

METLIFE CHANGE REQUEST

GROUP NAME: _____ GROUP NUMBER: _____

TYPE OF ELIGIBILITY CHANGE: (Please list below) _____

- | | | |
|------------------------|--|---|
| 1. Name Change | 6. Partial Cancellation (List Coverages to be Cancelled) | 11. COBRA Enrollment (Attach Election Form) |
| 2. Address Change | 7. Cancel All Coverage - Termination of Employment | 12. COBRA Termination |
| 3. Cancel Spouse | 8. Cancel All Contributory Coverage - Request of Active Employee | 13. Change Employee from DHMO to PPO* |
| 4. Cancel 1 Child | 9. Change Employee Salary | 14. Change Employee from PPO to DHMO* |
| 5. Cancel All Children | 10. Change Insurance Amount due to Salary Change | 15. 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. Retired Employee | _____/_____/____ |
| Q6. Divorce | _____/_____/____ |
- ** Proof of loss is required with submission

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
/ /			- -	/ /			
/ /			- -	/ /			
/ /			- -	/ /			
/ /			- -	/ /			

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 (NAME/ADDRESS, ETC.)	COVERAGES AFFECTED
# EFFECTIVE DATE						
/ /			/ /			
/ /			/ /			
/ /			/ /			
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COMMENTS:

EMPLOYERS (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.