

Changes in Participant Data Form

Instructions

Complete this form to notify us of changes in participant data and mail it to MetLife, P.O. Box 66918, St. Louis, MO 63166-6918. The form may also be faxed to (314) 525-9131.

Plan Name

Plan ID Number

Personal Data

Please provide the participant information currently contained in MetLife's records in the first column and the new information in the second column. **Please note:** If this information is also being provided within the plan's Deposit Allocation Report file, these same changes need to be updated on the Plan Sponsor's or Payroll Provider's records. Otherwise, the changes made to our recordkeeping system as a result of this form will be overwritten with census information contained within the Deposit Allocation Report file.

Current Information

New Information

Name:	_____	_____
SSN:	_____	_____
Address Line 1:	_____	_____
Address Line 2:	_____	_____
City:	_____	_____
State:	_____	_____
Zip:	_____	_____
Location Code:	_____	_____
Hire Date:	_____	_____
Termination Date:	_____	_____
Birth Date:	_____	_____
Rehire Date:	_____	_____
Leave of Absence Date:	_____	_____
Plan Entry Date:	_____	_____
Status:	_____	_____

Authorization

Signature of Plan Administrator or TPA

Date Signed