15	1.29	1.50	1.43		
66	0.77	1.08	1.21	1.41	1.33		
67	0.69	0.97	1.08	1.26	1.18		
68	0.58	0.81	0.91	1.06	0.98		
69	0.43	0.61	0.68	0.79	0.72		
70	0.35	0.50	0.56	0.65	0.59		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.06	14.10	15.77	18.40	17.53	24.64	41.42
66	10.98	15.40	17.22	20.10	18.92	26.73	44.92
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52
68	12.88	18.10	20.25	23.63	21.81	31.11	52.21
69	13.87	19.51	21.81	25.47	23.31	33.38	56.01
70	14.89	20.95	23.43	27.35	24.86	35.71	59.90
71	15.93	22.43	25.09	29.29	26.45	38.11	63.89
72	16.99	23.96	26.79	31.28	28.07	40.57	67.98
73	18.09	25.52	28.54	33.32	29.74	43.09	72.19
74	19.22	27.13	30.33	35.42	31.45	45.69	76.50
75 and Older	22.79	32.18	36.00	42.02	36.85	53.86	90.11
		Max. Ben. Period		**To Age 67**			
65	12.98	18.18	20.33	23.73	22.60	31.77	53.41
66	12.06	16.92	18.92	22.10	20.80	29.39	49.39
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.14	25.41	28.41	33.17	31.59		
66	18.02	25.28	28.27	33.01	31.07		
67	17.54	24.64	27.55	32.16	29.96		
68	16.63	23.39	26.16	30.54	28.18		
69	15.25	21.46	24.00	28.02	25.65		
70	14.89	20.95	23.43	27.35	24.86		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		60 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.27	14.39	16.09	18.78	17.89	25.14	42.27
66	11.20	15.71	17.57	20.51	19.31	27.28	45.84
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51
68	13.14	18.47	20.66	24.11	22.26	31.74	53.28
69	14.15	19.91	22.26	25.99	23.79	34.06	57.15
70	15.19	21.38	23.91	27.91	25.37	36.44	61.12
71	16.25	22.89	25.60	29.89	26.99	38.89	65.19
72	17.34	24.45	27.34	31.92	28.64	41.40	69.37
73	18.46	26.04	29.12	34.00	30.35	43.97	73.66
74	19.61	27.68	30.95	36.14	32.09	46.62	78.06
75 and Older	23.25	32.84	36.73	42.88	37.60	54.96	91.95
		Max. Ben. Period		**To Age 67**			
65	13.24	18.55	20.74	24.21	23.06	32.42	54.50
66	12.31	17.27	19.31	22.55	21.22	29.99	50.40
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.51	25.93	28.99	33.85	32.23		
66	18.39	25.80	28.85	33.68	31.70		
67	17.90	25.14	28.11	32.82	30.57		
68	16.97	23.87	26.69	31.16	28.75		
69	15.56	21.90	24.49	28.59	26.17		
70	15.19	21.38	23.91	27.91	25.37		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.06	14.10	15.77	18.40	17.53	24.64	41.42
66	10.98	15.40	17.22	20.10	18.92	26.73	44.92
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52
68	12.88	18.10	20.25	23.63	21.81	31.11	52.21
69	13.87	19.51	21.81	25.47	23.31	33.38	56.01
70	14.89	20.95	23.43	27.35	24.86	35.71	59.90
71	15.93	22.43	25.09	29.29	26.45	38.11	63.89
72	16.99	23.96	26.79	31.28	28.07	40.57	67.98
73	18.09	25.52	28.54	33.32	29.74	43.09	72.19
74	19.22	27.13	30.33	35.42	31.45	45.69	76.50
75 and Older	22.79	32.18	36.00	42.02	36.85	53.86	90.11
		Max. Ben. Period		**To Age 67**			
65	12.98	18.18	20.33	23.73	22.60	31.77	53.41
66	12.06	16.92	18.92	22.10	20.80	29.39	49.39
67	11.92	16.73	18.71	21.84	20.34	28.89	48.52

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.14	25.41	28.41	33.17	31.59		
66	18.02	25.28	28.27	33.01	31.07		
67	17.54	24.64	27.55	32.16	29.96		
68	16.63	23.39	26.16	30.54	28.18		
69	15.25	21.46	24.00	28.02	25.65		
70	14.89	20.95	23.43	27.35	24.86		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		90 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	10.27	14.39	16.09	18.78	17.89	25.14	42.27
66	11.20	15.71	17.57	20.51	19.31	27.28	45.84
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51
68	13.14	18.47	20.66	24.11	22.26	31.74	53.28
69	14.15	19.91	22.26	25.99	23.79	34.06	57.15
70	15.19	21.38	23.91	27.91	25.37	36.44	61.12
71	16.25	22.89	25.60	29.89	26.99	38.89	65.19
72	17.34	24.45	27.34	31.92	28.64	41.40	69.37
73	18.46	26.04	29.12	34.00	30.35	43.97	73.66
74	19.61	27.68	30.95	36.14	32.09	46.62	78.06
75 and Older	23.25	32.84	36.73	42.88	37.60	54.96	91.95
		Max. Ben. Period		**To Age 67**			
65	13.24	18.55	20.74	24.21	23.06	32.42	54.50
66	12.31	17.27	19.31	22.55	21.22	29.99	50.40
67	12.16	17.07	19.09	22.29	20.76	29.48	49.51

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	18.51	25.93	28.99	33.85	32.23		
66	18.39	25.80	28.85	33.68	31.70		
67	17.90	25.14	28.11	32.82	30.57		
68	16.97	23.87	26.69	31.16	28.75		
69	15.56	21.90	24.49	28.59	26.17		
70	15.19	21.38	23.91	27.91	25.37		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
			Max. Ben. Period	**2 Yrs**			
65	8.49	11.69	13.06	15.26	15.63	22.71	38.18
66	9.30	12.79	14.31	16.70	16.91	24.71	41.51
67	10.12	13.94	15.58	18.19	18.24	26.75	44.93
68	10.99	15.11	16.90	19.73	19.60	28.88	48.47
69	11.87	16.33	18.25	21.31	21.00	31.06	52.11
70	12.77	17.57	19.65	22.94	22.45	33.30	55.85
71	13.70	18.87	21.09	24.62	23.94	35.62	59.70
72	14.67	20.19	22.57	26.35	25.47	38.00	63.67
73	15.66	21.54	24.10	28.13	27.04	40.45	67.75
74	16.68	22.95	25.66	29.96	28.67	42.97	71.95
75 and Older	19.91	27.40	30.64	35.77	33.80	50.99	85.28
			Max. Ben. Period	**To Age 67**			
65	11.09	15.26	17.07	19.92	20.41	29.65	49.85
66	10.27	14.13	15.81	18.45	18.69	27.29	45.85
67	10.12	13.94	15.58	18.19	18.24	26.75	44.93

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65	15.69	21.59	24.14	28.18	28.86		
66	15.59	21.45	23.99	28.01	28.36		
67	15.16	20.86	23.32	27.23	27.30		
68	14.35	19.75	22.08	25.77	25.61		
69	13.10	18.04	20.17	23.55	23.22		
70	12.77	17.57	19.65	22.94	22.45		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	8.66	11.93	13.33	15.57	15.95	23.17	38.96
66	9.49	13.05	14.60	17.04	17.26	25.21	42.36
67	10.33	14.22	15.90	18.56	18.61	27.30	45.85
68	11.21	15.42	17.24	20.13	20.00	29.47	49.46
69	12.11	16.66	18.62	21.74	21.43	31.69	53.17
70	13.03	17.93	20.05	23.41	22.91	33.98	56.99
71	13.98	19.25	21.52	25.12	24.43	36.35	60.92
72	14.97	20.60	23.03	26.89	25.99	38.78	64.97
73	15.98	21.98	24.59	28.70	27.59	41.28	69.13
74	17.02	23.42	26.18	30.57	29.25	43.85	73.42
75 and Older	20.32	27.96	31.27	36.50	34.49	52.03	87.02
		Max. Ben. Period		**To Age 67**			
65	11.32	15.57	17.42	20.33	20.83	30.26	50.87
66	10.48	14.42	16.13	18.83	19.07	27.85	46.79
67	10.33	14.22	15.90	18.56	18.61	27.30	45.85

