



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: Tarrant County (the "Policyholder")
2. Address: 100 East Weatherford St City Fort Worth State TX Zip 76196

EFFECTIVE DATE

The effective date of the applied for group insurance will be 07/01/2023, 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 Texas.

COVERAGE DATA

Employees/Members/Retirees

Accident Insurance
Hospital Indemnity Insurance
Critical Illness Insurance
Critical Illness Insurance – Cancer Only Coverage

Dependents

Accident Insurance
Hospital Indemnity Insurance
Critical Illness Insurance
Critical Illness Insurance – Cancer Only Coverage

PREMIUM DATA

Premiums will be paid: ☐ Monthly ☐ Quarterly ☐ Annually ☒ Other: 2x monthly

Attached is an advance payment of: \$ 0.00.

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)

(Print Name and Title of Authorized Representative)

Signed at: _____ (City) _____ (State)

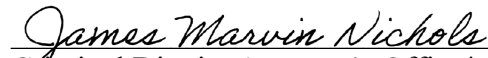
Date: _____

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

1398292
(Agent's State License No.)

Christopher Davenport
(Print Name of Agent)

APPROVED AS TO FORM:


Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.