

PEBB 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.

1

Employee information

Employer name

Agency/sub-agency code

Last name

First name

Middle initial

Social Security number

2

Authorized payroll or benefits office representative

Last Name

First 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 requiring evidence of insurability (statement of health). (WAC 182-08-197, 182-12-114, and 182-12-113)

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 (statement of health).

4

Authorized payroll or benefits office representative 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.

Authorized representative's signature

Date