MetLife®
Metropolitan Life Insurance Company, New York, NY

METLIFE SMALL MARKET CHANGE REQUEST

GROUP NAME: ____________________ GROUP 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	

* Proof of loss must be submitted with request for coverage.

Note: For requesting Facility ID code changes call 1-800-880-1800.
All necessary information must be included to avoid processing delays.

COMPLETE FOR ELIGIBLE EMPLOYEE(S)

ELIGIBILITY OR QUALIFYING EVENT CHANGE #	EFFECTIVE DATE	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 #** ____________

ELIGIBILITY OR QUALIFYING EVENT CHANGE #	EFFECTIVE DATE	LAST NAME	FIRST NAME	BIRTHDAY MO/DAY/YR	SEX	LIST NEW CHANGE (SALARY/ADDRESS, ETC.)	COVERAGES AFFECTED

COMMENTS:
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EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE ____________________ PHONE NUMBER ( ) - ____________________ DATE ____________________

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