



METLIFE SMALL BUSINESS CENTER CHANGE REQUEST

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____ CURRENT BRANCH: _____ OLD BRANCH: _____

TYPE OF CHANGE: (Please list 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 _____

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

- 12. Add Dependent (s)--Marriage
DATE OF MARRIAGE _____
- 13. Add Dependent (s)--Birth or Adoption
- 14. Death
- 15. Rehired Employee: (Include Data of Rehire)
- 16. 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