METLIFE
CHANGE REQUEST

GROUP NAME: Santa Barbara County Firefighters Local 2046 **GROUP NUMBER:** TS 05347624 Div 0001

TYPE OF ELIGIBILITY CHANGE: (Please list below)

1. Name Change	6. Partial Cancellation (List Coverages to be Cancelled) _____	11. COBRA Enrollment (Attach Election Form)
2. Address Change		12. COBRA Termination
3. Cancel Spouse	7. Cancel All Coverage - Termination of Employment	13. Change Employee from DHMO to PPO*
4. Cancel 1 Child	8. Cancel All Contributory Coverage - Request of Active Employee	14. Change Employee from PPO to DHMO*
5. Cancel All Children	9. Change Employee Salary	15. Other _____
	10. Change Insurance Amount due to Salary Change	

QUALIFYING EVENTS:	DATE:
Q1. Add Dependent – Marriage	/ /
Q2. Add Dependent(s) – Birth or Adoption	/ /
Q3. Add Dependent(s) – Loss of Coverage**	/ /
Q4. Death	/ /
Q5. Rehired Employee	/ /
Q6. Divorce	/ /

** Proof of loss is required with submission

All necessary information must be included to avoid processing delays

COMPLETE FOR ELIGIBLE EMPLOYEE(S)

ELIGIBILITY OR QUALIFYING EVENT CHANGE #	ELIGIBILITY OR QUALIFYING EVENT CHANGE EFFECTIVE DATE	LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	BIRTHDAY MO/DAY/YR	SEX	LIST NEW CHANGE (SALARY/ADDRESS, ETC.)	COVERAGES AFFECTED
	/ /			- -	/ /			
	/ /			- -	/ /			
	/ /			- -	/ /			
	/ /			- -	/ /			

COMPLETE FOR ELIGIBLE DEPENDENT(S)

Employee's Name _____ **Employee's Social Security #** ___ - ___ - ____

ELIGIBILITY OR QUALIFYING EVENT CHANGE #	ELIGIBILITY OR QUALIFYING EVENT CHANGE EFFECTIVE DATE	LAST NAME	FIRST NAME	BIRTHDAY MO/DAY/YR	SEX	LIST NEW CHANGE (NAME/ADDRESS, ETC.)	COVERAGES AFFECTED
	/ /			/ /			
	/ /			/ /			
	/ /			/ /			
	/ /			/ /			

COMMENTS:

_____

_____

_____

_____ ( ) - _____ _____

EMPLOYER'S (OR REPRESENTATIVE'S) SIGNATURE PHONE NUMBER DATE

*Group dental insurance policies featuring the Preferred Dentist Program are underwritten by Metropolitan Life Insurance Company, New York, NY 10166. Dental HMO plans in CA, FL, and TX are available through a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies.