



Request for Participation

To: Riggs Bank N.A., Trustee (the "Trustee")

We, the employer named below, hereby request to participate in a Multiple Employer Trust (the "Trust"), of which you are the Trustee, in order to obtain group insurance from Metropolitan Life Insurance Company ("MetLife") providing benefits under one or more group insurance policies issued by MetLife to the Trustee that provides the group insurance coverage selected below (collectively, the "Policy"):

	Employee	Dependent
Life/AD&D	<input type="checkbox"/>	
Dependent Life		<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Disability	<input type="checkbox"/>	

We request that the group insurance indicated above become effective _____.
Month Day Year

We request that we be permitted to participate in the Trust that is appropriate for our group based on the industry in which we are engaged. We hereby agree to be bound by the terms, conditions and provisions of the Trust and the group insurance arrangement, including the Policy, certain provisions of which are summarized on the reverse side hereof, and understand that no insurance will become effective until this Request for Participation is accepted by or on behalf of the Trustee by MetLife and our application for insurance has been approved in writing by MetLife.

We further understand if the group insurance indicated above will replace existing coverage, the premium rate quoted by MetLife was based on the accuracy and completeness of the documentation substantiating the scope and level of the coverage previously in force and the rate we were previously paying. We agree that if, subsequent to the date the insurance indicated above becomes effective, such documentation shall be found to have been inaccurate or incomplete, MetLife may, retroactively to the effective date of coverage, adjust the rate for such insurance to the rate that would have been applicable if MetLife had known the true state of facts. Finally, we understand that the Policy and our participation in the Trust is subject to termination by the Trustee.

Date

Name of Employer

Signature & Title

This section to be completed by MetLife

Employer accepted for participation in the Trust checked below:

- The Met 50 Plus Retail Trade Multiple Employer Trust
- The Met 50 Plus Wholesale Trade Multiple Employer Trust
- The Met 50 Plus Services Multiple Employer Trust
- The Met 50 Plus Construction and Manufacturing Multiple Employer Trust
- The Met 50 Plus Finance, Insurance and Real Estate Multiple Employer Trust
- The Met 50 Plus Transportation, Communication Public Utilities Multiple Employer Trust
- The Met 50 Plus Agriculture and Mining Multiple Employer Trust

Summary of certain terms, conditions and provisions of the Trust and Policy referred to on the other side hereof:

(1) Definition of Employer: “Employer” shall mean an employer that has requested to participate in the Trust and that has been approved for participation in the Trust by MetLife.

(2) Definition of Employee: The term “Employee” means a person who is directly employed and compensated for services by an Employer and who is in a class designated as eligible for insurance by that Employer. No person may be considered an Employee of more than one Employer nor may any class of Employees be designated as eligible for insurance without the consent of MetLife.

(3) MetLife’s Responsibility: In return for an Employer’s payment of premiums when they fall due, MetLife will provide the insurance and pay the benefits described in the group insurance certificate furnished to that Employer for delivery to the Employer’s covered Employees.

(4) Premium Due Dates: Premiums are due and payable by each Employer on the first day of each month for which insurance coverage for that Employer is to be provided. The Employer’s first premium must be paid on or before the effective date of the Employer’s coverage. If a premium payment, other than the Employer’s first premium payment, is not received within 31 days after the due date, coverage under the Policy with respect to that Employer will terminate as follows: (a) with respect to coverages other than Life insurance and Accidental Death and Dismemberment insurance, on the earlier of the 31st day following the due date and the date requested in writing by the Employer, provided such request is made before such 31st day following the due date; (b) with respect to Life insurance and Accidental Death and Dismemberment insurance, on the later of the 31st day following the due date and the date MetLife’s written notice of termination is received by the Employer. The Employer will be liable for the payment of the pro-rata premium which accrues while any coverage remains in force.

(5) Change in Rates: MetLife may change any or all of the premium rates without prior notice if there is a change in the Policy or in the Employer’s plan. MetLife may also change premium rates with at least 31 days’ prior written notice: (a) with respect to Life insurance and Accidental Death and Dismemberment insurance, on any anniversary of the Employer’s effective date of coverage; and (b) with respect to coverages other than Life insurance and Accidental Death and Dismemberment insurance, on any premium due date. MetLife may change rates for any coverage at any time if data furnished to MetLife, and relied upon by MetLife as a basis for its rates, is found to be inaccurate or incomplete. Rates with respect to an Employer may also be changed if there is: (a) a change of 25% or more in the number of the Employer’s enrolled Employees; (b) a change in the geographic distribution of the Employer’s enrolled Employees; or (c) if the Employer acquires or merges with another entity.

(6) Records and Information: MetLife, or the Employer with MetLife’s consent, will maintain records relating to each Employee’s insurance, including: (a) the names and ages of all Employees who are insured; (b) the amounts of insurance in force on each Employee; (c) the effective date of each Employee’s insurance; and (d) the effective date of any change in an Employee’s insurance. The Employer will furnish to MetLife all of the information which MetLife may require with regard to matters relating to the insurance and will allow MetLife to inspect all documents and records of the Employer which relate to the insurance or to the premiums including, but not limited to, W-2 Wage and Tax Statements and the information used to prepare such Statements for any Employee who is insured or eligible to be insured.

(7) Termination: In addition to the termination provision set forth in the section titled “Premium Due Dates” above, MetLife will have the right to terminate the insurance applicable to the Employer’s Employees or any class of Employees if: (a) fewer than 75% of the eligible Employees are insured for contributory insurance or fewer than 100% of the eligible Employees are insured for non-contributory insurance; or (b) fewer than 2 of the Employer’s Employees are insured. MetLife will also have the right to terminate insurance, other than Life insurance or Accidental Death and Dismemberment insurance, for an Employer or a class of Employees covered under the Employer’s plan, at any time. If MetLife terminates insurance as described in this “Termination” section, MetLife will give the Employer written notice at least 31 days prior to the date of such termination.

(8) Changes in the Policy: The Policy may be changed only if the change is approved by an authorized officer of MetLife. Each such change must be evidenced by an amendment signed by both the Policyholder and MetLife or by an endorsement signed by MetLife.