



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 \_\_\_\_\_ California \_\_\_\_\_.

**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.** 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 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)