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	16.01	22.03	24.63	28.76	29.45		
66	15.91	21.89	24.48	28.58	28.94		
67	15.47	21.29	23.80	27.79	27.86		
68	14.64	20.15	22.53	26.30	26.13		
69	13.37	18.41	20.58	24.03	23.69		
70	13.03	17.93	20.05	23.41	22.91		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.73	10.64	11.90	13.90	14.23	20.69	34.79
66	8.48	11.66	13.04	15.22	15.43	22.53	37.86
67	9.24	12.72	14.22	16.60	16.64	24.43	41.03
68	10.04	13.81	15.44	18.02	17.91	26.39	44.31
69	10.85	14.94	16.70	19.49	19.22	28.42	47.68
70	11.69	16.09	17.99	21.01	20.56	30.51	51.16
71	12.56	17.29	19.34	22.57	21.94	32.66	54.74
72	13.46	18.52	20.71	24.18	23.37	34.89	58.45
73	14.39	19.80	22.13	25.84	24.84	37.17	62.26
74	15.34	21.10	23.60	27.55	26.36	39.53	66.19
75 and Older	18.37	25.28	28.27	33.01	31.18	47.04	78.68
		Max. Ben. Period		**To Age 67**			
65	10.19	14.03	15.69	18.32	18.77	27.25	45.82
66	9.40	12.94	14.46	16.89	17.10	24.98	41.97
67	9.24	12.72	14.22	16.60	16.64	24.43	41.03

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	14.54	20.00	22.36	26.12	26.73		
66	14.43	19.85	22.19	25.91	26.22		
67	13.99	19.27	21.54	25.15	25.21		
68	13.22	18.19	20.34	23.75	23.59		
69	12.03	16.55	18.51	21.61	21.31		
70	11.69	16.09	17.99	21.01	20.56		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		365 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	7.89	10.86	12.14	14.18	14.52	21.11	35.50
66	8.65	11.90	13.31	15.53	15.74	22.99	38.63
67	9.43	12.98	14.51	16.94	16.98	24.93	41.87
68	10.24	14.09	15.75	18.39	18.28	26.93	45.21
69	11.07	15.24	17.04	19.89	19.61	29.00	48.65
70	11.93	16.42	18.36	21.44	20.98	31.13	52.20
71	12.82	17.64	19.73	23.03	22.39	33.33	55.86
72	13.73	18.90	21.13	24.67	23.85	35.60	59.64
73	14.68	20.20	22.58	26.37	25.35	37.93	63.53
74	15.65	21.53	24.08	28.11	26.90	40.34	67.54
75 and Older	18.74	25.80	28.85	33.68	31.82	48.00	80.29
		Max. Ben. Period		**To Age 67**			
65	10.40	14.32	16.01	18.69	19.15	27.81	46.76
66	9.59	13.20	14.76	17.23	17.45	25.49	42.83
67	9.43	12.98	14.51	16.94	16.98	24.93	41.87

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	14.84	20.41	22.82	26.65	27.28		
66	14.72	20.25	22.64	26.44	26.76		
67	14.28	19.66	21.98	25.66	25.72		
68	13.49	18.56	20.75	24.23	24.07		
69	12.28	16.89	18.89	22.05	21.74		
70	11.93	16.42	18.36	21.44	20.98		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 365 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.84	9.42	10.53	12.30	12.59	18.28	30.71
66	7.49	10.31	11.53	13.46	13.63	19.87	33.39
67	8.16	11.23	12.56	14.66	14.69	21.53	36.14
68	8.85	12.18	13.62	15.91	15.80	23.24	38.98
69	9.56	13.16	14.72	17.18	16.92	25.00	41.91
70	10.30	14.17	15.85	18.49	18.09	26.80	44.92
71	11.04	15.21	17.00	19.85	19.30	28.67	48.03
72	11.83	16.28	18.20	21.25	20.53	30.59	51.21
73	12.62	17.38	19.42	22.69	21.80	32.57	54.50
74	13.45	18.50	20.69	24.16	23.10	34.59	57.88
75 and Older	16.06	22.10	24.72	28.85	27.24	41.03	68.58
		Max. Ben. Period		**To Age 67**			
65	9.05	12.45	13.92	16.25	16.63	24.12	40.51
66	8.32	11.45	12.80	14.95	15.12	22.06	37.03
67	8.16	11.23	12.56	14.66	14.69	21.53	36.14

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	12.92	17.78	19.87	23.20	23.73		
66	12.78	17.58	19.66	22.95	23.21		
67	12.37	17.02	19.04	22.23	22.26		
68	11.67	16.05	17.95	20.96	20.81		
69	10.60	14.60	16.33	19.06	18.78		
70	10.30	14.17	15.85	18.49	18.09		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		730 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	6.98	9.61	10.74	12.55	12.85	18.65	31.34
66	7.64	10.52	11.77	13.73	13.91	20.28	34.07
67	8.33	11.46	12.82	14.96	14.99	21.97	36.88
68	9.03	12.43	13.90	16.23	16.12	23.71	39.78
69	9.76	13.43	15.02	17.53	17.27	25.51	42.77
70	10.51	14.46	16.17	18.87	18.46	27.35	45.84
71	11.27	15.52	17.35	20.26	19.69	29.25	49.01
72	12.07	16.61	18.57	21.68	20.95	31.21	52.26
73	12.88	17.73	19.82	23.15	22.24	33.23	55.61
74	13.72	18.88	21.11	24.65	23.57	35.30	59.06
75 and Older	16.39	22.55	25.22	29.44	27.80	41.87	69.98
		Max. Ben. Period		**To Age 67**			
65	9.23	12.70	14.20	16.58	16.97	24.61	41.34
66	8.49	11.68	13.06	15.25	15.43	22.51	37.79
67	8.33	11.46	12.82	14.96	14.99	21.97	36.88

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	13.18	18.14	20.28	23.67	24.21		
66	13.04	17.94	20.06	23.42	23.68		
67	12.62	17.37	19.43	22.68	22.71		
68	11.91	16.38	18.32	21.39	21.23		
69	10.82	14.90	16.66	19.45	19.16		
70	10.51	14.46	16.17	18.87	18.46		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 2 Year MBP with the 730 Day EP is restricted to employer multi-life cases with generally longer MBPs that have converged to 2 Years at ages 65 or older. In addition, the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.33	0.46	0.52	0.61	0.58	0.81	1.36
66	0.36	0.51	0.57	0.67	0.63	0.88	1.48
67	0.39	0.55	0.62	0.73	0.67	0.96	1.61
68	0.43	0.60	0.68	0.78	0.73	1.04	1.73
69	0.46	0.65	0.73	0.84	0.77	1.12	1.87
70	0.50	0.70	0.78	0.91	0.83	1.20	2.01
71	0.54	0.75	0.84	0.98	0.88	1.28	2.15
72	0.58	0.80	0.90	1.05	0.94	1.36	2.28
73	0.61	0.86	0.96	1.13	1.00	1.46	2.44
74	0.65	0.92	1.03	1.20	1.07	1.55	2.60
75 and Older	0.78	1.10	1.23	1.43	1.25	1.84	3.09
		Max. Ben. Period		**To Age 67**			
65	0.63	0.88	0.99	1.15	1.10	1.54	2.59
66	0.47	0.67	0.74	0.86	0.81	1.16	1.94
67	0.39	0.55	0.62	0.73	0.67	0.96	1.61

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	1.16	1.63	1.81	2.12	2.02
66	1.09	1.52	1.70	1.99	1.87
67	0.97	1.36	1.52	1.78	1.66
68	0.81	1.14	1.28	1.49	1.37
69	0.61	0.85	0.95	1.11	1.02
70	0.50	0.70	0.78	0.91	0.83

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on Original CPI COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/COLAA, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.34	0.47	0.53	0.62	0.59	0.83	1.39
66	0.37	0.52	0.58	0.68	0.64	0.90	1.51
67	0.40	0.56	0.63	0.74	0.68	0.98	1.64
68	0.44	0.61	0.69	0.80	0.74	1.06	1.77
69	0.47	0.66	0.74	0.86	0.79	1.14	1.91
70	0.51	0.71	0.80	0.93	0.85	1.22	2.05
71	0.55	0.77	0.86	1.00	0.90	1.31	2.19
72	0.59	0.82	0.92	1.07	0.96	1.39	2.33
73	0.62	0.88	0.98	1.15	1.02	1.49	2.49
74	0.66	0.94	1.05	1.22	1.09	1.58	2.65
75 and Older	0.80	1.12	1.25	1.46	1.28	1.88	3.15
		Max. Ben. Period		**To Age 67**			
65	0.64	0.90	1.01	1.17	1.12	1.57	2.64
66	0.48	0.68	0.76	0.88	0.83	1.18	1.98
67	0.40	0.56	0.63	0.74	0.68	0.98	1.64

