

WA State Health Care Authority PEBB Customer Number 164995

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 re-enroll unless you regain eligibility at a later date.**

Subscriber information (to be completed by the retiree)		
Name (first, middle, last)	Social Security number	
Address (street, city, state, ZIP Code)		
Date of birth (MM/DD/YYYY)	Phone number	Alternate phone number (optional)
Cancellation		
<input type="checkbox"/> I wish to cancel my Retiree Term Life Insurance. I understand that I may not re-enroll unless I regain eligibility at a later date.		

Signature
<p>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.</p> <p>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.</p> <p>Subscriber signature: _____ Date _____</p>

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