



PROCEDURE: To Add/Remove/Change Plan Contact and/or File Feed Recipients

Review Date: November 2018

To add or remove or change Plan Contacts OR add or remove or change File Feed Recipients, please complete the Plan Contact/File Feed Recipient form and return to plandocgroup@metlife.com or Fax to 855 691-4875.

Part 1 of the form: PLAN SPONSOR CONTACT INFORMATION

- Include Plan Name, Plan Number.
- Include Contact name, email and phone # of person to contact if there are questions on the request.
- Include Date of Request. (Date should be date of submission)

Part 2 of the form: REMOVE EXISTING PLAN CONTACT

- Complete this section to remove existing plan contacts. If removing more than 8 plan contacts, please make additional copies of this section and attach.
- By checking the box in this section, the plan contact's access to the Plan Service Center ("PSC") will be removed as well.

Part 3 of the form: ADD NEW PLAN CONTACT

- Complete this section to add a new plan contact. If adding more than 4 new plan contacts, please make additional copies of this section and attach.
- **Contact Information:**
 1. Include Contact information - Name/Phone/Email/Fax number & Address.
 2. Include plan divisional #s if applicable.
 3. Mark all applicable contact roles to be added.
- **Contact Roles:**
 1. **PCT Primary Plan Contact** (*only one Primary Contact can be established for a Plan*).
 2. **SCT Secondary Plan Contact.**
 3. **PRC Payroll Contact.**
 4. **TAD Turnaround Document/Deposit Confirmation** (*only one Turnaround Document/Deposit Confirmation Contact can be established for a Plan*).
 5. **COC Primary Compliance Contact** (*only one Primary Compliance Contact can be established for a Plan, email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.*)
 6. **CSC Secondary Compliance Contact.** (*Email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.*)
 7. **BRC Billing/Invoice Recipient** (*only one Billing Receiver Contact can be established for a Plan*).
 8. **LON Loan Contact** (*only one Loan Contact can be established for a Plan unless Multiple Divisions exist*)
 9. **CAS Plan Summary recipient** (A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)

Part 4 of the form: CHANGE EXISTING PLAN CONTACT

- Complete this section to change an existing plan contact. If changing more than 2 existing plan contacts, please make additional copies of this section and attach.
- This section is to be used only when an existing contact servicer role is changing, i.e. Secondary Plan Contact changed to the Primary Plan Contact. Be sure to use the "Remove" section to remove the current Primary Plan Contact as well.
- **Contact Information:**
 1. Include Contact information - Name/Phone/Email/Fax number & Address.
 2. Include plan divisional #s if applicable.
 3. Mark all applicable contact roles to be added or removed.

- **Contact Roles:**
 1. **PCT** Primary Plan Contact (*only one Primary Contact can be established for a Plan*).
 2. **SCT** Secondary Plan Contact.
 3. **PRC** Payroll Contact.
 4. **TAD** Turnaround Document/DepositConfirmation (*only one Turnaround Document/DepositConfirmation Contact can be established for a Plan*).
 5. **COC** Primary Compliance Contact (*only one Primary Compliance Contact can be established for a Plan, email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.*)
 6. **CSC** Secondary Compliance Contact. (*Email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.*)
 7. **BRC** Billing/Invoice Recipient (*only one Billing Receiver Contact can be established for a Plan*).
 8. **LON** Loan Contact (*only one Loan Contact can be established for a Plan unless Multiple Divisions exist*)
 9. **CAS** Plan Summary recipient (A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)

Part 5 of the form: REMOVE FILE FEED RECIPIENT

- Complete this section to remove existing file feed recipients. If removing more than 4 file feed recipients, please make additional copies of this section and attach.
- By checking the box in this section, the plan contact's access to the Plan Service Center ("PSC") will be removed as well.

Part 6 of the form: ADD FILE FEED RECIPIENT

- **Contact Information:**
 1. Include Contact information - Name/Phone/Email/Fax number & Address.
 2. Mark all applicable contact roles to be added.
 3. A PSC ID is required for access. Please be sure to complete a PSC access for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.
- **Types of File Feeds to be added to contact:**
 1. Newly Eligible File.
 2. Deferral File.
 3. New/Changed Loan File.
 4. Terminated Participant File.
 5. Annual ACA Notice for Auto Enroll Plans Only.

Part 7 of the form: Authorized Plan Signers Signature (SIG)

- Include Authorized Plan Signers Signature (SIG) (*Not applicable for plans using Compliance Services only. Compliance only plans do not require a listed authorized Plan signature on file*).
- An additional Authorized Signer Add/Change Request form is needed to add or remove Authorized Plan Signer (SIG) contacts.
- Option 2 on form will only be processed if received from the e-mail account assigned to the existing Authorized Plan Signer contact that authorizes/signs this form.
- Authorized Plan Signer Contact to email completed form to: plandocgroup@metlife.com or FAX to: 855-691-4875.

Process:

- Standard turnaround for this type of request is 3-5 business days to complete if form is received in good order.
- Once complete, the requested changes can be viewed on the Plan Service Center website under Plan Contacts.