



CITY OF DALLAS

**VOLUNTARY BENEFITS
CANCELLATION/CHANGE FORM**
Please PRINT all information

Employee Name

Insured's name if other than Employee

Employee Social Security #

Employee Number if other than SS#

Street Address

City

State

Zip Code

Home Telephone Number

Policy Number(s), If Known

Employee Name Change

Former Name _____

New Name _____

Date of Change _____

Employee Change of Address

Old Address _____

New Address _____

Old Phone _____

New Phone _____

EFFECTIVE DATE: _____

PLEASE CANCEL COVERAGES AS REQUESTED FOR:

- MetLife Long Term Care**
- Employee Coverage**
- Spouse Coverage**

EMPLOYEE SIGNATURE
(Please Print & Sign)

DATE

Please return completed form by fax or mail to:

**Marsh @Work Solutions
1776 West Lakes
P.O. Box 9122
Des Moines, IA 50306
Toll Free: 1-800-557-1046
Fax: 515-365-1520**