



RETIREE MetLife Supplemental Life Insurance Beneficiary Form

Retiree Information **Retiree Supplemental Life Insurance ends on the date you reach age 70**

Please Print

Employee ID Number

Last Name

First Name

Middle / Maiden Name

Street

Apartment # or PO Box

City

State

Zip

Primary Beneficiary Designation ***Proceeds will not be paid to any beneficiary under 18 years of age**

Please Print

P1

Name of beneficiary

Date of Birth

Gender

Relationship to me

Street

Apartment Number or PO Box

City

State

Zip

Social Security Number

Phone Number

Percentage of benefit to be paid %

P2

Name of beneficiary

Date of Birth

Gender

Relationship to me

Street

Apartment Number or PO Box

City

State

Zip

Social Security Number

Phone Number

Percentage of benefit to be paid %

I reserve the right to change the beneficiary (ies) designated on this form at any time. If no designated beneficiary named on this form survives me, I hereby direct and authorize MetLife to pay to my estate any benefits due.

Retiree Supplemental Life Insurance ends on the date you reach age 70

Retiree Signature _____

Date _____

Employee ID: _____

Retiree Information

Employee ID Number

Last Name

First Name

Middle / Maiden Name

Secondary Beneficiary Designation ***Proceeds will not be paid to any beneficiary under 18 years of age**
Please Print

S1.

Name of beneficiary

Date of Birth

Gender

Relationship to me

Street

Apartment Number or PO Box

City

State

Zip

Social Security Number

Phone Number

Percentage of benefit to be paid %

S2.

Name of beneficiary

Date of Birth

Gender

Relationship to me

Street

Apartment Number or PO Box

City

State

Zip

Social Security Number

Phone Number

Percentage of benefit to be paid %

S3.

Name of beneficiary

Date of Birth

Gender

Relationship to me

Street

Apartment Number or PO Box

City

State

Zip

Social Security Number

Phone Number

Percentage of benefit to be paid %

I reserve the right to change the beneficiary (ies) designated on this form at any time. If no designated beneficiary named on this form survives me, I hereby direct and authorize MetLife to pay to my estate any benefits due.

Retiree Supplemental Life Insurance ends on the date you reach age 70

Retiree Signature _____

Date _____