



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 Only	Employees / Members and Dependents
Basic Life (or Core) _____	<input type="checkbox"/>	<input type="checkbox"/>
Basic Life with AD&D (or Core) _____ (Note: Basic AD&D is not available for Dependents)	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Optional Life _____	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Optional Life with AD&D _____	<input type="checkbox"/>	<input type="checkbox"/>
Buy Up Life _____	<input type="checkbox"/>	<input type="checkbox"/>
Buy Up Life with AD&D _____	<input type="checkbox"/>	<input type="checkbox"/>
Dental _____	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Disability _____	<input type="checkbox"/>	
Short Term Disability _____	<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 injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

(Signature of Applicant's Legal Representative)

(Print Name and Title of Legal 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)