For attained ages older than 67 use Two Year MBP Premium Rates

	Max. Ben. Period		**To Age 70**		
65	1.18	1.66	1.85	2.16	2.06
66	1.11	1.55	1.73	2.03	1.91
67	0.99	1.39	1.55	1.82	1.69
68	0.83	1.16	1.31	1.52	1.40
69	0.62	0.87	0.97	1.13	1.04
70	0.51	0.71	0.80	0.93	0.85

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.27	0.31	0.36	0.34	0.48	0.81
66	0.22	0.30	0.34	0.39	0.37	0.53	0.88
67	0.24	0.33	0.37	0.43	0.40	0.57	0.96
68	0.25	0.35	0.40	0.47	0.43	0.62	1.03
69	0.27	0.38	0.43	0.50	0.46	0.67	1.11
70	0.29	0.42	0.46	0.55	0.49	0.72	1.20
71	0.31	0.45	0.50	0.59	0.53	0.76	1.27
72	0.34	0.48	0.54	0.63	0.56	0.81	1.36
73	0.36	0.51	0.58	0.67	0.60	0.87	1.45
74	0.39	0.55	0.61	0.72	0.64	0.92	1.55
75 and Older	0.46	0.66	0.74	0.85	0.75	1.10	1.83
		Max. Ben. Period		**To Age 67**			
65	0.37	0.52	0.58	0.68	0.65	0.91	1.53
66	0.28	0.39	0.44	0.52	0.48	0.69	1.15
67	0.24	0.33	0.37	0.43	0.40	0.57	0.96

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.69	0.96	1.07	1.24	1.19		
66	0.64	0.89	1.00	1.17	1.10		
67	0.58	0.80	0.90	1.05	0.98		
68	0.48	0.68	0.75	0.88	0.81		
69	0.36	0.50	0.56	0.66	0.61		
70	0.29	0.42	0.46	0.55	0.49		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on 3% Simple COLA Benefit
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDI2000-PR/G3SC, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period		MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable		Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.20	0.28	0.32	0.37	0.35	0.49	0.83
66	0.22	0.31	0.35	0.40	0.38	0.54	0.90
67	0.24	0.34	0.38	0.44	0.41	0.58	0.98
68	0.26	0.36	0.41	0.48	0.44	0.63	1.05
69	0.28	0.39	0.44	0.51	0.47	0.68	1.13
70	0.30	0.43	0.47	0.56	0.50	0.73	1.22
71	0.32	0.46	0.51	0.60	0.54	0.78	1.30
72	0.35	0.49	0.55	0.64	0.57	0.83	1.39
73	0.37	0.52	0.59	0.68	0.61	0.89	1.48
74	0.40	0.56	0.62	0.73	0.65	0.94	1.58
75 and Older	0.47	0.67	0.75	0.87	0.77	1.12	1.87
		Max. Ben. Period		**To Age 67**			
65	0.38	0.53	0.59	0.69	0.66	0.93	1.56
66	0.29	0.40	0.45	0.53	0.49	0.70	1.17
67	0.24	0.34	0.38	0.44	0.41	0.58	0.98

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.70	0.98	1.09	1.27	1.21		
66	0.65	0.91	1.02	1.19	1.12		
67	0.59	0.82	0.92	1.07	1.00		
68	0.49	0.69	0.77	0.90	0.83		
69	0.37	0.51	0.57	0.67	0.62		
70	0.30	0.43	0.47	0.56	0.50		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Limited	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
		Max. Ben. Period		**2 Yrs**			
65	0.24	0.32	0.36	0.42	0.40	0.57	0.95
66	0.25	0.35	0.40	0.46	0.43	0.62	1.04
67	0.27	0.38	0.43	0.51	0.47	0.67	1.13
68	0.30	0.42	0.47	0.55	0.51	0.73	1.22
69	0.32	0.45	0.51	0.60	0.55	0.77	1.30
70	0.34	0.49	0.55	0.64	0.58	0.83	1.40
71	0.37	0.53	0.59	0.69	0.62	0.89	1.50
72	0.40	0.56	0.63	0.74	0.66	0.96	1.60
73	0.43	0.61	0.68	0.78	0.70	1.02	1.71
74	0.46	0.64	0.72	0.84	0.74	1.08	1.81
75 and Older	0.55	0.76	0.86	1.00	0.88	1.28	2.16
		Max. Ben. Period		**To Age 67**			
65	0.44	0.61	0.69	0.80	0.76	1.08	1.80
66	0.33	0.46	0.52	0.61	0.57	0.80	1.35
67	0.27	0.38	0.43	0.51	0.47	0.67	1.13

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.80	1.13	1.26	1.47	1.40		
66	0.75	1.06	1.19	1.38	1.30		
67	0.68	0.95	1.06	1.23	1.16		
68	0.57	0.79	0.89	1.04	0.96		
69	0.42	0.60	0.67	0.77	0.71		
70	0.34	0.49	0.55	0.64	0.58		

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Feb 4, 11 15:58

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008

Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
		Max. Ben. Period		**2 Yrs**			
65	0.24	0.33	0.37	0.43	0.41	0.58	0.97
66	0.26	0.36	0.41	0.47	0.44	0.63	1.06
67	0.28	0.39	0.44	0.52	0.48	0.68	1.15
68	0.31	0.43	0.48	0.56	0.52	0.74	1.24
69	0.33	0.46	0.52	0.61	0.56	0.79	1.33
70	0.35	0.50	0.56	0.65	0.59	0.85	1.43
71	0.38	0.54	0.60	0.70	0.63	0.91	1.53
72	0.41	0.57	0.64	0.75	0.67	0.98	1.63
73	0.44	0.62	0.69	0.80	0.71	1.04	1.74
74	0.47	0.65	0.73	0.86	0.76	1.10	1.85
75 and Older	0.56	0.78	0.88	1.02	0.90	1.31	2.20
		Max. Ben. Period		**To Age 67**			
65	0.45	0.62	0.70	0.82	0.78	1.10	1.84
66	0.34	0.47	0.53	0.62	0.58	0.82	1.38
67	0.28	0.39	0.44	0.52	0.48	0.68	1.15

For attained ages older than 67 use Two Year MBP Premium Rates

		Max. Ben. Period		**To Age 70**			
65	0.82	1.15	1.29	1.50	1.43		
66	0.77	1.08	1.21	1.41	1.33		
67	0.69	0.97	1.08	1.26	1.18		
68	0.58	0.81	0.91	1.06	0.98		
69	0.43	0.61	0.68	0.79	0.72		
70	0.35	0.50	0.56	0.65	0.59		

For attained ages older than 70 use Two Year MBP Premium Rates

* Endorsement Form IDI2000-PE/MS-LIMIT usually attached. For exceptions, see Misc pages.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex			Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex			60 Days	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
			Max. Ben. Period	**2 Yrs**			
65				3.24	4.06	4.84	5.65
66				3.54	4.42	5.27	6.15
67				3.84	4.80	5.72	6.67
68				4.14	5.18	6.18	7.21
69				4.46	5.58	6.65	7.76
70				4.79	5.99	7.14	8.33
71				5.12	6.41	7.64	8.91
72				5.47	6.84	8.16	9.51
73				5.82	7.28	8.68	10.14
74				6.19	7.74	9.23	10.77
75 and Older				7.35	9.20	10.96	12.79
			Max. Ben. Period	**To Age 67**			
65				4.31	5.38	6.42	7.49
66				3.94	4.92	5.88	6.85
67				3.84	4.80	5.72	6.67

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				6.24	7.81	9.31	10.87
66				6.05	7.56	9.02	10.52
67				5.86	7.32	8.73	10.19
68				5.51	6.90	8.22	9.60
69				4.98	6.23	7.42	8.66
70				4.79	5.99	7.14	8.33

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex			Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex			90 Days	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
			Max. Ben. Period	**2 Yrs**			
65				2.29	2.86	3.42	3.99
66				2.52	3.14	3.75	4.38
67				2.75	3.43	4.09	4.78
68				2.98	3.73	4.45	5.19
69				3.23	4.03	4.81	5.61
70				3.48	4.34	5.18	6.05
71				3.73	4.67	5.56	6.49
72				4.00	5.00	5.96	6.95
73				4.27	5.33	6.36	7.42
74				4.54	5.68	6.78	7.90
75 and Older				5.42	6.78	8.08	9.43
			Max. Ben. Period	**To Age 67**			
65				3.06	3.82	4.56	5.31
66				2.81	3.51	4.19	4.88
67				2.75	3.43	4.09	4.78

