



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, amendments and endorsements, if any.

**Fraud Warning.** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto maybe guilty of insurance fraud, and may be subject to criminal and civil penalties.

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