

HIPAA Request

If you wish to include in your booklet certificate the HIPAA privacy language shown on the specimen "Sample Dental and/or Vision Booklet Certificate/SPD Language" provided to you by MetLife, please answer the following questions, sign, and return this form to your MetLife Sales Office.

- A. Are there employees of the Plan Sponsor that may access PHI (Protected Health Information) provided by the Plan? If there are, please provide their title(s) or other identifiers below.

PLEASE DO NOT PROVIDE THEIR NAMES; ONLY TITLE OR OTHER IDENTIFIER.

Title **Human Resources Manager** Title Title
Title Title Title

- B. Should the term "Privacy Officer" be included in Section III. (c) "Sharing of PHI with the Plan Sponsor" of the Dental and/or Vision Plan Document?
 Yes No
- C. Should Section IV. "Participant's Rights" be included in the Dental and/or Vision Plan Document? (This is an optional section.)
 Yes No
- D. Should Section V. "Privacy Complaints/Issues" be included in the Dental and/or Vision Plan Document? (This is an optional section.)
 Yes No

As a duly authorized representative of the Customer named below and its group dental and/or vision plan, and consistent with such Customer's decision to amend its plan document to incorporate HIPAA privacy provisions, I hereby request that MetLife include in Customer's booklet certificate HIPAA privacy language reflecting Customer's choices on this form.

Customer Name **City of Lee's Summit**

Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

Group, Voluntary & Worksite Benefits

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166



Statement of Responsibility

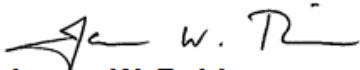
MetLife will be responsible to the group policyholder for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If MetLife uses a third party in connection with any of MetLife’s administrative obligations, MetLife will remain responsible to the group policyholder for the performance by the third party of those administrative obligations. The third party will work under the control and direction of Metlife and Metlife will be solely responsible for the acts, errors and omissions of the third party.

The group policyholder will be responsible to MetLife for the performance of its administrative obligations under the group policy, this agreement and any other written agreement between MetLife and the group policyholder. If the group policyholder uses a third party in connection with any of the group policyholder’s administrative obligations, the group policyholder will remain responsible to MetLife for the performance by the third party of those administrative obligations. The third party will work under the control and the direction of the group policyholder and the group policyholder will be solely responsible for the acts, errors and omissions of the third party.

To be completed by Policyholder:

Stephen Arbo _____ (Name of Authorized Representative)	_____ (Title of Authorized Representative)	
_____ (Signature of Policyholder Authorized Representative)	City of Lee's Summit _____ (Group Policyholder Name)	
Signed at:		
_____ (City)	_____ (State)	_____ Date (MM/DD/YYYY)

To be completed by Metropolitan Life Insurance Company:

 James W. Reid Executive Vice President Group, Voluntary & Worksite Benefits	_____ Date (MM/DD/YYYY)
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CUSTOMER AGREEMENT



City of Lee's Summit
220 SE Green St
Lees Summit, MO 64063

08/01/2019

Dear Stephen Arbo

Thank you for choosing a benefits program from Metropolitan Life Insurance Company ("MetLife") and the MetLife family of Companies. We are excited to be providing benefits for City of Lee's Summit employees. To get started, please sign a copy of this letter below.

The benefits you have chosen for your Vision are listed in the schedules already provided to you. If your MetLife benefit offerings change, we will reflect those changes in a new schedule.

METLIFE'S RESPONSIBILITIES:

1. MetLife will offer the benefits listed on the attached schedules ("MetLife Benefits") to all eligible individuals. Individuals who obtain benefits are referred to as "Participants".
2. For each of the MetLife Benefits listed on the attached schedule, MetLife will provide as applicable either: a group insurance policy and insurance certificates; individually underwritten insurance policies; a detailed benefits schedule; or one or more administrative agreements. These documents will detail the benefits provided, costs, effective date, and other important terms. Nothing in this letter changes any of the terms of the group or individual insurance policies, certificates or other applicable administrative agreements.
3. MetLife will comply with all laws applicable to MetLife's activities in connection with the MetLife Benefits.
4. MetLife will provide information and materials that eligible individuals need to understand the MetLife Benefits.
5. MetLife will process eligibility information and payroll deductions in accordance with MetLife's policies and procedures for each MetLife Benefit. MetLife will be responsible for all pricing and individual underwriting decisions.
6. MetLife will provide account management services to City of Lee's Summit and customer service to eligible individuals.
7. MetLife will treat all non-public personal information about eligible individuals in a confidential manner and in accordance with all applicable laws.
8. Participants no longer employed by City of Lee's Summit (and where applicable, their dependents) may continue certain benefits with MetLife in accordance with MetLife's policies and procedures.

(continued)

City of Lee's Summit'S RESPONSIBILITIES:

1. City of Lee's Summit will communicate the MetLife Benefits to all eligible individuals and distribute enrollment materials. City of Lee's Summit will provide MetLife with full access to the eligible population. City of Lee's Summit will perform its administrative obligations to the fullest extent to drive maximum participation in MetLife Benefits by all eligible individuals. [For Auto & Home coverage, City of Lee's Summit will provide employee contact information to support home mailings managed by MetLife up to four times throughout a calendar year. The campaigns will be chosen by MetLife, and can be customized by adding the employer logo.]
2. City of Lee's Summit will process enrollments and will report to MetLife the identity of all Participants. For certain MetLife Benefits, MetLife requires that City of Lee's Summit will provide a list of all Eligible Employees and provide regular updates thereto. City of Lee's Summit will provide this if required to do so. MetLife and City of Lee's Summit will agree upon the timing and format of this enrollment information.
3. City of Lee's Summit will not use the name or Brand of MetLife or create or distribute materials regarding the MetLife Benefits without MetLife's approval.
4. City of Lee's Summit will comply with all laws applicable to City of Lee's Summit's activities in connection with the MetLife Benefits.
5. Where Participants contribute to the cost of the MetLife Benefits, City of Lee's Summit will provide payroll deductions for amounts due in connection with the MetLife Benefits and will remit payments to MetLife.
6. City of Lee's Summit will be responsible for any filings required by the Department of Labor or other Federal or State agencies. Upon request, MetLife will provide applicable information necessary to make such filings.
7. If City of Lee's Summit is represented by an insurance agent or broker for purposes of a MetLife Benefit, City of Lee's Summit agrees to inform MetLife of any change in its insurance agent or broker.

We look forward to serving your benefit needs! If the terms of this letter are acceptable to City of Lee's Summit, please sign below.

Very Truly Yours,

METROPOLITAN LIFE INSURANCE COMPANY



By _____

Executive Vice President

Title _____

Accepted and Agreed to:

City of Lee's Summit

Stephen Arbo

Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative



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 Lee's Summit (the "Policyholder")
2. Address: 220 SE Green St City Lees Summit State MO Zip 64063

EFFECTIVE DATE

The effective date of the applied for group insurance will be 01/01/2020, 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 MISSOURI.

COVERAGE DATA

Employees / Members	Dependents
Vision _____	Vision _____

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. 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

Signed at: **City** _____, **State** _____ **Date:** _____

Name of Authorized Representative Stephen Arbo

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: 07/24/2019

Name of Agent: Matthew Breitenbach

Agent's Signature Matthew Breitenbach