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				4.36	5.45	6.50	7.59
66				4.34	5.43	6.47	7.55
67				4.22	5.28	6.29	7.34
68				3.98	4.98	5.94	6.93
69				3.60	4.51	5.37	6.27
70				3.48	4.34	5.18	6.05

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		180 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
			Max. Ben. Period	**2 Yrs**			
65				2.05	2.56	3.05	3.56
66				2.25	2.81	3.36	3.91
67				2.46	3.08	3.67	4.28
68				2.68	3.35	3.99	4.66
69				2.90	3.63	4.33	5.05
70				3.13	3.92	4.67	5.45
71				3.37	4.21	5.03	5.86
72				3.62	4.52	5.39	6.29
73				3.87	4.83	5.77	6.73
74				4.13	5.16	6.15	7.18
75 and Older				4.95	6.19	7.38	8.61
			Max. Ben. Period	**To Age 67**			
65				2.71	3.38	4.03	4.70
66				2.50	3.13	3.73	4.35
67				2.46	3.08	3.67	4.28

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				3.85	4.81	5.74	6.69
66				3.84	4.80	5.72	6.67
67				3.74	4.67	5.58	6.50
68				3.54	4.43	5.28	6.16
69				3.23	4.04	4.81	5.61
70				3.13	3.92	4.67	5.45

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex			Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex			365 Days	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
			Max. Ben. Period	**2 Yrs**			
65				2.06	2.58	3.07	3.58
66				2.27	2.84	3.38	3.95
67				2.48	3.10	3.70	4.32
68				2.71	3.38	4.03	4.70
69				2.93	3.67	4.37	5.10
70				3.17	3.96	4.73	5.51
71				3.41	4.27	5.09	5.94
72				3.66	4.58	5.46	6.37
73				3.92	4.90	5.85	6.82
74				4.19	5.23	6.24	7.28
75 and Older				5.04	6.29	7.51	8.76
			Max. Ben. Period	**To Age 67**			
65				2.68	3.34	3.99	4.65
66				2.50	3.13	3.73	4.35
67				2.48	3.10	3.70	4.32

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				3.75	4.69	5.59	6.52
66				3.75	4.69	5.60	6.53
67				3.68	4.60	5.48	6.40
68				3.51	4.39	5.23	6.10
69				3.23	4.04	4.82	5.62
70				3.17	3.96	4.73	5.51

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 365 Day EP is restricted in NY. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex	730 Days	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
			Max. Ben. Period	**2 Yrs**			
65				1.93	2.42	2.88	3.36
66				2.13	2.66	3.17	3.70
67				2.33	2.91	3.47	4.04
68				2.53	3.16	3.77	4.40
69				2.74	3.43	4.09	4.77
70				2.96	3.70	4.41	5.15
71				3.18	3.98	4.74	5.54
72				3.41	4.27	5.09	5.94
73				3.65	4.56	5.44	6.35
74				3.89	4.87	5.81	6.77
75 and Older				4.67	5.84	6.96	8.12
			Max. Ben. Period	**To Age 67**			
65				2.48	3.10	3.69	4.31
66				2.33	2.91	3.48	4.06
67				2.33	2.91	3.47	4.04

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				3.42	4.28	5.10	5.95
66				3.43	4.29	5.11	5.97
67				3.37	4.22	5.03	5.87
68				3.23	4.04	4.82	5.63
69				3.00	3.76	4.48	5.23
70				2.96	3.70	4.41	5.15

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

¤ Availability of the 730 Day EP is restricted in AR, CT, DE, ID, IA, NJ, NY, OK, PA, TX, UT, VT, VA and WA. Please see the "Availability of Selected Policy Features" Section in Misc pages for complete information.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

Original CPI COLA Benefit on Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/COLAA, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
			Max. Ben. Period	**2 Yrs**			
65				0.08	0.10	0.12	0.14
66				0.09	0.11	0.14	0.16
67				0.10	0.12	0.15	0.17
68				0.11	0.14	0.16	0.19
69				0.12	0.15	0.18	0.21
70				0.13	0.16	0.19	0.22
71				0.14	0.17	0.20	0.24
72				0.15	0.18	0.22	0.26
73				0.16	0.20	0.24	0.27
74				0.17	0.21	0.25	0.29
75 and Older				0.20	0.25	0.30	0.35
			Max. Ben. Period	**To Age 67**			
65				0.16	0.20	0.24	0.28
66				0.12	0.15	0.18	0.21
67				0.10	0.12	0.15	0.17

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				0.30	0.37	0.44	0.51
66				0.28	0.35	0.42	0.48
67				0.25	0.31	0.37	0.44
68				0.21	0.26	0.32	0.37
69				0.16	0.20	0.23	0.27
70				0.13	0.16	0.19	0.22

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

3% Simple COLA Benefit on Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. and IDI2000-PR/G3SC, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	6S	5A	4A	3A	2A	1A	1B
			Max. Ben. Period	**2 Yrs**			
65				0.05	0.06	0.07	0.09
66				0.05	0.07	0.08	0.09
67				0.06	0.07	0.09	0.10
68				0.06	0.08	0.10	0.11
69				0.07	0.09	0.10	0.12
70				0.08	0.09	0.11	0.13
71				0.08	0.10	0.12	0.14
72				0.09	0.11	0.13	0.15
73				0.09	0.12	0.14	0.16
74				0.10	0.13	0.15	0.17
75 and Older				0.12	0.15	0.18	0.21
			Max. Ben. Period	**To Age 67**			
65				0.10	0.12	0.14	0.17
66				0.07	0.09	0.11	0.13
67				0.06	0.07	0.09	0.10

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				0.17	0.22	0.26	0.30
66				0.16	0.21	0.24	0.29
67				0.15	0.19	0.22	0.26
68				0.12	0.16	0.19	0.22
69				0.09	0.12	0.14	0.16
70				0.08	0.09	0.11	0.13

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

Metropolitan Life Insurance Company -- NAIC Number 65978

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Policy Form(s) IDI2000-P/NC-ML et al and IDI2000-P/GR et al

CPI COLA Benefit 2008 on Catastrophic Disability Benefit

Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached

Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Case Type	Sex		Elim. Period	MD/SA Benefits	Reg. Occ. Period	Smoker
Multi-life Only	Unisex		Not Applicable	Full*	Not Applicable	No

Attained Age	**6S**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
			Max. Ben. Period	**2 Yrs**			
65				0.06	0.07	0.09	0.10
66				0.06	0.08	0.10	0.11
67				0.07	0.09	0.10	0.12
68				0.08	0.10	0.11	0.13
69				0.08	0.10	0.12	0.14
70				0.09	0.11	0.13	0.16
71				0.10	0.12	0.14	0.17
72				0.10	0.13	0.15	0.18
73				0.11	0.14	0.16	0.19
74				0.12	0.15	0.18	0.20
75 and Older				0.14	0.18	0.21	0.25
			Max. Ben. Period	**To Age 67**			
65				0.11	0.14	0.17	0.20
66				0.08	0.11	0.13	0.15
67				0.07	0.09	0.10	0.12

For attained ages older than 67 use Two Year MBP Premium Rates

			Max. Ben. Period	**To Age 70**			
65				0.21	0.26	0.31	0.36
66				0.19	0.24	0.29	0.34
67				0.17	0.22	0.26	0.30
68				0.15	0.18	0.22	0.26
69				0.11	0.14	0.16	0.19
70				0.09	0.11	0.13	0.16

For attained ages older than 70 use Two Year MBP Premium Rates

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6S; 3A and 2A; 1A and 1B respectively, rounded to two decimal places.

For Maximum Benefit Periods shorter than 24 Months (2 Years), multiply the appropriate premium rate for two years by the appropriate fraction: 12 Months - 70%; 15 Months - 78%; 18 Months - 86%; or 21 Months - 93%.

