



LATE ENTRY APPLICATION FOR COVERAGE-METLIFE

Dear Member:

You have requested to apply for coverage under the MetLife Group Voluntary Long Term Disability Plan. Late enrollment requires the completion of two forms, the Late Entrant form along with the Statement of Health (SOH) form.

Late Entrant Form:

After completion, make a copy for your records and return the original to:

SMART, Attn: Updating Department
24950 Country Club Blvd, Suite 340
North Olmsted, OH 44070

Statement of Health Form:

Please fully complete the attached Statement of Health Form and choose one of the following methods for submission.

Mail directly to:

Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069

Email Completed Forms to MetLife Statement of Health:
SOHSubmissions@metlife.com

Fax to MetLife Statement of Health:
1-859-225-7909

Be certain to keep a copy of the completed form for your records.

Please note coverage is not in effect until MetLife approves you.

If you have any questions or need assistance regarding the completion of these forms, please contact MetLife at:

MetLife
1-800-638-6420, prompt 1 (Statement of Health Unit)
Or, email us at: eoi@metlife.com