



Metropolitan Life Insurance Company
One Madison Avenue, New York, New York 10010-3690

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"/> | |
| Basic Life with AD&D (or Core) | <input type="checkbox"/> | |
| Enhanced Optional Life (or Buy Up) | <input type="checkbox"/> | <input type="checkbox"/> |
| Enhanced Optional Life with AD&D (or Buy Up) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Life (or Buy Up) | | <input type="checkbox"/> |
| Dependent Life with AD&D (or Buy Up) | | <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 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)

(Print Name and Title of Legal Representative)

Signed at: _____
(City) (State)

Date: _____

(Signature of Witness)

(Print Name of Witness)

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

(Agent's State License No.)

(Print Name of Agent)