



# METLIFE SMALL BUSINESS CENTER CHANGE REQUEST

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ CURRENT BRANCH: \_\_\_\_\_ OLD BRANCH: \_\_\_\_\_

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

- 1. Add New Employee (Attach Enrollment Form)
- 2. Name Change
- 3. Address Change
- 4. Cancel Dependent (s)
- 5. Cancel All Coverage--Termination of Employment
- 6. Cancel All Contributory Coverage--Request of Active Employee
- 7. Partial Cancellation (Coverages) to be Canceled \_\_\_\_\_
- 8. Change Insurance Amount due to Salary Change \_\_\_\_\_
- 9. COBRA Enrollment (Attach Election Form)
- 10. COBRA Termination
- 11. Other \_\_\_\_\_

**SPECIAL EVENTS: (Please provide actual date and dependent name below)**

- 12. Add Dependent (s)--Marriage  
**DATE OF MARRIAGE** \_\_\_\_\_
- 13. Add Dependent (s)--Birth or Adoption
- 14. Death
- 15. Rehired Employee: (Include Data of Rehire)
- 16. Divorce

COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT (S) CHANGING								
SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	EMPLOYEES SS#	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 Business Center  
ATTN: ADMINISTRATION  
P.O. BOX 14593  
Lexington, KY 40512-4593

\_\_\_\_\_  
EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE      (      )      \_\_\_\_\_  
PHONE NUMBER      DATE