MetLife
Metropolitan Life Insurance Company, New York, NY

METLIFE SMALL MARKET CHANGE REQUEST

GROUP NAME: ______________________ GROUP NUMBER: ______________________

TYPE OF ELIGIBILITY CHANGE: (Please list be

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. Change Employee from DHMO to PPO*
13. Change Employee from PPO to DHMO*
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	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:

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______________________ EMPLOYER'S (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.

SEND TO: MetLife Small Market ATTN: ADMINISTRATION P.O. Box 14593, Lexington, KY 40512-4593, FAX: 888-505-7446