



Metropolitan Life Insurance Company, New York, NY

**METLIFE
CHANGE REQUEST**

GROUP NAME: _____ **GROUP NUMBER:** _____

TYPE OF ELIGIBILITY CHANGE: (Please list below)

- 1. Name Change
- 2. Address Change
- 3. Cancel Spouse
- 4. Cancel 1 Child
- 5. Cancel All Children
- 6. Partial Cancellation (List 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. Change Employee from DHMO to PPO*
- 13. Change Employee from PPO to DHMO*
- 14. Other _____

All necessary information must be included to avoid processing delays.

QUALIFYING EVENTS:

- Q1. Add Dependent - Marriage
- Q2. Add Dependent(s) - Birth or Adoption
- Q3. Add Dependent(s) - Loss of Coverage**
- Q4. Death
- Q5. Rehired Employee
- Q6. Divorce

** Proof of loss must be submitted with request for coverage.

DATE: / /

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COMPLETE FOR ELIGIBLE EMPLOYEE(S)

ELIGIBILITY OR QUALIFYING EVENT CHANGE	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTHDAY MO/DAY/YR	SEX	LIST NEW CHANGE (SALARY/ADDRESS, ETC.)	COVERAGES AFFECTED
#	EFFECTIVE DATE						
/ /			- -	/ /			
/ /			- -	/ /			
/ /			- -	/ /			
/ /			- -	/ /			

COMPLETE FOR ELIGIBLE DEPENDENT(S)

Employee's Name _____ **Employee's Social Security #** _____

ELIGIBILITY OR QUALIFYING EVENT CHANGE	LAST NAME	FIRST NAME	BIRTHDAY MO/DAY/YR	SEX	LIST NEW CHANGE (SALARY/ADDRESS, ETC.)	COVERAGES AFFECTED
#	EFFECTIVE DATE					
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COMMENTS:

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE _____

() - PHONE NUMBER _____ DATE _____

*Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. Dental HMO plans in CA, FL and TX are available through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies.