

MetLife Small Market Change Request

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

TYPE OF CHANGE: (Please list below)

1. Name Change
2. Address Change
3. Cancel Spouse
4. Cancel 1 Child
5. Cancel All Children
6. Partial Cancellation - Coverages to be Cancelled
7. Cancel All Coverage - Termination of Employment
8. Cancel All Contributory Coverage – Request of Active Employee

9. Change Insurance Amount due to Salary Change
10. COBRA Enrollment (Attach Election Form)
11. COBRA Termination
12. Other _____

QUALIFYING EVENTS:

13. Add Dependent – Marriage
14. Add Dependent(s) – Birth or Adoption
15. Death
16. Rehired Employee
17. Divorce

DATE:

COMPLETE FOR ELIGIBLE EMPLOYEE(S)								
SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	Social Security Number	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED
#	EFFECTIVE DATE							

(All necessary information must be included to avoid processing delays.)

COMPLETE FOR ELIGIBLE DEPENDENT(S)							
Employee's Name: _____				Employee's Social Security #: _____			
SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED
#	EFFECTIVE DATE						

(All necessary information must be included to avoid processing delays.)

COMMENTS: _____

SEND TO: MetLife Small Market
ATTN: ADMINISTRATION
P.O. Box 14593
Lexington, KY 40512-4593
FAX: 888-505-7446

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE _____

PHONE NUMBER _____

DATE _____