

## MetLife Small Market Change Request

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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

- 1. Name Change
- 2. Address Change
- 3. Cancel Spouse
- 4. Cancel 1 Child
- 5. Cancel All Children
- 6. Partial Cancellation - 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:**

- 13. Add Dependent – Marriage
- 14. Add Dependent(s) – Birth or Adoption
- 15. Death
- 16. Rehired Employee
- 17. Divorce

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE FOR ELIGIBLE EMPLOYEE(S)**

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

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

**COMPLETE FOR ELIGIBLE DEPENDENT(S)**

Employee's Name: \_\_\_\_\_ Employee's Social Security #: \_\_\_\_\_

SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	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 Market**  
 ATTN: ADMINISTRATION  
 P.O. Box 14593  
 Lexington, KY 40512-4593  
 FAX: 888-505-7446

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

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

DATE \_\_\_\_\_