

CANCELLATION OF RETIREE LIFE INSURANCE THROUGH METLIFE

Use this form to notify MetLife that you wish to cancel your Retiree Life Insurance. **If you cancel your Retiree Life Insurance, you may not re-enroll in life insurance unless you regain eligibility for life insurance at a later date.**

SUBSCRIBER INFORMATION (TO BE COMPLETED BY THE RETIREE)

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

CANCELLATION

- I wish to cancel my Retiree Life Insurance. I understand that I may not re-enroll in life insurance through the PEBB Program unless I regain eligibility at a later date.

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