|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plan Number: | |  | Effective Date of Change: |  |
| Plan Name: |  | |  |  |

Complete All applicable sections. Please allow 5 business days for processing.

|  |  |
| --- | --- |
| **1** | **ADD – Complete this section to ADD a new authorized plan signer(s).**  *Please reference procedures if levels of authorization are required. Please print or type.* |

|  |  |
| --- | --- |
| Name: | Authorized Signature (signature required here): |
| Address: |
| City: |
| State:       Zip: | Level of Authority:  ALL  Divisional |
| Phone:       Fax: |
| Email: | Division # (if applicable) |

|  |  |
| --- | --- |
| Name: | Authorized Signature (signature required here): |
| Address: |
| City: |
| State:       Zip: | Level of Authority:  ALL  Divisional |
| Phone:       Fax: |
| Email: | Division # (if applicable) |

|  |  |
| --- | --- |
| **2** | **REMOVE – Complete this section to REMOVE existing authorized plan signer(s).**  *Please print or type.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Names to be removed** | |  |  |
| 1. |  |  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |
| 2. |  |  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |
| 3. |  |  | By checking this box, the listed Authorized Signer access to the Plan Service Center (PSC) access will be removed as well. |

|  |  |
| --- | --- |
| **3** | **Authorization: By signing below I am authorizing the changes as requested in this form.**  *I, the approved authorized signer am authorized to grant/remove the access being requested.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Option 1:** Authorized Signature: |  | | |
|  | | |  |
| Print name of Authorized Signer | |  | Date |

**Option 2**: Electronic signature – available for e‐mail requests only ***(Note: This request will only be processed if received from the e‐mail account assigned to the Authorized Plan Signer listed below.)***

By checking this box, the listed Authorized Signer below is providing electronic approval.

|  |  |  |
| --- | --- | --- |
|  | |  |
| Print name of Authorized Signer |  | Date |

# PLEASE COMPLETE AND EMAIL OR FAX TO METLIFE

[**plandocgroup@metlife.com**](mailto:MLRSalesSupport@metlife.com) **OR Fax: 855-691-4875**