



Metropolitan Life Insurance Company, New York, NY

METLIFE SMALL MARKET CHANGE REQUEST

ACCOUNT NAME: _____ ACCOUNT 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. Other _____

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 _____

All necessary information must be included to avoid processing delays.

* 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	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						

COMMENTS: _____

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE _____

PHONE NUMBER _____

DATE _____