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	1. GSI Rate Filing Ltr - AR	Approved-Closed	03/18/2011

Comments:
1. GSI Rate Filing Ltr - AR
Attachment:
1. GSI Rate Filing Ltr - AR.pdf

		Item Status:	Status Date:
Satisfied - Item:	2. AR NAIC Transmittal Document	Approved-Closed	03/18/2011

Comments:
2. AR NAIC Transmittal Document
Attachment:
2. AR NAIC Transmittal Document.pdf

		Item Status:	Status Date:
Satisfied - Item:	3. ARCERTREG19	Approved-Closed	03/18/2011

Comments:
3. ARCERTREG19
Attachment:
3. ARCERTREG19.pdf

		Item Status:	Status Date:
Satisfied - Item:	NY Ins Law 4237	Approved-Closed	03/18/2011

Comments:
NY Ins Law 4237
Attachment:
NY Ins Law 4237.pdf

SERFF Tracking Number:	*META-127048159*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company*	*State Tracking Number:*	*48252*
Company Tracking Number:	*B11-17 GJ*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.003 Long Term - Unrelated to marketing with employer or association groups*
Product Name:	*Individual Disability Income - Revised National Premium Scale*		
Project Name/Number:	*IDI2000-P/NC-ML/B11-17 GJ*		

		Item Status:	**Status Date:**
Satisfied - Item:	Policy Trust Agreement	Approved-Closed	03/18/2011

Comments:

Policy Trust Agreement

Attachment:

Policy Trust Agreement.pdf

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel 908 253-2753 Fax 908 253-2126
ggjones@metlife.com

Gayle G. Jones
Consultant, Institutional Contracts Development
Group and SBC Contracts & Compliance Division

MetLife®

February 23, 2011

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Revised National Premium Scale for Individual Disability Income Policies and Riders
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing a revised Actuarial Memorandum and Schedules of premium rates for our currently-offered Individual Disability Income policy and rider forms. The forms to which this rate filing applies are policy forms IDI2000-P/NC-ML and IDI2000-P/GR and associated riders. These forms were approved by your Department January 8, 2001, June 17, 2002, November 28, 2007, February 6, 2009, April 8, 2010.

The premium rates for certain occupational classes are the same or lower when compared to the most recent premium scale approved by your Department on May 15, 2009. The difference in rates is due to a lower proportion of females to males in certain occupational classes when policies are issued in a workplace setting pursuant to an arrangement with an employer ("multilife").

This rate filing shows the premium rates for all benefits and features regardless of whether or not a particular one is approved or not. The premium calculation sections of the rate filings and the actuarial memorandum document whether an optional benefit is approved in a particular state. We assure you that we will not offer a benefit that has not been approved.

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Very truly yours,

Gayle G. Jones

B11-17 GJ

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Co. 1095 Avenue of the Americas New York, NY 10036-6796	New York		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Gayle Jones Metropolitan Life Insurance Co. 501 Route 22 Bridgewater Twnsp, NJ 08807	(908) 253-2753	(908) 253-2528	ggjones@metlife.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	B11-17 GJ
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☒ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance (TOI)	H11I – Individual Health – Disability Income
10.	Sub-Type of Insurance (Sub-TOI)	H11I.003 Long-Term—Unrelated to marketing with employer or association groups H11I.007 Long-Term—Related to marketing with employer or association groups
11.	Submitted Documents	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other **Rates** ☐ New Rate ☒ Revised Rate **NEW BUSINESS ONLY** ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☐ Certifications ☒ Actuarial Memorandum ☐ Other_____

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12.	**Filing Submission Date**	**DATE: February 23, 2011**
13	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	**Filing Concurrently**
15.	**Filing Description: 2011 Rate Adjustments for Individual Disability Income Policies and Riders**	

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas

Print Name Gayle Jones Title Contract Consultant

Gayle S. Jones

Signature

Date: **February 23, 2011**

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			**B11-17 GJ**	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)			**See pages 28 and 29 of the actuarial memo**	
Overall percentage rate impact for this filing			**See pages 28 and 29 of the actuarial memo**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01	**Actuarial Memorandum**	**IDI2000-P/NC-ML and IDI2000-P/GR, et al**	☒ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
02	**Rate filing**	**IDI2000-P/NC and IDI2000-P/GR, et al**	☐ **New** ☐ **Revised** **Request , +____% -____%** ☒ **Other New Business Only, See Act'l Memo , Pages 28 and 29**	**See Cover Letter**
03			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
04			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
05			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
06			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
07			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
08			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
09			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
10			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	

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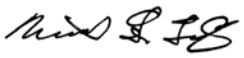
MetLife®

Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.



Michael F. Tietz
Vice President

ARCERTREG19

Close

INsource on the Web

New York
Insurance Code

INSURANCE LAW -- CHAPTER 28 OF THE CONSOLIDATED LAWS...Article 42 -- LIFE INSURANCE COMPANIES AND ACCIDENT AND HEALTH INSURANCE COMPANIES AND LEGAL SERVICES INSURANCE COMPANIES

Ins. Law s 4237

Blanket accident and health insurance

Former Citations Ins. Law s 222

(a)(1) Any policy or contract of insurance against death or injury resulting from accident which insures a group of persons conforming to the requirements of one of the subparagraphs (A) through (F) of paragraph three hereof shall be deemed a blanket accident policy.

(2) Any policy or contract which insures a group of persons conforming to the requirements of subparagraph (C), (E) or (F) of paragraph three hereof against total or partial disability, excluding such disability from accident, shall be deemed a blanket health insurance policy.

(3) Any policy or contract of insurance which combines the coverage of blanket accident insurance and of blanket health insurance on such a group of persons shall be deemed a blanket accident and health insurance policy:

(A) Under a policy or contract issued to any railroad, steamship, motorbus or airplane carrier of passengers, which shall be deemed the policyholder, a group defined as all persons who may become such passengers may be insured against death or bodily injury either while, or as a result, of, being such passengers.

(B) Under a policy or contract issued to an employer, who shall be deemed the policyholder, covering any group of employees defined by reference to exceptional hazards incident to such employment, insuring such employee against death or bodily injury resulting while, or from, being exposed to such exceptional hazards.

(C) Under a policy or contract issued to a college, school, or other institution of learning or to the head or principal thereof, who or which shall be deemed the policyholder.

(D) Under a policy or contract issued in the name of

(i) any county, city, town, village or fire district.

(ii) any duly organized fire department, or fire company, of any such municipal corporation or fire district, whether or not any such corporation has been incorporated under any general or special law.

(iii) any fire corporation incorporated under or subject to the provisions of section one thousand four hundred two of the not-for-profit corporation law, or any general or special law, if such corporation is by law under the general control of, or recognized as a fire corporation by, the governing board of a city, town, village or fire district, which municipal corporation, fire district, fire

department, fire company or fire corporation, as the case may be, shall be deemed the policyholder, covering all, but not less than twenty-five, volunteer members of such department, company or corporation. A district corporation which has the general powers of and operates as a fire district shall be considered a fire district for the purposes of this paragraph. A volunteer fireman whose services are offered and accepted pursuant to the provisions of section two hundred nine-i of the general municipal law shall be deemed a volunteer member of any such fire department, fire company or fire corporation except for the purpose of determining the minimum number of twenty-five volunteer members for which any such policy or contract must provide coverage. Any such policy or contract issued to a municipal corporation or a fire district shall be subject to any limitations on the amount, coverage or benefits as are set forth in any applicable general, special or local law or city or village charter.

(E) Under a policy or contract issued to and in the name of an incorporated or unincorporated association of persons having a common interest or calling, which association shall be deemed the policyholder, having not less than fifty members, covering all the members of such association or if part or all of the premium is to be derived from funds contributed by the insured members and if the opportunity to take such insurance is offered to all eligible members, then such policy must cover not less than seventy-five percent of any class or classes of members determined by conditions pertaining to membership in the association.

(F) Under a policy or contract issued to insure; (i) any other substantially similar group approved by the superintendent as eligible for insurance under a blanket accident and health insurance policy or contract; or (ii) any other group approved by the superintendent upon a finding that: (I) there is a common enterprise or economic or social affinity or relationship; (II) the premiums charged are reasonable in relation to the benefits provided; and (III) the issuance of the policy would result in economies of acquisition or administration, would be actuarially sound, and would not be contrary to the best interest of the public. The superintendent shall promulgate regulations setting forth any such groups that have been accepted as qualifying pursuant to this subparagraph.

(b) All benefits under any blanket accident, blanket health or blanket accident and health insurance policy shall be payable to the person insured, or to his designated beneficiary or beneficiaries, or to his estate, except that if the person insured be a minor, such benefits may be made payable to his parent, guardian, or other person actually supporting him, or to a person or persons chiefly dependent upon him for support and maintenance.

(c) This section shall not affect the legal liability of policyholders for the death of or injury to, any such member of such group.

