MOAA INSURANCE PLANS

DENTAL & VISION ENROLLMENT FORM

MetLife
Metropolitan Life Insurance Company, New York, NY 10166

GROUP CUSTOMER INFORMATION (To be completed by the Recordkeeper)

Name of Group Customer	Group Customer #	Report #	Sub Code	Branch
Military Officers Association of America	**159360**	**0159360**	**0001 (Vision)** **0005 (Dental)**	
Plan Code **04002-A (Dental), 04011-A (Vision)**	Promo Code **099780021111**	Coverage Effective Date **(MM/DD/YYYY)**		

YOUR ENROLLMENT INFORMATION (To be completed by the Member)

Name (First, Middle, Last)			Social Security # – –
Address (Street, City, State, Zip Code)			
☐ Male ☐ Female	Date of Birth (MM/DD/YYYY)	Phone #	Rank/Service
Email Address		☐ New Enrollment ☐ Change in Enrollment	MOAA Member #

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.
The following disclosure is required by New Mexico law: **This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.**

Dental Insurance – Select your level of coverage

- ☐ Member Only (P101)
- ☐ Member + Spouse/Domestic Partner[1] (P102)
- ☐ Member + Child(ren) (P104)
- ☐ Member + Spouse/Domestic Partner[1] + Child(ren) (P103)

Vision Insurance – Select your level of coverage

- ☐ Member Only (V_01)
- ☐ Member + Spouse/Domestic Partner[1] (V_02)
- ☐ Member + Child(ren) (V_04)
- ☐ Member + Spouse/Domestic Partner[1] + Child(ren) (V_03)

Dependent Information

If you are applying 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)	Date of Birth (MM/DD/YYYY)	
		☐ Male ☐ Female
Name(s) of your Child(ren) (First, Middle, Last)	**Date of Birth (MM/DD/YYYY)**	
		☐ 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.

[1]Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

GEF13-1
ADM
(The form number above applies to residents of all states except for residents of the following states: **GEF09-1** *for Montana;*
GEF02-1 ADM *for North Dakota and Utah)*

SUBMISSION INSTRUCTIONS

After completion, **sign and date the form on the next page where indicated.** Make a copy for your records and return the original to MOAA Insurance Plans, P.O. Box 10419, Des Moines, IA 50306. For questions or to enroll over the phone call 1-800-247-2192.

099780 A23655_b (7/26) Copyright 2026 AMBA. All rights reserved.

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Insurance): 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: 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.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: 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.

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.

2. I have read the applicable Fraud Warning(s) provided in this enrollment form.

SIGN HERE

Signature of Member	Print Name	Date Signed (MM/DD/YYYY)

☐ **Annual Payment:** Submit your application to begin coverage on the effective date. You will then receive an invoice for the $20 application fee and your premium balance (through the end of this plan year).

Dental and Vision will be billed separately.

Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.

Your actual savings from enrolling in a dental or vision plan will depend on various factors, including the plan premiums, number of visits to a dentist or eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for the plan's specific benefits and other important details.

Dental Insurance and Vision Insurance are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain vision claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. L5459999[exp0628][All States and][All Territories]

In some cases, the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife reimburses the association and/or the plan administrator for these costs.

© 2026 MetLife Services and Solutions, LLC

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
MetLife and the M logo are trademarks of MetLife, Inc.

GEF09-1
FW *(The form number above applies to residents of all states except for residents of the following states:* **GEF09-1** *for Montana;* **GEF09-1 FW** *for North Dakota and Utah)*