

SEBB Notification of Enrollment Extension for Supplemental Life Insurance

! This form is not necessary to extend enrollment deadlines for supplemental accidental death & dismemberment (AD&D) coverage. Employees may enroll in supplemental AD&D coverage at any time.

Employer instructions: Submit this form, along with the employee's MetLife enrollment/change form, to MetLife by one of the methods listed on the enrollment/change form.

1

Employee information

Last name

First name

Middle name

Social Security number

2

Authorized representative

SEBB organization

HCA code/organization number

Last name

First name

Email address

Phone number (with area code)

3

Notification to MetLife

Note that supplemental elections are effective the first of the month following receipt of completed enrollment and extension forms.

Employee was entered into the insurance system late or after the 31-day enrollment period. Benefits effective date:

Action required by MetLife: Enroll the employee as requested up to the guaranteed issue amount without evidence of insurability (statement of health). (WAC 182-31-040 and 182-31-030)

Employee is returning from Family and Medical Leave Act (FMLA) or the Paid Family and Medical Leave (PFML) Program and would like to reinstate deferred life insurance effective:

Action required by MetLife: Reinstate previous coverage without requiring evidence of insurability (statement of health).

Continue to the next page to sign this document.



I have reviewed the above criteria and authorize that the above employee's enrollment extension is approved. MetLife may process the enrollment as requested.

Authorized representative's signature

Date

WA State Health Care Authority SEBB Customer Number 219743