

CANCELLATION OF OPTIONAL LIFE INSURANCE THROUGH METLIFE—EMPLOYEE FORM

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

For employees only: Employee Basic Life Insurance (\$35,000) and Employee Basic AD&D Insurance (\$5,000) is not affected by this form. It is provided by your employer at no cost to you.

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

SUBSCRIBER INFORMATION (TO BE COMPLETED BY THE EMPLOYEE)

Name (First, Middle, Last)		Social Security #
Address (Street, City, State ZIP Code)		
Date of Birth (MM/DD/YYYY)	Phone #	Phone # (Optional)

CANCELLATION OPTIONS

Please check the insurance below you wish to cancel.

Employee: Cancel my employee coverage for:

- Optional Life Insurance Optional AD&D Insurance

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

- Optional Life Insurance Optional AD&D Insurance

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

- Optional Life Insurance Optional AD&D Insurance

SIGNATURE

By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of PEBB benefits. I understand that coverage cancellation will be effective on the first of the month following receipt of this signed and dated form.

The information collected about you is confidential. We will not release any information about you without your authorization, except to conduct our business or as required or permitted by law.

Subscriber signature: _____ Date: _____

This form must be signed and dated.

After completion, make a copy for your records and return the original to:
MetLife Recordkeeping Center, P.O. Box 14406, Lexington, KY 40512-4406