(d)(1) Any dividend hereafter apportioned on any participating blanket insurance policy, or any rate reduction hereafter made or continued on any non-participating blanket policy for the first or any subsequent year of insurance under any such policy heretofore or hereafter issued under item (ii) of subparagraph (F) of paragraph three of subsection (a) of this section may be applied to reduce the policyholder's part of the cost of such policy, except that the excess, if any, of the insured's aggregate contribution under the policy over the net cost (gross premium less dividends or rate reductions) of the insurance shall be applied at the discretion of the insurer either as a cash payment to the insured or to reduce the insured's premium, unless the insured assigns the dividend or rate reduction to the policyholder. If a dividend or rate reduction is payable upon termination of the policy the insurer shall either make payment to the insured or to the policyholder upon receipt of a certification from the policyholder that the dividend or rate reduction will be distributed by the policyholder to the insureds or applied to reduce the insured's premium.

(2) The provisions of paragraph one of this subsection shall apply to New York residents insured under a policy issued in any other jurisdiction to a group which is not of the type described in subparagraphs (A) through (E) and item (i) of subparagraph (F) of paragraph three of subsection (a) of this section.

(e)(1) For the purposes of any policy or contract of insurance issued pursuant to this section, the term " employees " may include officers, managers, employees and retired employees of the employer, and of subsidiary or affiliated corporations of a corporate employer; and the individual proprietors, partners, employees and retired employees of affiliated individuals and firms controlled by the insured employer through stock ownership, contract or otherwise; and the individual proprietor or partners if the employer is an individual proprietorship or partnership.

(2) For purposes of subparagraph (B) of paragraph three of subsection (a) of this section, the term "employees" may also include the directors of the employer, and of subsidiary or affiliated corporations of a corporate employer.

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********** END DOCUMENT **********

POLICY TRUST AGREEMENT

THIS POLICY TRUST AGREEMENT (the "Trust Agreement") between Worby Groner Edelman & Napoli Bern LLP and Sullivan Papain Block McGrath & Cannavo P.C. (hereinafter referred to collectively as the "Plaintiffs' Liaison Counsel"), and JP Morgan Chase Bank, NA, a national banking association with offices at 4 New York Plaza, 21st Floor, New York City, New York 10004 (hereinafter referred to as the "Trustee"). Plaintiffs' Liaison Counsel and the Trustee shall be referred to herein collectively as "Parties" and individually as a "Party."

WITNESSETH:

WHEREAS, Plaintiffs' Liaison Counsel represent or otherwise act on behalf of plaintiffs who have settled their claims relating in any way to or arising out of the rescue, recovery and/or debris removal operations, activities and/or other alleged or actual conduct or omissions on and/or after September 11, 2001, including without limitation claims in Master Docket Nos. 21 MC 100, 21 MC 102, and 21 MC 103 in the United States District Court for the Southern District of New York (collectively, "Plaintiffs"), on terms set forth in the World Trade Center Litigation Settlement Process Agreement, As Amended ("Amended SPA");

WHEREAS, pursuant to the Amended SPA, certain Plaintiffs are entitled to apply for insurance under a certain critical injury insurance policy referred to a the Cancer Insurance Policy in the Amended SPA and issued by Metropolitan Life Insurance Company ("Insurer") ("Policy," as defined more fully below);

WHEREAS, Plaintiffs' Liaison Counsel desire to establish this trust under this Trust Agreement to hold and maintain the Policy and any Trust Property (as hereinafter defined);

WHEREAS, the Policy fulfills certain obligations under the Amended SPA with respect to insurance coverage for eligible Plaintiffs as set forth in the Amended SPA; and

WHEREAS, the Policy issued by the Insurer will be held by the Trustee subject only to the provisions of this Trust Agreement.

NOW, THEREFORE, in consideration of the promises and covenants set forth herein, the Parties, intending to be legally bound, hereby agree as follows:

ARTICLE I
DEFINITIONS

As used in this Trust Agreement, the following terms shall have the meanings set forth below.

"Plaintiff Representative" shall mean the person or persons whom Plaintiffs' Liaison Counsel certifies to the Trustee in writing from time to time to act for the Plaintiffs' Liaison Counsel in all matters relating to this Trust Agreement. The Plaintiff Representative shall be listed and described in Exhibit A as amended from time to time.

"Insurer" shall mean Metropolitan Life Insurance Company, a licensed insurance carrier incorporated in New York with a place of business at 200 Park Avenue, New York, New York, and authorized to issue the Policy to the Trust in the State of New York.

"Person" shall mean any individual, partnership (whether general or limited), corporation (including a business trust), joint stock company, limited liability company, trust, estate, association, custodian, nominee, joint venture or other entity, or a government or any political subdivision or agency thereof.

"Policy" shall mean the Policy and form Certificates (collectively referred to as the Cancer Insurance Policy in the Amended SPA), issued by the Insurer in favor of the Trust, as policyholder, and as described in Exhibit "C" to the Amended SPA , together with the related certificates and any policies substituted therefore and delivered to the Trustee under this Trust, in accordance with Sections II and XVII of the Amended SPA.

ARTICLE II
CREATION AND PURPOSE OF THE TRUST

Section 1. The trust created by this Trust Agreement shall be known as the World Trade Center Litigation Settlement Insurance Policy Trust (the "Trust").

Section 2. The property listed in Exhibit B annexed hereto and made a part hereof, is hereby transferred and delivered to the Trustee in a sealed envelope(s) bearing the signature of a duly designated officer of the [Plaintiffs' Liaison Counsel or Plaintiff Representative] set forth on [Exhibit A?]. The Trustee hereby acknowledges receipt of such property and agrees to hold such property and any other Trust Property (as hereinafter defined), in trust subject to the provisions of this Trust Agreement.

Section 3. In addition to the trust property set forth on Exhibit B, Plaintiffs' Liaison Counsel may transfer or cause the transfer of and the Trustee shall hold additional insurance policies in a sealed envelope(s) bearing the signature of a duly designated officer of the [Plaintiffs' Liaison Counsel or Plaintiff Representative] set forth on [Exhibit A?] in a form acceptable to the Trustee, all of which, collectively, shall be the "Trust Property."

Section 4. This Trust Agreement is entered into and the Trust hereunder is created to hold the Policy and the other Trust Property.

Section 5. The Trust shall be the Policyholder of the Cancer Insurance Policy and shall act through the Plaintiff Representative.

ARTICLE III
PLAINTIFF REPRESENTATIVE

Section 1. Any provision hereof to the contrary notwithstanding, the Plaintiff Representative shall have the following rights and duties:

(a) To direct the Trustee with respect to all decisions regarding the application for and maintenance of the Policy and any other policies held in the Trust;

(b) To consult and cooperate with the Insurer in the implementation of the Policy and any other policies;

(c) To amend Exhibits A, and B from time to time, consistent with Article VII, Section 8 of this Agreement;

(d) To arrange for and assist in the provision and administration of the Policy and any other policies held in the Trust, including but not limited to consulting with attorneys, accountants and other skilled persons approved by Plaintiffs' Liaison Counsel;

(e) To perform any other related administrative duties in connection with this Trust Agreement including directing the Trustee to receive and deliver the Certificates to the appropriate Persons that the Plaintiff Representative deems in the best interest of this Trust; and,

(f) To appoint a successor trustee, if necessary.

Section 2. The Plaintiff Representative may delegate any of its rights or duties specified herein to one or more delegates, which delegation shall be effective upon written notice delivered to and accepted by the Trustee, subject to the Trustee's internal compliance requirements.

Section 3. Except as otherwise provided expressly under this Trust Agreement, notices, advices, instructions and directions of the Plaintiff Representative may be given to the Trustee by letter, fax, or by any other method(s) the Trustee deems in writing to be acceptable ("Directions"). The Trustee may rely upon any Directions it reasonably believes in good faith were delivered by or on behalf of the Plaintiff Representative, without further investigation, in taking any actions or omitting to take any actions under this Trust Agreement, until the Trustee receives Directions to the contrary from the Plaintiff Representative.

