



Metropolitan Life Insurance Company  
200 Park Avenue, New York, New York

**APPLICATION FOR GROUP INSURANCE**

The applicant named below is applying for Group Insurance to provide coverage for the class(es) of persons specified below.

**APPLICANT DATA**

- 1. Full legal name of Applicant: \_\_\_\_\_ (the "Policyholder")
- 2. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EFFECTIVE DATE**

The effective date of the applied for group insurance will be \_\_\_\_\_, subject to MetLife's acceptance of this application and the applicant's payment of the Premium due on or before such date.

**SITUS**

Group Policy forms will be issued for delivery in and governed by the laws of \_\_\_\_\_.

**COVERAGE DATA**

**Employees / Members**

**Dependents**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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 all Group Policy forms issued pursuant to this application; including all Exhibits, amendments and endorsements, if any.

**Fraud Warning.** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
(Signature of Applicant's Authorized Representative)

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

Signed at: \_\_\_\_\_  
(City) (State)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Licensed MetLife Agent or Resident Agent as required by law) (Agent's State License No.)

\_\_\_\_\_  
(Print Name of Agent)