

METLIFE LONG-TERM CARE INSURANCE LAPSE DESIGNEE FORM

Your Long-Term Care Insurance remains active provided you pay your premiums on time. To ensure your coverage does not lapse, you may wish to designate a person for us to notify if your premiums are not paid prior to cancellation.

Please use this form to name or update your Lapse Designee:

Lapse Designee Name*:First		Last	
Lapse Designee Address:	ess: Street		
City	State	Zip Code	
*Note that the person listed above will rep Please Print Your Name:	·		
Address:City, State, Zip:			
Your signature:	Date:		
Contact information (optional): Phone	E-mail		

Please mail this form to:

MetLife LTC P.O. Box 14634 Lexington, KY 40512-4634