

MetLife

Dental Enrollment/Change of Status Application

New Enrollment	
<input type="checkbox"/> New Hire	<input type="checkbox"/> Open Enrollment
<input type="checkbox"/> Other	
Effective Date:	

Change/ Dependent Add or Delete	
<input type="checkbox"/> Newborn Addition	<input type="checkbox"/> Address Change
<input type="checkbox"/> Marriage Addition	<input type="checkbox"/> Name Change
<input type="checkbox"/> Add Dependent	<input type="checkbox"/> Delete Dependent
Event Date:	Effective date:

Employee Information					
Employer:					
Social Security No.		Employee Last Name		Employee First Name	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever been a member of MetLife within the state of California? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date of Hire	
Street Address			City		State
					Zipcode

Dependent Information						
Last Name	First Name	MI	SSN	Date of Birth	Gender	Add/ Delete
Spouse					Male <input type="checkbox"/> Female <input type="checkbox"/>	Add <input type="checkbox"/> Delete <input type="checkbox"/>
Dependent					Male <input type="checkbox"/> Female <input type="checkbox"/>	Add <input type="checkbox"/> Delete <input type="checkbox"/>
Dependent					Male <input type="checkbox"/> Female <input type="checkbox"/>	Add <input type="checkbox"/> Delete <input type="checkbox"/>
Dependent					Male <input type="checkbox"/> Female <input type="checkbox"/>	Add <input type="checkbox"/> Delete <input type="checkbox"/>
Dependent					Male <input type="checkbox"/> Female <input type="checkbox"/>	Add <input type="checkbox"/> Delete <input type="checkbox"/>

EMPLOYEE STATEMENT	
I request coverage under my employer's group insurance plan as noted and also verify the accuracy of the employee section. Furthermore, I authorize my employer to deduct from my earnings any payment, if applicable for this coverage.	

EMPLOYEE SIGNATURE:

DATE:

TO BE COMPLETED BY ADMINISTRATOR			
Plan:			
<input type="checkbox"/> Premier PDP Dental (\$1,500)	<input type="checkbox"/> Standard PDP Dental (\$1,000)	<input type="checkbox"/> Preferred Dentist Savings Plan	
STATUS:			
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> COBRA	<input type="checkbox"/> CAL/COBRA	<input type="checkbox"/> WAITING PERIOD: