

MetLife®

Part B – Employer Information To MetLife					
Date Group Life benefits became effective for insured / /		Reason for termination of Group Life benefits: <input type="checkbox"/> Termination of Employment <input type="checkbox"/> No Longer an Eligible Dependent <input type="checkbox"/> Retirement <input type="checkbox"/> Termination of Group Policy			
Was an ABO claim paid? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the claim amount? \$ _____ Subtract this amount from amount(s) in force prior to discontinuance.			
Amount(s) in force prior to discontinuance:		Amount(s) discontinued:		Amount(s) continued:	
\$_____ Basic Life		\$_____ Basic Life		\$_____ Basic Life	
\$_____ Optional Life		\$_____ Optional Life		\$_____ Optional Life	
\$_____ Spouse Life		\$_____ Spouse Life		\$_____ Spouse Life	
\$_____ Child Life		\$_____ Child Life		\$_____ Child Life	
\$_____ Survivor		\$_____ Survivor		\$_____ Survivor	
Was the employee totally disabled on the date the benefits were discontinued? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Employer					
Address		Street		City	
				State	
				Zip Code	
Signed		Date		Telephone (Include Area Code)	
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Instructions to Employer

1. Complete both Parts A and B above **immediately** upon termination of Group Life benefits for an eligible employee and/or covered dependents.
2. Make copies of the completed form and give the original copy to the person eligible to convert or mail it to the last known address.
3. Mail a copy of the completed form to the MetLife office responsible for administering your Group contract.
4. Send a copy of the form via fax (1-888-422-4272) or Internet (solutions@metlife.com) to MetLife Advice Resource Center.