INSTRUCTIONS FOR DESIGNATING A BENEFICIARY WITH METLIFE Rev 9/15/23

Step #1 – Go to MetLife's secure website at <u>www.mybenefits.metlife.com.</u> Enter your company name in the *Company Name* field, then click *Submit*. (Enter Marathon Petroleum Company)



Step #2 – On the Welcome Page, either register as a first time user *or* if you have already registered, enter your user name and password.

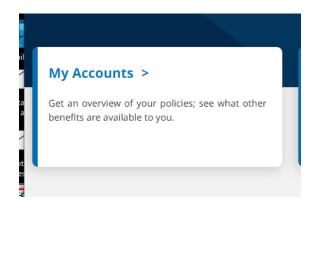


First time users: the following information is needed to register, which includes creating a user name and password:

Register to view your MetLife policies online
All fields required unless otherwise noted.
First Name
Last Name
Email
Personal email is recommended.
Phone Type 🗸
Date of Birth mm/dd/yyyy
Zip Code
State of Residence
MPC Please enter the following information to identify as an associate of this organization.
XXX-XX-XXXX

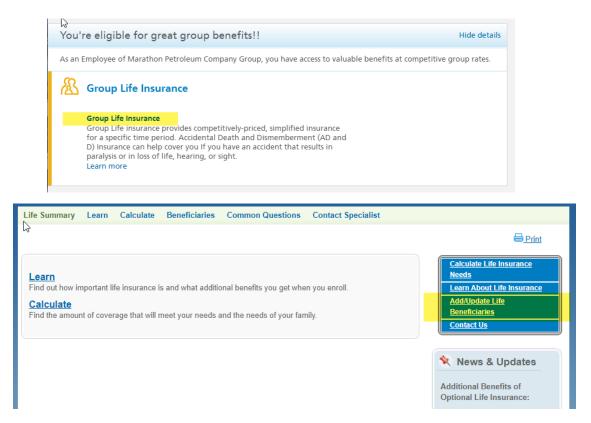
After you register, go back to the Welcome Page and log in.

Step #3 – Click on *My Accounts*, then click on *Learn More* under the Group Life Insurance tab.





Step #4 – Under *Group Life Insurance*, click on the Group Life Insurance link and select Add/Update Life Beneficiaries.



Step #5 – In the next screen, you have the opportunity to Add or Update your Primary and/or Contingent Beneficiaries. Select *Click Here* to designate by the type of coverage.

	HOME	MY ACCOUNTS	CLAIM CENTER	DOCUMENTS & FC
e Summary Le	arn Calculate	Beneficiaries Common	Questions Contac	t Specialist
		× .		
dd/Upda	te Benefic	iaries		
nly the owner may o	lesignate beneficiarie	es.		
you wish to desigr	nate beneficiaries s	eparately by type of coverage	, please click here.	
ote: A person nam	ed as a Primary Be	eneficiary should not be name	d as a Contingent Ben	eficiary
eneficiary, Please	enter the informatio	or Contingent Beneficiary. If yon below. Otherwise, click Nex		nan one Primary or Conting
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Step #6 – Under the *Add/Update Beneficiairies* screen you can see and edit existing beneficiaires, add a new beneficiary, or change existing share percentages.

When you log in, you may already have beneficiary information loaded in the system. If the individual you want to designate as a beneficiary does not appear in the screen you will need to add that individual before you can select and deisgnate him/her as a beneficiary.

e Summary	Learn	Calculate	Beneficiaries	Common Questions	Contact Specialist
Add/Upd	date I	Benefic	aries		
Designa	te Yo	ur Bene	eficiaries		
Instruction	5				
benefit (share	e) to be pa	aid to each be		then indicate the percenta lick the "add" button to de	age of your life insurance signate your beneficiaries. Or
Note: A perso	on named	as a Primary	Beneficiary shou	Ild not be named as a Co	ntingent Beneficiary.
The Associa	te is the	beneficiary f	or all Dependen	t Life coverages.	
Any changes	made wil	l overwrite an	y previous benef	iciary designations.	
Coverage ele	ections are	e based on th	e information on	record.	
List of My E	Beneficia	ries			
Patricia Sm	ith (Spou	se) edit			
Mike Smith	(Child) ed	Jit			
Kate Smith	(Child) ed	lit			
Add a new					

