



## Address change request form

### Things to know before you begin

Use this form to change the mailing address for correspondence if you are NOT currently in claim. If you are in claim or have initiated the claim process, please use the address change form labeled "For insureds in claim".

### SECTION 1: Insured information *(Please print name of insured and address below)*

Regarding the MetLife Long-Term Care coverage for:

First name	Middle Name	Last Name	
Group or Policy Number	Date of birth (mm/dd/yyyy)	Email address	

I would like to request to change the mailing address for all correspondence for the insured listed above to the following new address:

Address	City	State	ZIP
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Additionally, the home phone number should be listed as \_\_\_\_\_

<b>Sign Here</b>	Signature of insured	Date (mm/dd/yyyy)
	_____	_____

### SECTION 2: How to submit this form

**Mail:**

Long Term Care  
P.O. Box 14634  
Lexington, KY 40512-9938

**Email:**

[LTCOperations@metlife.com](mailto:LTCOperations@metlife.com)