MetLife

Lapse Designee

Metropolitan Life Insurance Company

SECTION 1: Insured information

First name | Middle name | Last name

Group number

SECTION 2: Lapse Designee information

Please select one of the following options to indicate your Lapse Designee decision:

- ☐ Please add the person indicated below as my Lapse Designee.
- ☐ Please update the contact information for my current Lapse Designee.
- ☐ Please remove my current Lapse Designee and replace them with the person indicated below.
- ☐ Please remove my current Lapse Designee. I understand that I will no longer have a Lapse Designee.

Lapse Designee:

First Name | Last Name

Address | City | State | ZIP

SECTION 3: Signature

Sign Here Signature of Insured | Date *(mm/dd/yyyy)*

SECTION 4: How to submit this form

Mail:
MetLife
Long Term Care
P.O. Box 14634
Lexington, KY 40512-4634

Fax:
866-314-5612

Email:
LTCOperations@metlife.com