

# PEBB cancellation of Supplemental Life and AD&D insurance through MetLife



Use this form to notify MetLife that you wish to cancel your Supplemental Life Insurance or Supplemental Accidental Death & Dismemberment (AD&D) Insurance.

Basic Life Insurance (\$35,000) and Basic AD&D Insurance (\$5,000) are not affected by this form. Basic Life and AD&D are provided by your employer at no cost to you.

**You cannot cancel your Supplemental Life Insurance and keep Dependent Life Insurance.** However, you may keep your Supplemental Life Insurance and Supplemental AD&D Insurance and cancel coverage for your spouse or state-registered domestic partner and/or child(ren).

## 1

### Employee information

Name (first, middle, last)

Social Security number

Date of birth

Address (street, city, state, ZIP/Postal code)

Phone number

Alternate phone number (optional)

## 2

### Cancellation options

Please check the insurance below you wish to cancel.

#### Cancel my employee coverage:

Supplemental Life Insurance

Supplemental AD&D Insurance

Supplemental Spouse/State-Registered Domestic Partner AD&D Insurance

#### Cancel coverage for my spouse or state-registered domestic partner:

Supplemental Spouse/State-Registered Domestic Partner Life Insurance

#### Cancel coverage for my child(ren):

Supplemental Child Life Insurance

Supplemental Child AD&D Insurance

## 3

### Signature

By submitting 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. Penalties include imprisonment, fines, and denial of benefits. I understand that coverage cancellation will be effective on the first of the month following receipt of this signed and dated 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.

Employee signature:

Date:

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

**WA State Health Care Authority PEBB Customer Number 164995**