MetLife
Metropolitan Life Insurance Company, New York, NY

ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employer	Group Customer #	Report #	Sub Code	Branch
Old Dominion University Research Foundation	104994	104994		
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)	Social Security # – –	☐ Male ☐ Female
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)	

Phone #	Email Address	☐ New Enrollment ☐ Change in Enrollment If due to a Qualifying Event, enter date (MM/DD/YYYY)

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that no contributions are required for Basic Life, Basic AD&D, and the Long Term Benefits. I understand that contributions are required for the benefits I select below.

► If you are enrolling during the initial enrollment period, you must complete a Statement of Health form:
- If you are enrolling for Supplemental/Optional Life Insurance and requesting more than $140,000
- If you are enrolling for Dependent Spouse Life Insurance and requesting more than $25,000

If you are enrolling after the initial enrollment period, you must also complete a Statement of Health form for all amounts you are requesting.

Term Life Insurance

☒ Basic Life [1]

☐ Supplemental/Optional Life [1]

Enter a multiple of $10,000 up to a maximum of the lesser of 5x your Basic Annual Earnings or $500,000. $ _____

☐ Dependent Spouse Life [1,2]

Enter a multiple of $5,000 up to a maximum of $250,000. $ _____

☐

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ADM

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.