MetLife

Critical Illness Insurance
Benefit Election Form
Georgia State University

Name (First, Middle, Last)	Social Security #	☐Male ☐Female
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	

First select your level of coverage (choose only 1 amount) :

☐ $10,000 or ☐ $20,000 or ☐ $30,000

Now, please select who you will be enrolling:

☐ Employee Only
☐ Employee + Spouse/Domestic Partner*
☐ Employee + Child(ren)
☐ Employee + Spouse/Domestic Partner + Child(ren)

Dependent Information

If you are enrolling for coverage for your Spouse/Domestic Partner* and/or Child(ren), please provide the information requested below:

Name of your Spouse/Domestic Partner (First, Middle, Last)	Social Security #	Date of Birth (MM/DD/YYYY)	
_____	_____	_____	☐ Male ☐ Female
Name(s) of Child(ren) (First, Middle, Last)			
_____	_____	_____	☐ Male ☐ Female
_____	_____	_____	☐ Male ☐ Female
_____	_____	_____	☐ Male ☐ Female
_____	_____	_____	☐ Male ☐ Female

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

y signing this form, I **declare** that I am actively at work on the date of this enrollment form. In addition if I am not actively at work on the scheduled ffective Date of the insurance requested, such insurance will not take effect until I return to active work.

lease refer to the attached Disclosure Statement or Outline of Coverage for the exclusions, limitations and terms applicable to the coverage.

overage is guaranteed provided (1) the employee is actively at work and (2) dependents are not Hospitalized or under a Medical Restriction. Hospitalization nd/or Medical Restriction means a person is (1) confined at home under a physician's care, (2) receiving or applying for disability benefits from any source, (3) n inpatient at a hospital, (4) receiving care in a hospice, intermediate care, or long term care facility, (5) receiving chemotherapy, radiation therapy, or dialysis. ome states require the insured to have medical coverage.

Employee Signature _____

IETLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED GROUP POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain ertain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a preexisting condition xclusion. There is a Benefit Suspension Period between Recurrences. A more detailed description of the benefits, limitations and exclusions applicable to you can be ound in the Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. Please contact MetLife for more information. Coverage for domestic partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

letLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and ıedical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.