APPLICATION FOR GROUP INSURANCE

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

ΑF	PPLICANT DATA			
1.	Full legal name of Applicant:			(the "Policyholder")
2.	Address:	City	State	Zip
	FECTIVE DATE			
Th thi	e effective date of the applied for group s application and the applicant's payme	insurance will be ent of the Premium due on or b	, subject to Modern perfore such date.	etLife's acceptance of
Sľ	TUS			
Gr	oup Policy forms will be issued for deliv	ery in and governed by the la	ws of	
		COVERAGE DATA		
	Employees / Members		Dependents	
PF	REMIUM DATA			
Pr	emiums will be paid: 🔲 Monthly 🛛	☐ Quarterly ☐ Annuall	y 🔲 Other:	
	tached is an advance payment of: \$ BREEMENT	<u>.</u>		
	e Applicant signing below agrees to ac s application; including all Exhibits, amo			s issued pursuant to
ap of	aud Warning. Any person who knowing plication for insurance or statement of comisleading, information concerning any disubjects such person to criminal and	claim containing any materially ract materially	y false information, or co	onceals for the purpose
(Si	gnature of Applicant's Authorized Representative	(Prin	t Name and Title of Authorize	d Representative)
Sig	ned at:		<u>:</u>	
	(City)	(State)		
	gnature of Licensed MetLife Agent or Resident gent as required by law)	(Agent's State License No.)	(Print Name of Agent)	

GAPP13-02 NW