

**METLIFE  
CHANGE REQUEST**

**MetLife**  
Metropolitan Life Insurance Company, New York, NY

**GROUP NAME:** \_\_\_\_\_

**GROUP NUMBER:** \_\_\_\_\_

**TYPE OF ELIGIBILITY CHANGE (Please list below)**

- |                        |  |   |
|------------------------|--|---|
| 1. Name Change         | 6. Partial Cancellation (List Coverages to be Cancelled)         | 10. COBRA Enrollment (Attach Election Form) |
| 2. Address Change      | 7. Cancel All Coverage - Termination of Employment               | 11. COBRA Termination                       |
| 3. Cancel Spouse       | 8. Cancel All Contributory Coverage - Request of Active Employee | 12. Change Employee from DHMO to PPO*       |
| 4. Cancel 1 Child      | 9. Change Insurance Amount due to Salary Change                  | 13. Change Employee from PPO to DHMO*       |
| 5. Cancel All Children |  | 14. Other _____                             |

All necessary information must be included to avoid processing delays.

**QUALIFYING EVENTS: DATE:**

- |   |                |
|---|----------------|
| 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.

**COMPLETE FOR ELIGIBLE EMPLOYEE(S)**

ELIGIBILITY OR QUALIFYING EVENT CHANGE #	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTHDAY MO/DAY/YR	SEX	Address	COVERAGES AFFECTED Coverage Amount
/ /				/ /			
/ /				/ /			
/ /				/ /			

**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	COVERAGES AFFECTED
/ /			/ /	
/ /			/ /	
/ /			/ /	

**COMMENTS:**

EMPLOYER(S) OR REPRESENTATIVE(S) SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

\*Group dental insurance policies featuring the Preferred Dental 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 and companies are part of the MetLife family of companies.  
**LM CHANGE REQUEST FORM (01/11)** SEND TO: MetLife ATTN: ADMINISTRATION