

Insurance Provided By:  
**Metropolitan Life Insurance Company**

Administered By:  
Bay Bridge Administrators, LLC  
P.O. Box 161690, Austin, TX 78716  
800-845-7519

Policyholder Application for Group Coverage

Name of Employer:		Division / Class / Location		Tax ID #	
Address:		City:		State:	Zip Code:
Email Address:		Phone Number:		Fax Number:	
Nature of Industry/SIC:			Policy Effective Date:		
Initial Enrollment: Start Date:			Stop Date:		
Waiting Period (if any) _____ Days			Number of eligible employees:		
Eligible Classes: <input type="checkbox"/> All active employees working a minimum of _____ regularly scheduled hours per week, per year. (A minimum of 17.5 hours per week is required) <input type="checkbox"/> Are there any special eligibility or employee class requirements or restrictions? If so, please describe: _____					
<b>SITUS</b> Group Policy will be issued for delivery in and governed by the laws of _____					
<b>COVERAGE DATA</b> Employees and Dependents Cancer and Specified Disease Insurance Critical Illness Insurance Heart and Stroke Insurance					
Is the coverage selected above a replacement of similar coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Company(ies): _____ Termination Date of Prior Plan: _____					
<b>Premium Data</b> Premiums will be paid: <input type="checkbox"/> weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> other _____					
It is understood and agreed that this application shall be attached as a part of the Policy applied for, and that no insurance shall be effective until approved by Metropolitan Life Insurance Company. <b>Note:</b> This Policy is not intended to replace comprehensive major medical insurance.					
<b>I understand that the employees are covered under the group insurance benefits selected above.</b> The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by Metropolitan Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate.					
By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for the Metropolitan Life Insurance Company Group Insurance selected above; and the proposed Policyholder understands and agrees that the Policyholder and the employees shall be subject to the provisions set forth in the Group Policy.					
<b>FRAUD WARNING</b> <b>Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  <b>Colorado:</b> It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.					

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kansas and Oregon:** Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

**Pennsylvania and all other states:** 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.

Dated at: \_\_\_\_\_  
(City, State)

By: \_\_\_\_\_  
(Authorized Signature/Title)

On: \_\_\_\_\_  
(Date)

For: \_\_\_\_\_  
(Name of Policyholder)

By: \_\_\_\_\_  
(Printed Agent/Broker Name/Agent Number)

\_\_\_\_\_  
(Signature of Agent/Broker)