



Metropolitan Tower Life Insurance Company  
5601 South 59th Street, Lincoln, Nebraska 68516

## REQUEST FOR PARTICIPATION

**To:** Bank of Newport, Trustee

**Re:** MetLife Group Insurance Trust

We wish to participate in the above-mentioned trust for the following plan of Worksite Whole Life Insurance. Full details of the Plan Design can be found in the Employer Data Sheet.

**Plan Effective Date:** 07/01/2023

**Plan Anniversary Date:** 01/01 – 12/31

**Participating Employer:** Tarrant County, herein also referred to as "We"

**Covered Associated Companies (as of Plan Effective Date):** If Applicable

**EMPLOYEE COVERAGE (with applicable riders, if any):** Worksite Whole Life

- ACCIDENTAL DEATH INSURANCE RIDER]
- ACCELERATED DEATH BENEFIT OPTION RIDER FOR TERMINAL ILLNESS RIDER
- ACCELERATED DEATH BENEFIT OPTION RIDER FOR CHRONIC ILLNESS RIDER

**DEPENDENT COVERAGE if any:**

- DEPENDENT INSURANCE: TERM LIFE AND ACCIDENTAL DEATH INSURANCE RIDER

This program is written under and subject to the provisions of the trust and of the Group Insurance Policies issued to the Trustee. We request that the Group Insurance coverage indicated above become effective on the Plan Effective Date shown on page 1 of this Request for Participation.

We hereby agree to be bound by the terms, conditions and provisions of the Trust and of the Group Insurance Policies issued to the Trustee. We acknowledge that we are responsible for remitting premiums on behalf of our employees to Metropolitan Tower Life Insurance Company (MTL). We further understand that the insurance will not become effective until this Request for Participation is accepted on behalf of the Trustee by MTL for the coverage involved and, when effective, We shall be deemed a Participating Employer.

We also understand that any insurance policy that is issued to the Trustee by MTL can be amended by agreement between the Trustee and MTL, without our consent, and that We will be given notice only of such amendments that pertain to us.



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Finally, We agree that continuation of the undersigned's participation in the Trust for the coverage provided by MTL is subject to the terms of this Request for Participation and the provisions of the trust and of the Group Insurance Policies issued to the Trustee.

**Tarrant County**

\_\_\_\_\_  
**Signature and Title/Date**

\_\_\_\_\_  
**City and State of Signing**

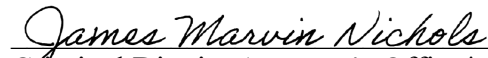
\_\_\_\_\_  
**Witness/Date**

The aforementioned Request for Participation is hereby accepted this \_\_\_\_ day of \_\_\_\_\_ 2023.  
If accepted, insurance will become effective for employees meeting the eligibility requirements on the date indicated on the employee's certificate.

**Metropolitan Tower Life Insurance Company,**

By: Jatun D Sullivan

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.