



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 <b>with AD&amp;D</b> (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 <b>with AD&amp;D</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
Buy Up Life _____	<input type="checkbox"/>	<input type="checkbox"/>
Buy Up Life <b>with AD&amp;D</b> _____	<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, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

\_\_\_\_\_  
(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)