

# MetLife®

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: URSA Information Systems (the "Policyholder")  
2. Address: 1450 W Guadalupe Rd Suite 132 City GILBERT State AZ Zip 85233

### EFFECTIVE DATE

The effective date of the applied for group insurance will be 07/01/2017 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 ARIZONA.

### COVERAGE DATA

Employees / Members	Dependents
Dental	Dental

### PREMIUM DATA

Premiums will be paid:  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

Attached is an advance payment of: ~~81090~~ 7519.45  
*CB*

### 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 Gilbert State AZ Date: 85233

Name of Authorized Representative Ronda Mader

Title of Authorized Representative Accounting Manager

Applicant's Signature Ronda J. Mader

### Signature of Licensed MetLife Agent or Resident Agent as required by law

Agent's State License No. \_\_\_\_\_ Date: \_\_\_\_\_

Name of Agent: CONSTANCE LEMERE

Agent's Signature Constance Lemere