

FAX TO: 303-801-6021

ATTN: METLIFE PLAN SUPPORT TEAM

METLIFE PLANS

AUTHORIZATION TO ADD / DELETE PAPER PLAN SUMMARY RECIPIENTS

PLEASE ADD / DELETE THE FOLLOWING PLAN SUMMARY RECIPIENTS. EACH RECIPIENT WILL RECEIVE BOTH THE QUARTERLY AND THE ANNUAL PLAN SUMMARY.

Plan Name: _____

Plan Number: _____

Effective Date of Change: _____

☐ Add ☐ Delete

NAME

COMPANY

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CITY, STATE, AND ZIP CODE

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