

**Enrollment Form
for Group Insurance**

Metropolitan Life Insurance Company
SBC Administration
P.O. Box 14593, Lexington, KY 40512-4593



Choice 2 CSEA RETIREE DENTAL Application

Member Name (Last, First, Middle)		Social Security Number			Daytime Telephone Number																				
Your Home Address		City	State	ZIP	Sex (M/F)	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married																		
Employer Name CSEA																									
Reason for Enrollment: <input type="checkbox"/> First Time Eligible <input type="checkbox"/> Change																									
Coverage Requested: Member Coverage <input type="checkbox"/> Dental Spouse Coverage <input type="checkbox"/> Dental Child Coverage <input type="checkbox"/> Dental				If applying for Dependent Coverage (Spouse and Child), complete section below: Number of dependents (including spouse) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name (Last, First, MI)</th> <th style="width:20%;">Date of Birth</th> <th style="width:20%;">Sex (M/F)</th> </tr> </thead> <tbody> <tr> <td>Spouse _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Child(ren) _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Name (Last, First, MI)	Date of Birth	Sex (M/F)	Spouse _____	_____	_____	Child(ren) _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Spouse _____	_____	_____																							
Child(ren) _____	_____	_____																							
_____	_____	_____																							
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_____	_____	_____																							
Payment Option Selection: <input type="checkbox"/> Monthly Automatic Deduction from Checking Account (Please complete checking withdrawal form). <input type="checkbox"/> Monthly Automatic Deduction from NYS Pension Check (Please complete Pension deduction form). <input type="checkbox"/> *Direct Bill sent to my home: <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually *This option requires an additional fee of \$6 per bill.				If dependent children are full-time students in college, vocational or trade school, please complete the following: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Child(ren)</th> <th style="width:40%;">Name of School</th> <th style="width:30%;"># of Hours</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Child(ren)	Name of School	# of Hours	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____			
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DECLARATION SECTION

Each person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief. Each person understands that this information will be used by MetLife to determine his or her insurability.

Fraud Warning:

If you reside in or are applying for insurance under a policy issued in one of the following states, please read the applicable warning.

New York [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: 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, 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.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer 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 OreQon: 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 may be guilty of

insurance fraud, and may be subject to criminal and civil penalties.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma: 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;

Massachusetts: 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, and may subject such person to criminal and civil penalties.

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

In any other case, read the following warning.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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(s): The Member must sign in all cases. Each person signing below acknowledges that he or she has read and understands the statements and declarations made in this enrollment form.

Member Signature

Print Name

Date (Mo./Day/Yr.)

GEF02.1
DEC

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Privacy Notice To Our Customers

THIS PRIVACY NOTICE IS GIVEN TO YOU ON BEHALF OF METROPOLITAN LIFE INSURANCE COMPANY.

TO PLAN SPONSORS AND GROUP INSURANCE CERTIFICATE HOLDERS: This notice explains how we treat information we receive about anyone who applies for or obtains our products and services under employee benefit plans that we insure or group insurance contracts that we issue. Please note that we refer to these individuals in this notice by using the term "you", as if this notice were being addressed to these individuals.

Why We Need to Know About You: We need to know about you so that we can provide you with the insurance and other products and services you've asked for. We may also need information from you and others to help us verify your identity in order to prevent money laundering and terrorism.

What we need to know about you includes your address, age and other basic information. But we may have to know more about you, including your finances, employment, health, hobbies or business you conduct with us, with other MetLife companies (our "**affiliates**") or with other companies.

How We Learn about You: What we know about you we get mostly from you. But we may also have to find out more about you from other sources in order to make sure that what we know about you is correct and complete. Those sources may include your adult relatives, employers, consumer reporting agencies, health care providers and others. Some of our sources may give us reports, and they may disclose what they know about you to others.

How We Protect What We Know About You: We treat what we know about you confidentially. Our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We take steps to make our computer data bases secure and to safeguard the information we have about you.

How We Use and Disclose What We Know About You: We may use anything we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a MetLife product or service
- Help us process claims and other transaction
- Confirm or correct what we know about you
- Help us prevent fraud, money laundering, terrorism and other crimes by verifying what we know about you
- Help us run our business
- Process data for us
- Perform research for us
- Audit our business
- Help us comply with the law

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Telling a group customer about its members' claims or cooperating in a group customer's audit of our service
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for
- Telling your health care provider about a medical problem that you have but may not be aware of Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your insurance or benefits

Generally, we will disclose only the information we consider reasonably necessary to disclose.

We may use what we know about you in order to offer you our other products and services. We may disclose this information (other than consumer reports and health information) to our affiliates so that they can offer their products and services, or ours, to you. By law, we don't have to let you prevent these disclosures. Our affiliates include life, car and home insurers, securities firms, broker-dealers, a bank, a legal plans company and financial advisors. In the future, we may have affiliates in other businesses.

We may also provide information to others outside of the MetLife companies, such as marketing companies, to help us offer our products and services to you. If we have joint marketing agreements with other financial services companies, we may give them information about you so that they can offer their products and services to you; however, we cannot do this if the state law that applies to you does not allow it. Except for joint marketing arrangements, we do not make any other disclosures of your information to other companies who want to sell their products or services to you. For example, we will not sell your name to a catalog company. And we will not disclose any consumer report or health information to other companies so that they can offer their products and services, or ours, to you.

How You Can See and Correct Your Information: Generally, we will let you review what we know about you if you ask us in writing. Medical information will generally be disclosed through the licensed physician you choose or as otherwise required by law. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside MetLife.

How You Can Get Other Material from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.metlife.com, or write to your MetLife insurance company, c/o MetLife Privacy Office, P.O. Box 2006, Aurora, Illinois 60507-2006.