ARTICLE IV
TRUST ADMINISTRATION AND COMPENSATION

Section 1. The Trustee undertakes only such rights, powers, obligations, undertakings and duties as are specifically set forth in this Trust Agreement. No implied obligations, undertakings or duties shall be read into this Trust Agreement. The Trustee shall neither be responsible for, nor chargeable with, knowledge of the terms and conditions of any other agreement, instrument or document between the Plaintiffs' Liaison Counsel and the Insurer, in connection herewith, other than those agreements, instruments or documents listed on Exhibit B, as amended and supplemented from time to time in accordance with the provisions of this Trust Agreement. This Trust Agreement sets forth all matters pertinent to the trust contemplated hereunder, and no additional obligations of the Trustee shall be inferred from the terms of this Trust Agreement or any other agreement, including but not limited to the Amended SPA. IN NO EVENT SHALL THE TRUSTEE BE LIABLE, DIRECTLY OR INDIRECTLY,

FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL LOSSES OR DAMAGES OF ANY KIND WHATSOEVER (INCLUDING BUT NOT LIMITED TO LOST PROFITS), EVEN IF THE TRUSTEE HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSSES OR DAMAGES AND REGARDLESS OF THE FORM OF ACTION.

Section 2. Other than the Trust Property, the Trust shall hold no assets. In accordance with Article III, because of the specialized nature of the Policy and the other Trust Property, the Plaintiff Representative shall be solely responsible on behalf of the Policyholder for the administration of the Trust Property. The Trustee shall, at the Direction of the Plaintiff Representative, execute and deliver: (a) applications for insurance in connection with the Policy and other policies, if any, including renewals or replacements thereof, and (b) such other agreements, documents and instruments as directed by the Plaintiff Representative.

Section 3. The Trustee shall not be liable for any action taken, suffered or omitted to be taken by it in good faith except to the extent that a final adjudication of a court of competent jurisdiction determines that the Trustee's gross negligence or willful misconduct was the primary cause of any loss. The Trustee may execute any of its powers and perform any of its duties hereunder directly or through attorneys. The Trustee may consult with counsel, accountants and other skilled persons to be selected and retained by it. Except to the extent that a final adjudication of a court of competent jurisdiction determines that the Trustee's gross negligence or willful misconduct was the primary cause of any loss, the Trustee shall not be liable for any action taken, suffered or omitted to be taken by it in accordance with, or in reliance upon, the advice or opinion of any such counsel, accountants or other skilled persons. In the event that the Trustee shall be uncertain or believe there is some ambiguity as to its duties or rights hereunder or shall receive instructions, claims or demands from any Party which, in its opinion, conflict with any of the provisions of this Trust Agreement, it shall be entitled to refrain from taking any action and its sole obligation shall be to keep safely all property held in trust until it shall be given a direction in writing by the Plaintiff Representative which eliminates such ambiguity or uncertainty to the satisfaction of Trustee or by a final and non-appealable order or judgment of a court of competent jurisdiction. Plaintiffs' Liaison Counsel agree to pursue any redress or recourse in connection with any dispute with the Plaintiff Representative's delegate, Plaintiff, or any other Person, if any, without making the Trustee a party to the same.

Section 4. The Trustee shall be entitled to receive as compensation, the fees and routine out-of-pocket administrative expenses set forth in Exhibit C, together with reimbursement, upon request, for all other reasonable expenses incurred or made by it pursuant to any Direction of the Plaintiff Representative or pursuant to the terms hereof. [WTC Captive not a Party to this Trust Agreement]

ARTICLE V
LIMITATION ON TRUSTEE LIABILITY

Section 1. The Trustee shall be, and hereby is, indemnified and held harmless by the Plaintiffs' Liaison Counsel from any and all losses, liabilities, claims, proceedings, suits, demands, penalties, costs and expenses, including without limitation fees and expenses of outside counsel and experts and their staffs and all expenses of document location, duplication

and shipment and of preparation to defend any of the foregoing ("Losses"), which may be incurred by it as a result of its execution, delivery or performance of this Trust Agreement, unless such Losses shall have been finally adjudicated to have been primarily caused by the willful misconduct or gross negligence of the Trustee, and the provisions of this Section shall survive the resignation or removal of the Trustee and the termination of this Trust Agreement.

Section 2. No provision of this Trust Agreement shall require the Trustee to expend or risk funds or otherwise incur any financial liability in the performance of any of its rights or powers hereunder, if the Trustee shall have reasonable grounds for believing that repayment of such funds or adequate indemnity against such risk or liability is not reasonably assured or provided to it.

Section 3. The Trustee shall be under no obligation to institute, conduct or defend any litigation under or in relation to this Trust Agreement or otherwise, unless some other Person acceptable to the Trustee and the Plaintiff Representative shall have offered to the Trustee security or indemnity reasonably satisfactory to it against the costs, expenses and liabilities that may be incurred by the Trustee therein or thereby. The Trustee shall be under no obligation to appear in, prosecute or defend any action, or to take any other action other than the giving of notices, which in its opinion may require it to incur any out-of-pocket expense or any liability unless it shall be furnished with such security and indemnity against such expense or liability as it may reasonably require.

Section 4. The right of the Trustee to perform any discretionary act enumerated in this Trust Agreement shall not be construed as a duty, and the Trustee shall not be liable or accountable for the performance of any such act except as specifically provided herein.

Section 5. The Trustee shall not have any duty or obligation to manage, control, prepare, file or maintain any report, license or registration, use, sell, dispose of or otherwise deal with Trust Property, or otherwise to take or refrain from taking any action under or in connection with this Trust Agreement, except as expressly required hereby.

Section 6. The Trustee shall incur no liability if, by reason of any provision of any present or future law or regulation thereunder, or by any force majeure event, including but not limited to natural disaster, war or other circumstances beyond its reasonable control, the Trustee shall be prevented or forbidden from doing or performing any act or thing which the terms of this Trust Agreement provide shall or may be done or performed, or by reason of any exercise of, or failure to exercise, any action provided for in this Trust Agreement.

ARTICLE VI
AMENDMENTS AND TERMINATION

Section 1. This Trust Agreement and the Trust shall be revocable, and the Plaintiffs' Liaison Counsel and/or the Plaintiff Representative shall have the power to revoke, alter, amend, modify or terminate the same by an instrument executed and acknowledged by it and delivered to the Trustee. Notwithstanding the foregoing, and as set forth in Article VII Section 8, the Trustee's duties may not be modified without its written consent.

Section 2. Upon the termination of the Trust, any Trust Property then in effect shall be distributed to Plaintiffs' Liaison Counsel in accordance with Directions provided by the Plaintiff Representative.

ARTICLE VII
MISCELLANEOUS PROVISIONS

Section 1. The Plaintiff Representative shall furnish to the Trustee such records and other information as shall be necessary for the administration of the Trust and the Trust Property for the performance of the Trustee's duties hereunder. THE TRUSTEE AGREES THAT THIS TRUST AGREEMENT AND ALL RECORDS, INFORMATION AND DATA DELIVERED HEREUNDER (IN ANY FORM, MEDIUM OR FORMAT, INCLUDING IN WRITTEN, ELECTRONIC AND VERBAL FORM) AND ALL RELATED DOCUMENTS, INSTRUMENTS AND AGREEMENTS, INCLUDING THE TRUST PROPERTY DELIVERED IN CONNECTION HEREWITH, SHALL BE TREATED AS STRICTLY CONFIDENTIAL AND SHALL NOT BE DISCLOSED TO ANY THIRD PARTY EXCEPT: (A) WITH THE PRIOR WRITTEN CONSENT OF THE PLAINTIFF REPRESENTATIVE, OR (B) AS REQUIRED BY LAW OR THE TRUSTEE'S REGULATORS OR THE REGULATORS OF THE TRUSTEE'S PARENT.

Section 2. The Trustee shall furnish promptly to the Plaintiff Representative copies of all correspondence or other documents received from the Insurer concerning the Policy or any other Trust Property held under this Trust.

Section 3. No Person, including but not limited to the Plaintiffs, other than Plaintiffs' Liaison Counsel shall have any right, title or interest in or to the Trust or any part thereof.

Section 4. The Trustee or any successor Trustee may resign effective sixty (60) days after delivery of written notice thereof to the Plaintiff Representative or at such other time as may be mutually agreed upon between the Parties. Upon receipt of such notice, the Plaintiff Representative shall appoint a successor trustee and the resigning trustee shall deliver Trust Property together with any related correspondence or other documents to such successor Trustee. If the Plaintiff Representative has failed to appoint a successor prior to the expiration of sixty (60) days following receipt of the notice of resignation or removal, the Trustee may appoint a successor or petition any court of competent jurisdiction for the appointment of a successor trustee or for other appropriate relief, and any such resulting appointment shall be binding upon all of the Parties.

Section 5. A successor trustee appointed hereunder shall have the same rights, immunities, and duties conferred or imposed herein on the Trustee; provided, however, that a successor trustee shall not be liable for the acts or neglect of any predecessor trustee.

