MetLife®

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 #	EFFECTIVE DATE	LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED

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

COMMENTS:

_____

_____

_____

_____

_____ ( ) _____ _____

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

SEND TO:

EUCLID MANAGERS®
Serving the independent agent since 1976

234 Spring Lake Drive, Itasca, IL 60143
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