



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 Cancelled
- 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. Retired Employee: (Include Date of Retire) \_\_\_\_\_
- 16. Divorce \_\_\_\_\_

COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT (S) CHANGING							
SPECIAL EVENT OR TYPE OF CHANGE	LAST NAME	FIRST NAME	EMPLOYER SSN	BIRTHDAY MONTH/YEAR	SEX	SALARY/ADDRESS CHANGE	COVERAGES REQUESTED

(All necessary information must be included to avoid processing delays.)

COMMENTS: \_\_\_\_\_

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