



METLIFE SMALL BUSINESS CENTER  
CHANGE REQUEST

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ CURRENT BRANCH: \_\_\_\_\_ OLD BRANCH: \_\_\_\_\_

TYPE OF CHANGE: (Please list below)

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

- 1. Add New Employee (Attach Enrollment Form)
- 2. Name Change
- 3. Address Change
- 4. Cancel Dependent (s)
- 5. Cancel All Coverage--Termination of Employment
- 6. Cancel All Contributory Coverage--Request of Active Employee
- 7. Partial Cancellation (Coverages) to be Canceled
- 8. Change Insurance Amount due to Salary Change
- 9. COBRA Enrollment (Attach Election Form)
- 10. COBRA Termination
- 11. Other \_\_\_\_\_
- 12. Add Dependent (s)--Marriage
- 13. Add Dependent (s)--Birth or Adoption
- 14. Death
- 15. Rehired Employee: (Include Date of Rehire)
- 16. Divorce

COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT (S) CHANGING

SPECIAL EVENT OR TYPE OF CHANGE #	EFFECTIVE DATE	LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED

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

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEND TO:  
NYCON

272 Broadway  
Albany, NY 12204

Fax: 518-689-1042

*FAX - 689-1042*

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_