Children's Life Insurance Enrollment Form

MetLife
Metropolitan Life Insurance Company, New York, NY 10166

Group Customer: Collegiate Alumni Trust II - Group Customer #156129

Insured Parent

_____
Title (Dr. / Mr. / Mrs. / Ms), First Name, Middle Initial, Last Name

_____
Mailing Address

_____ _____ _____ _____
City *State* *Zip Code* *Phone* ☐Home ☐Work ☐Cell

_____ _____ *Birth Date* _____ *Gender* _____
Social Security # *Email* *MM/DD/YY* *M / F*

I have read the enrollment information and I request coverage for the Dependent Child benefits for which I am eligible. I understand that a parent (Member) must be enrolled or currently enrolling for coverage to be eligible to apply for Dependent Child Life Insurance and that contributions are required for the benefits I select below.

Insurance Requested. I request $10,000[1] *(Refer to brochure/website for eligibility, insurance amounts, and coverage description.)*

[1]*Amounts subject to state limits, if applicable*

A. Dependent Children Information.

Please complete the information below if you are applying for Children's coverage. You may only request insurance below for Dependent Children for whom each of the answers in the Health Information section of this form are answered "No." Dependent Children for whom any of the answers are answered "Yes" are not eligible for coverage. If more than three children are proposed for insurance, attach a separate sheet that you have signed and dated.

			Full Time Student?		Male	Female
			Yes	No		
Child's Name _____ *First Name, Middle Initial, Last Name*	Birth Date _____ *MM/DD/YY*		☐	☐	☐	☐
Child's Name _____ *First Name, Middle Initial, Last Name*	Birth Date _____ *MM/DD/YY*		☐	☐	☐	☐
Child's Name _____ *First Name, Middle Initial, Last Name*	Birth Date _____ *MM/DD/YY*		☐	☐	☐	☐

GEF02-1
ADM
(The form number above applies to residents of all states except as follows: Form number: **GEF09-1** applies to residents of Montana; **GEF02-1** **ADM** applies to residents of Connecticut, North Dakota and Utah)

B. Health Information.

Please complete all questions below. Omitted information will cause delays. In this section, "you" and "your" refers to the person for whom insurance is being requested.

	Yes	No
1. In the past 5 years, have you received medical treatment or counseling by a physician or other health care provider for, or been advised by a physician or other health care provider to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	☐	☐
2. Have you been Hospitalized as defined below (not including well-baby delivery) in the past 90 days? *Hospitalized means admission for inpatient care in a hospital; receipt of care in a hospice facility, intermediate care facility, or long term care facility; or receipt of the following treatment wherever performed: chemotherapy, radiation therapy, or dialysis.*	☐	☐
3. Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider for cardiac or cardiovascular disorder; stroke or circulatory disorder; high blood pressure; cancer; tumors; or blood disorder; diabetes; lung disease; intestinal disorder; or kidney disorder; anxiety, depression, attempted suicide or nervous disorder; auto-immune disease?	☐	☐

GEF09-1
HEA
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana; **GEF09-1** **HEA** applies to residents of Connecticut, North Dakota and Utah)

Parent signs and dates as indicated on reverse. Make a copy for your records and mail this form to the Administrator:
Meyer and Associates ◆ 18 Washington Avenue ◆ Chatham, NJ 07928 ◆ 800-635-7801 Weekdays 8:30AM-6:00PM ET ◆ www.AlumL4L.com

MetLife

Metropolitan Life Insurance Company, New York, NY 10166

Fraud Warning(s): Before signing this Statement of Health form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: 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. **Colorado:** 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 to the extent required by applicable law. **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. **New York (only applies to Accident and Health Insurance): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. 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. **Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **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.

GEF09-1
FW
(The form number above applies to residents of all states except as follows: Form number: **GEF09-1** applies to residents of Montana;
GEF09-1
FW applies to residents of Connecticut, North Dakota and Utah)

C. Declarations and Signature. By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given, including any health information is true and complete to the best of my knowledge and belief.

2. I have read the applicable Fraud Warning(s) provided in this enrollment form.

SIGN & DATE

Signature of Member X_____ Print Name_____ Date Signed_____

GEF09-1
DEC
(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;
GEF09-1
DEC applies to residents of Connecticut, North Dakota and Utah)

Some services in connection with your coverage my be performed by our affiliates, MetLife Global Operations Support Center Private Limited and MetLife Services and Solutions, LLC., unless prohibited by state or local law or by mutual agreement with the group customer. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with Metropolitan Life Insurance Company's policies and procedures.

Parent signs and dates as indicated above, makes a copy for records and mails this form to the Administrator:
Meyer and Associates ◆ 18 Washington Avenue ◆ Chatham, NJ 07928 ◆ 800-635-7801 Weekdays 8:30AM-6:00PM ET ◆ www.AlumL4L.com