Section 6. Except as otherwise provided herein with respect to Directions, any notice and other communications required or permitted hereunder shall be in writing and given by fax or nationally recognized overnight courier delivery service addressed as follows. All such notices and other written communications shall be deemed to be given at the time of confirmed

facsimile transmission, or the date of delivery in the case of personal delivery or delivery by a nationally recognized overnight courier, as the case may be.

If to the Plaintiff Representative:

William Groner
c/o Worby Groner Edelman, LLP
11 Martine Avenue, Penthouse
White Plains, NY 10606
Ph: 866-660-2937

If to the Trustee:

JPMorgan Chase Bank, NA
Escrow Services
4 New York Plaza, 21st Floor
New York City, New York 10004
Attention: Chris Palermo and Joan King-Francois
Fax: 212-623-6168 / 6380

Section 7. This Trust Agreement may be executed in two or more counterparts, each of which shall be deemed to be an original, but all of which shall constitute one and the same instrument.

Section 8. This Trust Agreement may not be assigned or amended without the express written consent of all Parties.

Section 9. Except as otherwise expressly provided herein to the contrary, this Trust Agreement shall be binding upon and inure solely to the benefit of the Parties, the Plaintiffs, and their successors and permitted assigns, and nothing herein is intended to or shall confer upon any other Person any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Trust Agreement.

Section 10. Any banking association or corporation into which the Trustee may be merged, converted or with which the Trustee may be consolidated, or any corporation resulting from any merger, conversion or consolidation to which the Trustee shall be a party, or any banking association or corporation to which all or substantially all of the escrow or custody business of the Trustee shall be transferred, shall succeed to all the Trustee's rights, obligations and immunities hereunder without the execution or filing of any paper or any further act on the part of any of the Parties, anything herein to the contrary notwithstanding.

Section 11. Plaintiffs' Liaison Counsel have provided the Escrow Agent with their respective fully executed Internal Revenue Service ("IRS") Form W-8, or W-9 and/or other required documentation.

Section 12. Section 326 of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 ("USA PATRIOT Act") requires the Trustee to implement reasonable procedures to verify the identity of any person that opens a new account with it. Accordingly, Plaintiffs' Liaison Counsel acknowledge that Section 326 of the USA PATRIOT Act and the Trustee's identity verification procedures require the Trustee to obtain information which may be used to confirm Plaintiffs' Liaison Counsel's identity including without limitation name, address and organizational documents ("identifying information"). Plaintiffs' Liaison Counsel agree to provide the Trustee with and consent to the Trustee obtaining from third parties any such identifying information required as a condition of opening an account with or using any service provided by the Trustee.

Section 13. In the event that any Trust Property shall be attached, garnished or levied upon by any court order, or the delivery thereof shall be stayed or enjoined by an order of a court, or any order, judgment or decree shall be made or entered by any court order affecting the property deposited under this Trust Agreement, and the Trustee obeys or complies with any such writ, order or decree, it shall not be liable to any of the Parties or to any other person, entity, firm or corporation, by reason of such compliance notwithstanding such writ, order or decree be subsequently reversed, modified, annulled, set aside or vacated; provided, however, that subject to any applicable legal restrictions, where reasonably possible the Trustee shall give advance written notice to the Plaintiff Representative of any proceeding of which the Trustee becomes aware where such a writ, order or decree is sought, and if advance notice is not reasonably possible, as soon as possible after the writ, order or decree is received, to permit the Plaintiff Representative to seek at his or her own expense legal protection against the actual or potential writ, order or decree. If requested by the Plaintiff Representative, the Trustee shall cooperate reasonably in the defense of such actual or potential writ, order or decree.

ARTICLE VIII
SITUS AND CONSTRUCTION OF TRUST

Section 1. All questions pertaining to the Trust's validity, construction, and administration shall be determined in accordance with the laws of the State of New York without regard to principles of conflicts of law. Plaintiffs' Liaison Counsel irrevocably waive any objection on the grounds of venue, forum non-conveniens or any similar grounds and irrevocably consents to service of process by mail or in any other manner permitted by applicable law and consents to the jurisdiction of the courts located in the State of New York. Plaintiffs' Liaison Counsel further hereby waive any right to a trial by jury with respect to any lawsuit or judicial proceeding arising or relating to this Trust Agreement.

Section 2. The Trustee shall execute and deliver any and all Trust documents and perform its duties as required hereunder with the State of New York at the address first indicated above.

* * *

IN WITNESS WHEREOF, the undersigned Parties to this Trust Agreement have hereunto set their hands and seals as of the day and year first above written.

Plaintiffs' Liaison Counsel

By:_____
Paul J. Napoli, Esq.
Worby Groner Edelman & Napoli Bern LLP

By:_____
Nicholas Papain, Esq.
Sullivan Papain Block McGrath & Cannavo

Trustee
JPMorgan Chase Bank, NA as Trustee

By:_____
Christopher Palermo
Assistant Vice President

IN WITNESS WHEREOF, the undersigned Parties to this Trust Agreement have hereunto set their hands and seals as of the day and year first above written.

Plaintiffs' Liaison Counsel

By:_____
Paul J. Napoli, Esq.
Worby Groner Edelman & Napoli Bern LLP

By:_____
Nicholas Papain, Esq.
Sullivan Papain Block McGrath & Cannavo

Trustee
JPMorgan Chase Bank, NA as Trustee

By:_____
~~[Name]~~Christopher Palermo
~~[Title]~~Assistant Vice President

DRAFT – FOR DISCUSSION PURPOSES ONLY

IN WITNESS WHEREOF, the undersigned Parties to this Trust Agreement have hereunto set their hands and seals as of the day and year first above written.

Plaintiffs' Liaison Counsel

By:_____
Paul J. Napoli, Esq.
Worby Groner Edelman & Napoli Bern LLP

By:_____
Nicholas Papain, Esq.
Sullivan Papain Block McGrath & Cannavo

Trustee
JPMorgan Chase Bank, NA as Trustee

By:_____
Christopher Palermo
Assistant Vice President

EXHIBIT A

Plaintiff Representative

The Plaintiff Representative shall be William Groner and any substitutes or successors thereto as designated in writing by Plaintiffs' Liaison Counsel.

	Name	Telephone Number	Address
1.	William Groner, Esquire	866-660-2937	Worby Groner Edelman, LLP 11 Martine Avenue, Penthouse White Plains, NY 10606
2.			

EXHIBIT B

Trust Property

The Trust Property shall be:

(1) the Policy issued by the Insurer effective as of November 16, 2010, as amended from time to time; and

(2)

any other property transferred to the Trustee as permitted under this Trust Agreement.

EXHIBIT C

Trustee's Fee Schedule

J.P.Morgan

Schedule of Fees for TrustCustodial Services

Based upon our current understanding of your proposed transaction, our fee proposal is as follows:

Account Acceptance Fee ....**$ 50,000.00**
Encompassing review, negotiation and execution of governing documentation, opening of the account, and completion of all due diligence documentation. Payable upon closing.

Annual Administration Fee ..... **$ WAIVED**
The Administration Fee covers our usual and customary ministerial duties, including record keeping, distributions, document compliance and such other duties and responsibilities expressly set forth in the governing documents for each transaction. Payable upon closing and annually in advance thereafter, without pro-ration for partial years.

Extraordinary Services and Out-of Pocket Expenses
Any additional services beyond our standard services as specified above, and all reasonable out-of-pocket expenses including attorney's or accountant's fees and expenses will be considered extraordinary services for which related costs, transaction charges, and additional fees will be billed at the Bank's then standard rate. Disbursements, receipts, investments or tax reporting exceeding 25 items per year may be treated as extraordinary services thereby incurring additional charges. The Trustee may impose, charge, pass-through and modify fees and/or charges for any account established and services provided by the Trustee, including but not limited to, transaction, maintenance, balance-deficiency, and service fees and other charges, including those levied by any governmental authority.

Disclosure & Assumptions

- Please note that the fees quoted are based on a review of the transaction documents provided and an internal due diligence review. JPMorgan reserves the right to revise, modify, change and supplement the fees quoted herein if the assumptions underlying the activity in the account, level of balances, market volatility or conditions or other factors change from those used to set our fees.

- There shall be no funds deposited or invested pursuant to the Policy Trust Agreement.

- Payment of the invoice is due upon receipt.

Compliance

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity that opens an account. We may ask for information that will enable us to meet the requirements of the Act.