

FAX TO: 303-801-6021

ATTN: METLIFE PLAN SERVICES TEAM

METLIFE PLANS
AUTHORIZATION TO ESTABLISH/UPDATE ONLINE PLAN SUMMARY RECIPIENTS

Plan Name: _____

Plan Number: _____

Quarter End Effective Date of Change: _____

(Form must be submitted at least 30 days in advance of the quarter-end date and within the same quarter as the effective date of the change. Form cannot be submitted prior to the quarter for which the change is to be effective)

CURRENT PLAN SUMMARY RECIPIENTS:

INDICATE ONE OPTION:
DELETE CHANGE TO ONLINE/PSC LOGIN

_____ NAME	<input type="checkbox"/>	<input type="checkbox"/>	_____ PSC LOGIN ID
_____ NAME	<input type="checkbox"/>	<input type="checkbox"/>	_____ PSC LOGIN ID
_____ NAME	<input type="checkbox"/>	<input type="checkbox"/>	_____ PSC LOGIN ID
_____ NAME	<input type="checkbox"/>	<input type="checkbox"/>	_____ PSC LOGIN ID

ADD THE FOLLOWING **EXISTING** PLAN CONTACTS AS PLAN SUMMARY RECIPIENTS TO RECEIVE ONLINE DELIVERY:

_____ NAME	_____ PSC LOGIN ID
_____ NAME	_____ PSC LOGIN ID

ADD THE FOLLOWING **NEW** PLAN CONTACT AS PLAN SUMMARY RECIPIENT TO RECEIVE ONLINE DELIVERY:

_____ NAME	_____ PSC LOGIN ID	
_____ COMPANY NAME	_____ COMPANY ADDRESS	
_____ EMAIL ADDRESS	_____ WORK PHONE NUMBER	_____ FAX NUMBER

NOTE: A PSC Authorization Request form must be submitted for any contact above who does not currently have a PSC login id established. The PSC login cannot have divisionary security.

MetLife AE: _____

Date: _____

June 2008