



Benefits provided by SafeGuard Health Plans, Inc.,
a MetLife company
200 Park Avenue, New York, New York 10166

APPLICATION FOR GROUP DENTAL BENEFITS

The applicant named below is applying for a Group Contract to provide dental benefits for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: _____

2. Address: _____ City: _____ State: _____ Zip: _____

CONTRACT EFFECTIVE DATE

The Group Contract's effective date will be _____, subject to MetLife's acceptance of this application.

CONTRACT SITUS

The Group Contract will be issued for delivery in and governed by the laws of California.

COVERAGE DATA

Employees / Members
Only

Employees / Members
and Dependents

Dental Benefits

☐☐

PREPAYMENT FEE DATA

Prepayment Fees 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 Contract, including its Exhibits, amendments and endorsements, if any.

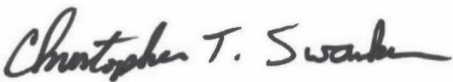
Fraud Warning. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(Signature of Applicant's Legal Representative)

(Print Name and Title of Legal Representative)

Signed at: _____
(City) (State)

Date:



(SafeGuard Representative)

President
(Representative's title)

Chris Swanker
(Print Name of Representative)