MetLife

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: City of Broken Arrow (the "Policyholder")

2. Address: 220 S. First St. City Broken Arrow State OK Zip 74012

EFFECTIVE DATE

The effective date of the applied for group insurance will be 01/01/2027, 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 **OKLAHOMA**.

COVERAGE DATA

Employees / Members	Dependents
Dental	Dental

PREMIUM DATA

Premiums will be paid: ☒ Monthly ☐ Quarterly ☐ Annually ☐ Other _____

Attached is an advance payment of: $ 0

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. 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.

Signature of Applicant's Authorized Representative

Signed at: City _____, State _____ Date: _____

Name of Authorized Representative _____

Title of Authorized Representative _____

Applicant's Signature _____

Signature of Licensed MetLife Agent or Resident Agent as required by law

Agent's State License No. _____

Date: 07/24/2026

Name of Agent: Will Wiggins

Agent's Signature Will Wiggins