


Appointment Form Only

Metropolitan Life Insurance Company

 This form cannot act as an authorization to assign commissions.

Steps to obtain an appointment:

Complete the personal information sheet entirely:

- The Personal Information Sheet is used to obtain information necessary to establish an appointment with Metropolitan Life Insurance Company ("MetLife") and/or its affiliates Safeguard DHMO, Metropolitan Tower Life Insurance Company, and Metropolitan General Insurance Company. The application on page 2 must be completed in its entirety as applicable. If you are requesting an appointment for only the producer, then only the producer fields need to be completed. If the request includes the agency appointment, all fields need to be completed.
- Page 3 must be executed by appropriate parties.
- Page 4, the Disclosure/Authorization form, must be executed by the appointment applicant.
- Pages 5 and 6, the HIPAA Business Associate Agreement, must be executed by appointment applicant who will be involved in the sale of Dental or Long-Term Care products.
- Page 7, must be completed if the request includes an agency appointment
- The applicant must be licensed in the state for which the appointment is being requested. If selling the Accelerated Death Benefit for Long-Term Care Rider offered with the Worksite Whole Life product, the Producer must successfully complete any Long-Term Care courses required by the applicable State Insurance Department. The Producer is required to provide the course certificate of completion to MetLife.
- This application will serve as an appointment request for your resident state. Non-resident state appointments will be processed on as needed basis, which will be determined by MetLife.

When do you request an appointment?

For the states listed below (*pre-appointment*), a producer must be licensed and appointed with the applicable insurer of the product(s) in which the customer application is being executed for MLIC and/or SafeGuard Health Plans, Inc. and/or Metropolitan Tower Life Insurance Company and/or Metropolitan General Insurance Company prior to the customer application being executed.

Pre-Appointment States:

- Florida
- Montana
- Indiana
- Oregon
- Kansas
- Pennsylvania
- Louisiana
- Puerto Rico
- Missouri

For all other states, the appointment request must be made *no later* than MetLife's receipt of the customer application.

Mail:

Service Delivery Center
Attn: Corporate Licensing &
Registration
PO Box 490
Johnstown, PA 15907

Email only:

CLR_Institutional@metlife.com

Fax:


908-552-2444

Appointment Form Only

Metropolitan Life Insurance Company

Things to know before you begin

- This application will serve as an appointment request for your resident state.
- Non-resident state appointments will be processed on as needed basis, which will be determined by MetLife.

 Please type or print clearly

You are requesting an appointment with Metropolitan Life Insurance Company (“MLIC”) and/or its affiliates. Please check the appropriate coverage(s) for which you are requesting an appointment:

MLIC Group Life/Health/Disability/MetLife Dental Safeguard DHMO (*available only in CA, FL and TX*)
 Metropolitan Tower Life Insurance Company Worksite Whole Life Specialized Benefit Resources
 Metropolitan General Insurance Company (Group Legal Plans)

Please check which is applicable: Producer Agency Both

SECTION 1: Producer

Producer - First name		Middle name	Last name	
Date of birth (<i>mm/dd/yyyy</i>)		Social security number	E-mail address	
Business phone		Business fax		
Business street address – Required		City	State	ZIP
Resident street address		City	State	ZIP

SECTION 2: Agency

Principal officer - First name		Middle name	Last name	
Social security number		State	License number	
Agency name				
Agency Tax I.D. number		Business phone	Business fax	
Business street address – Required		City	State	ZIP
Business P.O. box if applicable		P.O. box City	State	ZIP

SECTION 3: Licensing ** (for legal plans, indicate license type)

Producer resident state license number

Agency resident state license number

Producer non-resident state and state license number(s) – (Only required if business is pending in a non-resident state.)

Agency non-resident state and state license number(s) – (Only required if business is pending in a non-resident state.)

SECTION 4: Acknowledgement and authorization

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that Metropolitan Life Insurance Company and/or its affiliates (collectively “MetLife”) may conduct investigations in connection with my request to represent MetLife in the solicitation of certain products. I authorize an inquiry to be made of all sources deemed appropriate by MetLife for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that MetLife may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used. I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed producer, I shall observe and be bound by the rules of MetLife.

FAIR CREDIT REPORTING ACT - As part of its regular procedures, MetLife may obtain an investigative consumer report. It may deal with character, reputation, personal traits and life style. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to above. I understand that if any of the material information I provided is found to be incorrect or incomplete, MetLife may at its discretion not appoint and/or contract with me or terminate my appointment and/or contract.

I agree to conduct my business in accordance with applicable laws and standards set forth by MetLife.

