



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: County of San Bernardino (the "Policyholder")
- 2. Address: 175 West 5th Street, First Floor City San Bernardino State CA Zip 92415

EFFECTIVE DATE

The effective date of the applied for group insurance will be 07/18/2020, 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

Disability Income Insurance: Short Term Benefits _____

Disability Income Insurance: Long Term Benefits _____

PREMIUM DATA

Premiums will be paid: Monthly Quarterly Annually Other: Bi-Weekly

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. 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.

(Signature of Applicant's Authorized Representative)

Signed at: _____
(City) (State)

(Print Name and Title of Authorized Representative)

Date: _____

(Signature of Licensed MetLife Agent or Resident Agent as required by law)

(Agent's State License No.)

(Print Name of Agent)