



Long-Term Care

Long-Term Care
Servicing Agent Change
Review Form

Requirements / Information:

1. All requests are on a going forward basis.
2. One insured per form per HIPAA guidelines.
3. Commissions are not directed to long-term care servicing agents.
4. If applicable, please attach supporting documentation with this form.
5. If any applicable field is left blank, the request will be automatically rejected.
6. A Managing Director signature or client letter with their signature is required to process this request.
7. LTC servicing agents cannot be viewed in eService.
8. Please fax completed form to: 866-314-5595 or Email: fpsltc@metlife.com.
9. Questions? Please email your questions to Email: fpsltc@metlife.com

Date:

Requesting Agency Name:	Agency #:	Distribution:

Insured's Name:	Policy No.:	Policy State:

New Servicing Agent Name:	Agent No.:	SSN:

New Servicing Agent Correspondence Address:		
Street :		
City :	State:	Zip Code:
Telephone No.:	Email:	

Detailed Reason For Change:

Managing Director Name:	Managing Director Signature:

Metropolitan Life Insurance Company use only:	
Request Approved By:	Request Rejected By:
Date Approved:	Date Rejected:
Date DF Completed:	Rejection Reason(s):