

METROPOLITAN LIFE INSURANCE COMPANY
NON-CONTRIBUTORY BASIC LIFE
AND ACCIDENTAL DEATH & DISMEMBERMENT
ENROLLMENT FORM



Please print clearly and be sure to sign and date this form. Return your completed form to your employer's office.

I want to be covered under the group plan benefits for which I am eligible.

Basic Life

Accidental Death & Dismemberment

Your Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Home E-Mail: _____

Date of Birth: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed

Home Phone: (____) _____ Work Phone: (____) _____

Name of Employer: _____

Occupation: (Classification) _____

Location of Employment: _____ Hire Date: _____

I do not want to be covered for the group plan benefits for which I am eligible. I understand that I will have to submit evidence of good health satisfactory to MetLife if I want this coverage at a later date.

Designation of Beneficiary

I designate as my Beneficiary

My Designation of Beneficiary is on a separate form

Name _____

Address _____

Date of Birth _____ Relationship to Employee _____

Telephone: _____

If the Beneficiary dies before me, I designate as contingent beneficiary:

Name _____

Address _____

Date of Birth _____ Relationship to Employee _____

Telephone: _____

- If there is more than one beneficiary, or more than one contingent beneficiary, they will share the death benefits equally, or all will be paid to the survivor.
- I RESERVE the right to change this designation at any time.

I declare that the information given above is true and complete to the best of my knowledge and belief, and that I am actively at work on the date of this enrollment.

Employee Signature _____ Date _____