

MetLife Small Business Center Change Request



Account Name: _____ Account Number: _____ Current Branch: _____ Old Branch: _____

TYPE OF CHANGE: (Please list below)

- 1. Name Change
- 2. Address Change
- 3. Cancel Dependent (s)
- 4. Cancel All Coverage – Termination of Employment
- 5. Cancel All Contributory Coverage – Request of Active Employee
- 6. Partial Cancellation (Coverages) to be Canceled _____
- 7. Change Insurance Amount due to Salary Change
- 8. COBRA Enrollment (Attach Election Form)
- 9. COBRA Termination
- 10. Other _____

SPECIAL EVENTS: (Please provide actual date and Dependent name below)

- 11. Add Dependent (s) – Marriage
DATE OF MARRIAGE _____
- 12. Add Dependent (s) – Birth or Adoption
- 13. Death
- 14. Rehired Employee: (Include Data of Rehire)
- 15. Divorce

COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT (S) CHANGING

SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	EMPLOYEES SS#	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 Business Center
 ATTN: ADMINISTRATION
 P.O. Box 14593
 Lexington, KY 40512-4593
 FAX: 888-505-7446

 EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE

() _____
 PHONE NUMBER

 DATE