



Metropolitan Life Insurance Company, New York, NY

**METLIFE SMALL MARKET  
CHANGE REQUEST**



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

**ACCOUNT NUMBER & DIVISION:** TS05621973-

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

- |                        |  |   |
|------------------------|--|---|
| 1. Name Change         | 6. Partial Cancellation - 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. Other _____                             |
| 4. Cancel 1 Child      | 9. Change Insurance Amount due to Salary Change                  |   |
| 5. Cancel All Children |  |   |

**QUALIFYING EVENTS:**

**DATE:**

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

**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**  
**Affinity & Specialty Services**  
ATTN: Margie Greer  
FAX: 813-673-3982

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE

( ) -  
PHONE NUMBER

DATE