Individual (Printed name)

First name

Middle name

Last name

Sign Here

Signature of Individual

Date (mm/dd/yyyy)

Name of agency company officer (Printed name)

First name

Middle name

Last name

Sign Here

Signature of Agency Company Officer

Date (mm/dd/yyyy)

Disclosure

By this document, Metropolitan Life Insurance Company on behalf of itself and its affiliates (*collectively "MetLife"*) discloses to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, is part of the process of our consideration of your application to become licensed or appointed to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of a pre-appointment background investigation and at any time during your appointment with MetLife. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Acknowledgment and authorization

I acknowledge receipt of the above disclosure by MetLife, that a consumer report or an investigative consumer report may be obtained by it as part of the process of its consideration of my application to become licensed or appointed to sell insurance and/or other products or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of its pre-appointment background investigation, and at any time during my appointment with MetLife. I authorize the procurement of such consumer reports by MetLife for the purposes disclosed to me.

I hereby authorize MetLife to query my record, if any, on file with the Financial Industry Regulatory Authority.

Printed name of applicant - First name	Middle name	Last name	
Sign Here	Signature of Applicant	SSN of applicant	Date (mm/dd/yyyy)

HIPAA Business Associate Agreement

This Agreement is made between METROPOLITAN LIFE INSURANCE COMPANY and its affiliates (“*MetLife*”), and the party identified below as the producer (“*Producer*”).

WHEREAS, MetLife and Producer have one or more agreements in place (*collectively, the “Contract”*) whereby Producer agreed to provide certain services for MetLife which may involve the use and/or disclosure of Customer Information and Protected Health Information (“PHI”) as defined below, and whereby Producer may have access to certain information about individuals who have applied for or are covered by an insurance product underwritten by MetLife; and

WHEREAS, MetLife and Producer desire to protect the confidentiality of any Customer Information or PHI disclosed to Producer pursuant to the Contract and to satisfy requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”),

NOW, THEREFORE, MetLife and Producer hereby agree as follows:

1. Capitalized terms not defined herein that are defined in the Contract shall have the meanings ascribed to them in the Contract.
2. Producer agrees to treat all information about individuals who enroll, apply for or purchase MetLife’s products or services that Producer may have or may obtain in connection with its obligations under the Contract (“*Customer Information*”) as confidential. Customer Information may include, but is not limited to, an individual’s name, address, social security number, and any financial or health information relating to the individual. Producer may use Customer Information only for the purpose of fulfilling its obligations under the Contract and Producer may not disclose Customer Information to anyone other than the individual to whom the information relates, except as required for Producer to fulfill its obligations under the Contract or as otherwise directed by MetLife, or except as expressly required by law. Producer must also ensure that Customer Information is kept in a secure manner.
3. PHI is defined as individually identifiable information that is transmitted or maintained in any medium and relates to: the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present, or future payment for the provision of health care to the individual. MetLife and Producer understand that this definition of PHI includes demographic information about the individual, including names; geographic subdivisions smaller than a state (*including but not limited to street addresses and ZIP codes*); all elements of dates (*except year*) for dates directly related to an individual, including but not limited to birth date; telephone numbers; fax numbers; electronic mail (*E-mail*) addresses; Social Security numbers; Medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
4. In order to further protect the confidentiality of any PHI disclosed to or used by Producer pursuant to the Contract and to satisfy requirements of HIPAA, MetLife and Producer agree to the following with respect to any PHI received or created by Producer in providing services pursuant to the Contract, including PHI received or created prior to the effective date of the Contract (“*MetLife PHI*”): (a) the obligations regarding MetLife PHI contained in this Agreement shall be in addition to any other obligations contained in the Contract that apply to MetLife PHI; (b) Producer may not use or disclose MetLife PHI except to provide services pursuant to the Contract; (c) Producer shall use appropriate safeguards to prevent use or disclosure of MetLife PHI; (d) MetLife and Producer represent and warrant that their security procedures are adequate to protect and maintain the confidentiality of MetLife PHI; (e) Producer shall promptly report to MetLife any use or disclosure of MetLife PHI not permitted by this Agreement of which it becomes aware; (f) Producer shall ensure that any Agents, including any sub-contractors or Producer affiliates, that Producer may use in accordance with the Contract and to whom Producer provides MetLife PHI or who uses MetLife PHI has been approved by MetLife in writing and agrees to the same restrictions and conditions that apply to Producer with respect to MetLife PHI pursuant to this Agreement; (g) within thirty (30) days of MetLife’s request, Producer shall provide to MetLife any MetLife PHI or information relating to MetLife PHI as deemed necessary by MetLife to comply with its obligations under HIPAA to provide individuals with access to, amendment of, and an accounting of disclosures of their MetLife PHI, and Producer agrees to incorporate any amendments of the MetLife PHI as requested by MetLife; (h) Producer agrees to make its internal

