



## Request to Cancel MetLife Insurance (Voluntary Life)

Company Name: Ball State University

Policyholder's Name (please print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list the coverage you would like to cancel (specifically the name on the policy and the amount of coverage):

Effective Date of Cancellation: \_\_\_\_\_

X  
Policyholder's Signature

\_\_\_\_\_  
Date

1. Please submit a signed copy of this form to the Payroll & Employee Benefits Office – ADG29 or fax to (765) 285-6612
2. Please mail the original signed form to:  
MetLife Record Keeping/Enrollment Services  
P.O. Box 6169  
Utica, NY 13504

If you require additional assistance please contact MetLife at (866) 492-6983.

