MetLife®

Benefits provided by SafeGuard Health Plans, Inc.,
a MetLife company
200 Park Avenue, New York, New York 10166

APPLICATION FOR GROUP DENTAL BENEFITS

The applicant named below is applying for a Group Contract to provide dental benefits for the persons specified below.

APPLICANT DATA

1. Full legal name of Applicant: _____
2. Address: _____

   City: _____ State: _____ Zip: _____

CONTRACT EFFECTIVE DATE

The Group Contract's effective date will be _____, subject to MetLife's acceptance of this application.

CONTRACT SITUS

The Group Contract will be issued for delivery in and governed by the laws of California.

COVERAGE DATA	Employees / Members Only	Employees / Members and Dependents
Dental Benefits | DHMO Managed Care	☐	☐

PREPAYMENT FEE DATA

Prepayment Fees 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 the Group Contract, including its 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 or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

_____ _____
(Signature of Applicant's Legal Representative) (Print Name and Title of Legal Representative)

Signed at: _____ Date: _____
(City) (State)

_____ _____
(Signature of Witness) (Print Name of Witness)

Isaac Torres

_____ Assistant Vice President Isaac Torres
(SafeGuard Representative) (Representative's title) (Print Name of Representative)