117				
Basic Life			Supplemental Life	
Primary Beneficiaries (required)			Primary Beneficiaries (required)	
Name	Share		Name	Share
- Select beneficiary - 🗸	% Add to Designate Beneficiaries		- Select beneficiary - 🗸	6 Add to Designate Beneficiaries
remove Patricia Smith	100 %		remove Patricia Smith	100 %
	100% Total must equal 100%		Total	100% Total must equal 100%
Contingent Beneficiaries				
Name	Share		Contingent Beneficiaries	
- Select beneficiary - 🗸	% Add to Designate Beneficiaries		Name	Share
remove Mike Smith	1/2		- Select beneficiary - 🗸	% Add to Designate Beneficiaries
remove Kate Smith	1/2		remove Mike Smith	1/2
	Distribute equally for this coverage		remove Kate Smith	1/2
Total	100% Total must equal 100%			Distribute equally for this coverage
You can apply the	his beneficiary to all of your coverages below Apply to All		Total	100% Total must equal 100%
		1		

You can apply the same beneficiary to all coverages without entering each one separately by clicking the *Apply to All* button.

Note: if you are splitting between more than one individual, the total must equal 100%.

Step #7 – Once edits are complete, click on the *Next* button, where you will have an opportunity to review for accuracy. Click the *Next* button again when you are finished reviewing.

e Summary Learn Calc			
Summary Learn Calc			
	culate Beneficiaries Commo	on Questions Contact	Specialist
dd/Undote Don	- ficionico		
dd/Update Ber	ieficiaries		
Please review your information	n for accuracy. To make changes,	, click the edit buttons.	
Review / Edit			
Beneficiaries			
Beneficiaries Basic Life—\$50.00			
	Relation / Type	Role	Share
Basic Life—\$50.00	Relation / Type Spouse	Role Primary	Share 100%
Basic Life—\$50.00 Beneficiary Name		11010	Undro
Basic Life—\$50.00 Beneficiary Name Patricia Smith	Spouse	Primary	100%
Basic Life—\$50.00 Beneficiary Name Patricia Smith Mike Smith	Spouse Child	Primary Contingent	100% 1/2
Basic Life—\$50.00 Beneficiary Name Patricia Smith Mike Smith Kate Smith	Spouse Child Child	Primary Contingent	100% 1/2
Basic Life—\$50.00 Beneficiary Name Patricia Smith Mike Smith Kate Smith Supplemental Life—0.00 Beneficiary Name	Spouse Child Child Relation / Type	Role Role	100% 1/2 1/2 Share
Basic Life—\$50.00 Beneficiary Name Patricia Smith Mike Smith Kate Smith Supplemental Life—0.00	Spouse Child Child	Primary Contingent Contingent	100% 1/2 1/2

Step #8 – The next screen contains all of the consent disclosures and the electronic signature. Read the text statements and check the box to indicate your agreement. Enter your log in password and click on *Submit*.

Insurance Company, New York, N Metropolitan Property and Casual SafeHealth Life Insurance Compa	Consent Statement: "MetLife" means Metropolitan Life IV and its applicable subsidiaries and affiliates including ty Insurance Company, SafeGuard Health Plans, Inc., iny, and Hyatt Legal Plans, Inc.; and, "Web Site" includes this ab Sites linked to it, but does not include non-MetLife Web Sites	~
	tes to indicate you have read and understand the ng your consent and authorization.	
I acknowledge that I have re	ead and understand MetLife's Consent Statement	
Electronic Signature(e signature)		
complete to the best of my knowledg for administration of my life insuranc	ficiary designation form and declare that all information is true and ge and belief. I understand that this information will be used by Mel e. I have read and acknowledge the documents displayed on this my password and clicking the " Submit " button below I am submitt e.	Life
MyBenefits Password:	*Note: Passwords are case sensitive.	
you prefer, you may print out, sign, a te: Please allow additional time for delivery and	Ind mail your Beneficiary form to MetLife.	

Step #9 – You will receive a confirmation once your designations are complete and you can print a copy for your files.

