



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166

APPLICATION FOR GROUP INSURANCE

The applicant named below is applying for a Group Policy to provide insurance for the persons specified below.

APPLICANT DATA

- 1. Full legal name of Applicant: _____ (the "Policyholder")
- 2. Address: _____ City _____ State ___ Zip _____

POLICY EFFECTIVE DATE

The Group Policy's effective date will be _____, subject to MetLife's acceptance of this application and the Applicant's payment of the Premium due on or before such date.

POLICY SITUS

The Group Policy will be issued for delivery in and governed by the laws of _____

COVERAGE DATA

Employees / Members

Dependents

<u>Basic Life</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Basic Life with AD&D</u>	<input type="checkbox"/>	
<u>Supplemental Life</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Supplemental Life with AD&D</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dental</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Short Term Disability</u>	<input type="checkbox"/>	
<u>Long Term Disability</u>	<input type="checkbox"/>	
<u>Vision</u>	<input type="checkbox"/>	<input type="checkbox"/>

PREMIUM DATA

Premiums will be paid: monthly quarterly annually other: _____

Attached is an advance payment of: \$ _____.

AGREEMENT

The Applicant signing below agrees to accept the terms and provisions of the Group Policy, including its Exhibits, amendments and endorsements, if any.

Fraud Warning. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(Signature of Applicant's Authorized Representative)

(Print Name and Title of Authorized Representative)

Signed at: _____
(City) (State)

Date: _____

(Signature of Witness)

(Print Name of Witness)

(Signature of Licensed MetLife Agent or Resident Agent as required by law)

(Agent's State License No.)

(Print Name of Agent)