Name
Katie

Email
Louro@metlife.com

Phone
(848) 404-6631

Role
Account Executive

Would you like to add another contact?
No

Offered Lines of Coverage

- Dental
- Vision
- Life Insurance
- Voluntary Life Insurance
- Employer Paid Short Term Disability
- Voluntary Long Term Disability
- Hospital Indemnity
- Accident
- Critical Illness

Marked Lines of Coverage
Hospital Indemnity, Accident, Critical Illness

Voluntary New Lines of Coverage
Hospital Indemnity, Accident, Critical Illness

Broker Agency Name
Ruder Benefit Advisors

Agency Contact Name
Sean Ruder

Agency Contact Role
Broker

Agency Contact Email
katie.l.louro@metlife.com

Broker Office Phone
(848) 404-6631

Would you like to add another contact?
Yes

Contact Name
Ed St. Jean

Contact Phone
(855) 703-6363

Contact Email
ed@oeme.io

Broker Address

United States

Send Proofing Form to

Broker

Send Handoff Email to

Broker

What enrollment platform is this group using?

Employee Navigator

Company Name

Louro Law LLP

Benefit Renewal Month

September

Company Address

United States

Does this group have Spanish speaking needs?

Yes

Is this an UpWise client?

No

Benefit Plan Eligibility

Full-time employees only

Waiting Period for Full Time

Date of Hire

Is coverage available to spouses or dependent children?

Yes, spouses and dependent children are eligible

Would you like to include a COBRA notice in your video after the program eligibility section?

No

Total number of medical plans

1

Medical Plan 1 Document Type

Benefit Summary

Do you have more than one benefit class?

No

Upload Benefits

- Benefit-Summary-Hospital-Indemnity.pdf
- Benefit-Summary-Employer-Paid-STD-_-60-to-1000.pdf
- Benefit-Summary-Employer-Paid-Life-1-x-salary-up-to-130k.pdf
- Benefit-Summary-Critical-Illness-1.pdf
- Benefit-Summary-Accident.pdf
- Benefit-Summary-2000-max-w-ortho.pdf

- Benefit-Summary-Voluntary-LTD-_-60-to-6000k.docx
- Benefit-Summary-Voluntary-Life-Insurance-_-500k-100k-GI.pdf

Contact Sheet

- Broker

Authorization

✔ I certify that I am an authorized representative of MetLife and am authorized to request O'Eme services for this client. I acknowledge that this request is submitted pursuant to the applicable agreement between MetLife and O'Eme and authorize O'Eme to proceed with implementation based on the information provided. I further certify that the information submitted is accurate to the best of my knowledge.

Submitted by:

Katie & Ed