

Division of Human Resources

EMPLOYEE INFORMATION

Type of Event _____ Employee ID _____

Name (First, Middle, Last) _____ Hire Date _____

Address(Street, City, State, Zip Code) _____ Date of Birth _____

E-mail _____ Male Female Phone Number _____

Employee Coverage

(Employee must be covered for dependents to apply)

Level of Coverage for Cancellation

Cancellation Effective Date

SPOUSE/DOMESTIC PARTNER CANCELLATION

Name (First, Middle, Last)

Level of Coverage for Cancellation

CHILDREN COVERAGE CANCELLATION

Name of Child 1 Date of Birth

Name of Child 2 Date of Birth

Name of Child 3 Date of Birth

EMPLOYEE CANCELLATION ACKNOWLEDGEMENT

I understand that I am canceling Met Life Insurance coverage by request, and coverage will terminate when payment of benefits cease to be made based on the above requested cancellation date. I understand that canceling this coverage waives any and all right to a benefit from this plan(s) for myself and my listed beneficiaries. I understand that in accordance with policy provisions, cancellation of coverage waives the portability and conversion privileges of this policy. I understand that in the event I wish to re-enroll in coverage for myself or my dependents, coverage will not be active for optional life insurance until such person has furnished medical evidence of insurability satisfactory to MetLife.

Employee Signature _____ Date

NORTH CAROLINA NOTARY ACKNOWLEDGEMENT

THE STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, Notary Public, do hereby certify that _____ (name of individual(s) whose acknowledgment is being taken) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this ____ day of _____, 20__.

Notary Public Signature _____ Print _____
My commission expires: _____

(Seal)

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Submit completed form to HR Benefits:

Physical Address:
Administrative Services -Bldg II
2711 Sullivan Drive, Suite 200

Fax Number: (919) 513-2528

E-mail : hrsbenefits@ncsu.edu

Print Form