



Your Representative:
516-739-6032

NOTICE OF PAYMENT DUE

**Customer Response Center:
1-800-638-5000**

#BWNDYSK
#DQQBQHDDJ/////435#
IRENE ENG
7 SAINT GEORGE RD
GREAT NECK NY 11021

Amount Due

\$ 50.00

Date Due

May 6, 2013

Policy Number

200103228 UM

Face Amount of Insurance

\$ 100,000.00

Payment Mode

Monthly

Name of Insured

Sales Office/Agency

SARAH L ENG

61D/117

Plan

Amount Paid, Date Paid

FLEXIBLE PREMIUM MULTIFUNDED LIFE

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Details:

Premium	\$	50.00
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Amount Due	\$	50.00
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Deciding to protect those who depend on you with a sufficient amount of life insurance protection was a responsible and caring act. You created solid protection for your family and that should make you feel good about your decision. Many people find that over time or suddenly, their family or business situation may have changed. A review of your current life insurance needs can ensure your protection is complete, up-to-date and will continue to provide a lifetime of financial security for those who depend on you. Your representative can review your existing insurance to ensure you achieve your financial goals.



Please refer to other side for important information.



Detach here and return the bottom portion with your payment. Keep the top portion for your records.

Sales Office/Agency
61D/117

Policy Number
200103228 UM

Premium
\$ 50.00

[illegible]

Name of Insured: SARAH L ENG

Date Due: May 6, 2013

Amount Due: \$ 50.00

METROPOLITAN LIFE INSURANCE COMPANY
P O BOX 371351
PITTSBURGH PA 15250-7351



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Amount Enclosed

Please make check payable to: METLIFE
IMPORTANT: () Please check if you have a billing address change (see reverse side).

MetLife®