practices, books, and records relating to its use or disclosure of MetLife PHI available to the Secretary of the United States Department of Health and Human Services at his/her request to determine MetLife's compliance; (i) Producer agrees that upon termination of the Contract it will, if feasible, return or destroy all MetLife PHI it maintains in any form and retain no copies, and if such return or destruction is not feasible, Producer agrees to extend the protections of this Agreement to the MetLife PHI beyond the termination of the Contract and for as long as Producer has MetLife PHI, and further agrees that any further use or disclosure of the MetLife PHI will be solely for the purposes that make return or destruction infeasible; (j) Producer agrees that it will not disclose MetLife PHI, other than enrollment information, to an employer or plan sponsor, unless the employer or plan sponsor has taken the steps required by HIPAA to permit disclosure to the employer or plan sponsor; (k) Producer may use or disclose MetLife PHI to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law, and only to the extent that such use or disclosure complies with any applicable HIPAA requirements relating to uses and disclosures required by law; and (l) Producer shall (1) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic MetLife PHI that Producer creates, receives, maintains, or transmits on behalf of MetLife; (2) ensure that any agent of Producer, including any subcontractor or Producer affiliate to whom Producer provides electronic MetLife PHI, agrees to implement reasonable and appropriate safeguards to protect electronic MetLife PHI; and (3) report to MetLife any security incident related to electronic MetLife PHI of which Producer becomes aware.

5. Producer agrees and acknowledges that it is directly subject to HIPAA as amended by the HITECH Act, including its provisions relating to security and privacy of PHI as well as its enforcement and penalty provisions. Producer agrees that it will: (a) comply with all applicable security and privacy provisions of HIPAA as amended by the HITECH Act and as it may be amended from time to time; (b) not act in any way to interfere with or hinder MetLife's ability to comply with HIPAA as amended by the HITECH Act and as it may be amended from time to time; and (c) notify MetLife within five (5) business days of discovering a "breach" as that term is defined in Section 13400 of the HITECH Act at the following e-mail address: securitybreach@metlife.com

6. In the event Producer learns of a pattern of activity or practice of MetLife that constitutes a material breach or violation of its obligations relating to PHI under the Agreement, Producer will take reasonable steps to cure the breach or end the violation. If such steps are unsuccessful, Producer will terminate the Agreement, if feasible, or, if termination is not feasible, report the problem to the Secretary of the Department of Health and Human Services ("HHS").

7. If Producer conducts in whole or part electronic transactions on behalf of MetLife for which HHS has established standards, Producer will comply, and will require any subcontractor, vendor, or agent it involves with the conduct of electronic transactions to comply, with each applicable requirement of the Electronic Transactions Rule at 45 C.F.R. Part 162.

Printed Name Selena McCarthy		
Sign Here	Signature of Vice President (<i>Metropolitan Life Insurance Company</i>) <i>Selena McCarthy</i>	Date (<i>mm/dd/yyyy</i>) 05/10/2022
Producer - First Name (<i>Printed</i>)	Middle Name	Last Name
SSN of Producer		
Agency - Name (<i>Printed</i>)		
TIN of Agency		
Sign Here	Signature of Producer	Date (<i>mm/dd/yyyy</i>)



Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY

(A) Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ **Date:** _____

Agency Name: _____

Agency TIN: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct a Criminal History Background- Antecedentes de la historia cimnal inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

**** ALL FIELDS ARE REQUIRED- TODOS LOS CAMPOS SON OBLIGATORIOS**

FULL NAME (PRINT) MUST BE CURRENT FULL LEGAL NAME AS IT APPEARS ON GOVERNMENT ID			
_____ <div style="display: flex; justify-content: space-between;"> LAST-ultima FIRST-primera MIDDLE-media </div>			
ADDRESS			
STREET-calle			
CITY-ciudad, STATE-estado ZIP			
SEX- sexo	RACE- raza	DATE OF BIRTH- Fecha de nacimiento	SOCIAL SECURITY NUMBER Número de Seguro Social completo
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO ANSWER	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> PREFER NOT TO ANSWER		<input type="checkbox"/> I HAVE NEVER BEEN ISSUED A SOCIAL SECURITY NUMBER-no Seguro socialcompleto

CHECK ONE BOX

- This authorization is valid for _____ days from the date of signature.
- I give consent to the above-named entity to perform periodic criminal history background checks or the duration of my employment.

Signature- Firma _____

Date/fecha _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Employment / Volunteer Work / Tenancy
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE – NOT for Volunteer work
<input type="checkbox"/>	N - Working with Elderly – NOT for Volunteer work
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER – NOT for Volunteer work

ORI STAMP REQUESTED