



# SEBB notification of enrollment extension for Supplemental Life Insurance



**Note:** 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.

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## Employee information

Employer name (SEBB Organization)

Agency/sub-agency number

Employee name: (first, middle, last)

Employee date of birth (MM/DD/YYYY)

Employee Social Security number

2

## Authorized payroll or benefits office representative

Name

Email address

Phone number (with area code)

3

## Notification to MetLife

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 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 (a statement of health).

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## Authorized payroll or benefits office representative signature

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

Authorized representative's signature

Date

WA State Health Care Authority SEBB Customer Number 219743

HCA 20-0190 (10/20)