

# PEBB notification of enrollment extension for Supplemental Life and AD&D Insurance

**Note:** This form is not necessary to extend enrollment deadlines for Supplemental Accidental Death & Dismemberment (AD&D) coverage only. Employees may enroll in Supplemental AD&D coverage at any time.

**Agency 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.

Employee/subscriber information	
Agency name	Agency/sub-agency number
Employee name: (first, middle, last)	
Employee date of birth (MM/DD/YYYY)	Employee Social Security number
Authorized agency personnel, payroll, or benefits office representative	
Name (printed)	
Email address	Phone number
Notification to MetLife	
<input type="checkbox"/> Employee was entered into the insurance system after the 31-day enrollment period. Benefits effective date: _____ <b>Action required by MetLife:</b> Enroll the employee as requested up to the guaranteed issue amount without evidence of insurability (statement of health). (WAC 182-08-197 and 182-12-114)	
<input type="checkbox"/> Employee is returning from FMLA or the Paid Family and Medical Leave (PFML) Program and would like to reinstate deferred life insurance effective: _____ <b>Action required by MetLife:</b> Reinstate previous coverage without requiring evidence of insurability (a statement of health).	
Agency 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.	
<b>Authorized representative's signature</b> _____ <b>Date</b> _____	