

**METLIFE SMALL MARKET
CHANGE REQUEST**



Metropolitan Life Insurance Company, New York, NY

GROUP NAME: _____

TYPE OF ELIGIBILITY CHANGE: (Please list below)

GROUP NUMBER: _____

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

COMPLETE FOR ELIGIBLE DEPENDENT(S)

Employee's Name	Employee's Social Security #

COMMENTS:

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.

SM CHANGE REQUEST FORM(04/10)

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