

Participant data change request

This form is to change/update your information we have on file.

Things to know before you begin

- You'll need to attach a copy of the driver's license, marriage certificate, divorce decree or similar court issued document reflecting the correction or change of name/address.

1 Participant identification

Contract/Account number(s)

First name

Middle name

Last name

Date of birth (mm/dd/yyyy)

Social Security number/TIN

Phone number

Address

2 Change of name/telephone/address (Please print)

Old Name

New Name

First name

First name

Middle name

Middle name

Last name

Last name

Signature

Signature

Date (mm/dd/yyyy)

Old Phone Number

New Phone Number

New Address

Number & Street

City

State

Zip code

3 Correction of dates (mm/dd/yyyy)

Correct date of birth

Correct date of hire

Correct date of participation

4 Sign and date

Sign Here

Participant's Signature

Date

Sign Here

Plan Administrator's Signature (for ERISA only)

Date

Submit your form and supporting documentation



Mail to:

MetLife
P.O. Box 10356
Des Moines, IA 50306-0356

Express Mail only:

MetLife
4700 Westown Pkwy, Ste 200
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