



SEBB notification of enrollment extension for Supplemental Life and AD&D Insurance



Note: This form is not necessary to extend enrollment deadlines for Supplemental Accidental Death & Dismemberment (AD&D) coverage only. Employees may enroll in Supplemental AD&D coverage at any time.

Employer instructions: Submit this form, along with the employee's MetLife enrollment/change form, to MetLife by one of the methods listed on the enrollment/change form.

1 Employee/subscriber information

Employer name	Agency/sub-agency number
<input type="text"/>	<input type="text"/>
Employee name: (first, middle, last)	
<input type="text"/>	
Employee date of birth (MM/DD/YYYY)	Employee Social Security number
<input type="text"/>	<input type="text"/>

2 Authorized payroll or benefits office representative

Name (printed)	
<input type="text"/>	
Email address	Phone number (with area code)
<input type="text"/>	<input type="text"/>

3 Notification to MetLife

Employee was entered into the insurance system after the 31-day enrollment period.
Benefits effective date:

Action required by MetLife: Enroll the employee as requested up to the guaranteed issue amount without evidence of insurability (statement of health). (WAC 182-30-080 and WAC 182-31-040)

Employee is returning from FMLA or the Paid Family and Medical Leave (PFML) Program and would like to reinstate deferred life insurance effective:

Action required by MetLife: Reinstate previous coverage without requiring evidence of insurability (a statement of health).

4 Authorized payroll or benefits office representative signature

I have reviewed the above criteria and authorize that the above employee's enrollment extension has been approved. MetLife may process the enrollment as requested.

Authorized representative's signature	Date
<input type="text"/>	<input type="text"/>