

PEBB Cancellation of Retiree Term Life Insurance through MetLife



Use this form to notify MetLife that you wish to cancel your retiree term life insurance. If you cancel your life insurance, you may not reenroll unless you regain eligibility at a later date.

1 Subscriber information

First name	Middle name	Last name
Social Security number	Date of birth (MM/DD/YYYY)	
Address line 1		
Address line 2		
City	State	ZIP/Postal code
Phone number	Alternate phone number (optional)	

2 Cancellation

I wish to cancel my retiree term life insurance. I understand that I may not reenroll unless I regain eligibility at a later date.

3 Signature

By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. This crime can result in imprisonment, fines, and denial of benefits. I understand that coverage cancellation will be effective on the first of the month following receipt of this form. I understand the information collected about me is confidential. MetLife will not release any information about me without my authorization, except to conduct business or as required or permitted by law.

Subscriber signature	Date
<input type="text"/>	

Make a copy for your records and return the original form to:
MetLife Recordkeeping Center, PO Box 14406, Lexington, KY 40512-4406

WA State Health Care Authority PEBB Customer Number 164995