

SEBB Supplemental Life Insurance Enrollment Extension

⚠ Do not use this form 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

Employer representative information

SEBB organization

HCA code/organization number

Last name

First name

Email address

Phone number (with area code)

3

Notification to MetLife

Note: 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. (WAC 182-31-030 and 182-31-040)

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: Reinstall previous coverage without requiring evidence of insurability.

4

Employer representative's signature

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

Employer representative's signature

Date

WA State Health Care Authority SEBB Customer Number 219743

