



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**

<b>COVERAGE DATA</b>	<b>Employees / Members Only</b>	<b>Employees / Members and Dependents</b>
<u>Basic Life (or Core)</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Basic Life with AD&amp;D (or Core)</u> (Note: Basic AD&D is not available for Dependents)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enhanced Optional Life</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Enhanced Optional Life with AD&amp;D</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Buy Up Life</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Buy Up Life with AD&amp;D</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Dental</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Long Term Disability</u>	<input type="checkbox"/>	
<u>Short Term Disability</u>	<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 and amendments, if any.

**CERTIFICATION**

The Applicant signing below certifies that all statements made by the Applicant are true and complete to the best of the Applicant's knowledge and belief.

**Fraud Warning.** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

\_\_\_\_\_  
(Signature of Applicant's Legal Representative)  
Signed at: \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Print Name and Title of Legal Representative)  
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)