

MetLife Insurance Company

MAIL TO: BAY BRIDGE ADMINISTRATORS, LLC
P.O. BOX 161690
AUSTIN, TEXAS 78716

POLICYHOLDER'S CHANGE AND SERVICE REQUEST

Policy/Certificate Number (use 1 form per policy)/ Social Security No.	Name of Insured (Last, First, Middle)	Agent Name and Number (Please Print)
--	---------------------------------------	--------------------------------------

Take the following action(s) regarding this policy

Policy Changes, Reduction or Removals

Delete the following member from coverage:

Name _____

Reason _____

If due to death of Named Insured, please include:

Spouse Name _____

Spouse SSN _____

Spouse DOB _____

Add Newborn Child _____

Name of Newborn _____

Date of Birth of Newborn _____

If Divorced- Date of Divorce Decree _____

Change Name of

Named Insured

From _____

To _____

Reason for Change _____ (complete Change of Address Form if needed)

Note: If the reason for the change is other than marriage, a certified copy of the court order is required.

Address Change

Name (last, First, Middle)

Street

City, State, Zip

Payroll Allotment Billing Changes

Case No. _____ Social Security No. _____

Named Insured Name _____

Place Policy on Direct Bill Effective: _____

ANNUAL

SEMI-ANNUAL

QUARTERLY

BANK DRAFT*

* One Month's Premium, Bank Draft Authorization and Voided Check Required

Beneficiary Designation / Change

	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE	RELATIONSHIP TO EMPLOYEE
Primary	_____	_____	_____	_____	_____
Contingent	_____	_____	_____	_____	_____

Your benefits will be paid first to the Primary beneficiary(ies). If that person(s) is deceased, benefits will be paid to the Contingent beneficiary(ies). (Legal appointment of guardian is required if minor is named as beneficiary.) If no beneficiary survives, payment shall be made in accordance with the terms of the policy.

Other Instructions (Be specific)

Signature of Named Insured

Date