



Metropolitan Life Insurance Company, New York, NY 10166

ENROLLMENT CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Old Dominion University Research Foundation	104994			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)		
		<input type="checkbox"/>
		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

I have read my enrollm

GEF13-1

ADM

*(The form number above applies to residents of all states except as follows: Form number **GEF09-1** applies to residents of Montana;*

GEF02-1

ADM applies to residents of Connecticut, North Dakota and Utah)

SUBMISSION INSTRUCTIONS

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

Old Dominion University Research Foundation

EF-XDP101M-VA (07/19)



BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

<input type="checkbox"/>				
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL:

DECLARATIONS AND SIGNATURE

GEF09-1
DEC
(The form number above applies to residents of all states except as follows: Form number GEF09-1 applies to residents of Montana;
GEF09-1
DEC *applies to residents of Connecticut, North Dakota and Utah)*