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: Truckee Meadows Fire Protection District (the "Policyholder")

2. Address: 3663 Barron Way City Reno State NV Zip 89511

EFFECTIVE DATE

The effective date of the applied for group insurance will be 01/01/2026, 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 **NEVADA**.

COVERAGE DATA

Employees / Members	Dependents
Vision	Vision
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. 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 Reno, State NV Date:

Name of Authorized Representative Alexis Hill

Title of Authorized Representative Chair, Board of Fire Commissioners

Applicant's Signature

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

Agent's State License No. 169895

Date: 10/15/2025

Name of Agent: Rebecca Purdy

Agent's Signature Rebecca Purdy

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 Human Resources Support Specialist 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 **Truckee Meadows Fire Protection District**

Name of Authorized Representative Alexis Hill

Title of Authorized Representative Chair, Board of Fire Commissioners

Signature of Authorized Representative Date

Group, Voluntary & Worksite Benefits
Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166

MetLife

Statement of Responsibility

MetLife will be responsible to the group policyholder for the performance of its administrative obligations under the group policy(ies), 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(ies), 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:

Alexis Hill (Name of Authorized Representative)	Board of Fire Commissioners, Chair (Title of Authorized Representative)
(Signature of Policyholder Authorized Representative)	Truckee Meadows Fire Protection District (Group Policyholder Name)
Signed at: Reno (City)	NV (State)
	Date(MM/DD/YYYY)

To be completed by Metropolitan Life Insurance Company:

Crystal McElroy
Vice President
Group Benefits Contracts & Compliance

10/28/2025
Date(MM/DD/YYYY)