

# MetLife Insurance Company

MAIL TO: BAY BRIDGE ADMINISTRATORS, LLC  
 P.O. BOX 161690  
 AUSTIN, TEXAS 78716

## POLICYHOLDER'S CHANGE AND SERVICE REQUEST

Policy/Certificate Number (use 1 form per policy)/ Social Security No.	Name of Insured (Last, First, Middle)	Agent Name and Number (Please Print)
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Take the following action(s) regarding this policy

**Policy Changes, Reduction or Removals**

Delete the following member from coverage:

Name \_\_\_\_\_

Reason \_\_\_\_\_

If due to death of Named Insured, please include:

Spouse Name \_\_\_\_\_

Spouse SSN \_\_\_\_\_

Spouse DOB \_\_\_\_\_

Add Newborn Child \_\_\_\_\_

Name of Newborn \_\_\_\_\_

Date of Birth of Newborn \_\_\_\_\_

If Divorced- Date of Divorce Decree \_\_\_\_\_

**Change Name of**

Named Insured

From \_\_\_\_\_

To \_\_\_\_\_

Reason for Change \_\_\_\_\_ (complete Change of Address Form if needed)

*Note: If the reason for the change is other than marriage, a certified copy of the court order is required.*

**Address Change**

\_\_\_\_\_  
 Name (last, First, Middle)

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City, State, Zip

**Payroll Allotment Billing Changes**

Case No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Named Insured Name \_\_\_\_\_

Place Policy on Direct Bill Effective: \_\_\_\_\_

ANNUAL

SEMI-ANNUAL

QUARTERLY

BANK DRAFT\*

\* One Month's Premium, Bank Draft Authorization and Voided Check Required

**Other Instructions (Be specific)**

\_\_\_\_\_  
**Signature of Named Insured**

\_\_\_\_\_  
**Date**

Agents Use Only- MetLife Insurance Company

Send all items to be returned to:

Agent

Named Insured

Home Office Use Only-

Date Recorded \_\_\_\_\_

By \_\_\_\_\_

To be Effective On \_\_\_\_\_