MetLife

METLIFE
CHANGE REQUEST

GROUP NAME: Episcopal Diocese of Dallas **GROUP NUMBER:** 05599495

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 Employee Salary
10. Change Insurance Amount due to Salary Change
11. COBRA Enrollment (Attach Election Form)
12. COBRA Termination
13. Change Employee from DHMO to PPO*
14. Change Employee from PPO to DHMO*
15. 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 is required with submission

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 (NAME/ADDRESS, ETC.)	COVERAGES AFFECTED
	/ /			/ /			
	/ /			/ /			
	/ /			/ /			
	/ /			/ /			

COMMENTS:

_____

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_____

_____ ( ) - _____ _____

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

*Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. 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.