

Life Insurance Portability/Conversion Request

Metropolitan Life Insurance Company

SECTION 1: Employee Information

Employee - First Name	Middle Name	Last Name	
Date (mm/dd/yyyy)		Last 4 Digits of Social Security Number	
Address	City	State	ZIP Code
Phone Number	Employer Name		

SECTION 2: Coverage Information

What life coverage(s) are you inquiring about? *(Please note the reason for the Portability/Conversion Request)*

☐ **Basic Life/PAD&D**

Reason for Portability/Conversion Request

☐ Coverage Reduction ☐ Eligibility Change ☐ Employee Termination/ Retirement

☐ **Voluntary Term Life - Employee**

Reason for Portability/Conversion Request

☐ Coverage Reduction ☐ Eligibility Change ☐ Employee Termination/ Retirement

☐ **Voluntary Term Life - Dependent**

Reason for Portability/Conversion Request

☐ Death of Employee ☐ Dependent Aging Out ☐ Divorce ☐ Eligibility Change
☐ Employee Termination/ Retirement

☐ **Voluntary AD&D - Employee**

Reason for Portability Request

☐ Eligibility Change ☐ Employee Termination/ Retirement

☐ **Voluntary AD&D - Dependent**

Reason for Portability Request

☐ Death of Employee ☐ Dependent Aging Out ☐ Divorce ☐ Eligibility Change
☐ Employee Termination/ Retirement

SECTION 3: Dependent Information *(If applicable)*

Dependent - First Name	Middle Name	Last Name
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Additional Comments: *(e.g., additional dependent information; applicable dates, etc.)*
