This Request form is used to ADD, REMOVE, or CHANGE plan contacts or file feed recipients. Complete all applicable sections.

|  |  |
| --- | --- |
| **1**  | **Plan/Requester Information** *To be completed by Plan Sponsor. Please type or print clearly.* |
|  |
|  |  |  |
| Plan number |  | Plan name |
|  |  |  |
| Requester name |  | Date of Request: |
|  |  |  |
| Requester e-mail |  | Requester phone # |

**Plan Contacts -**

|  |  |
| --- | --- |
| **2** | **REMOVE existing Plan Contact - Complete this section to remove existing plan contact.****If removing more than 5 plan contacts, please make additional copies of this section and attach. PLEASE Note:** If removing a plan contact, a replacement contact is needed to fill the contact role that will be removed. You can review your current contacts on the Plan Service Center. |

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| --- | --- | --- |
| **Names to be removed**  |  |  |
| 1. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 2. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 3. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 4. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 5. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |

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| **3** | **ADD New Plan Contact** |

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|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

|  |
| --- |
| **Contact Type (BOLD in left column indicates only one (1) contact is permitted per plan)** |
| **Primary Plan Sponsor Contact (PCT)** | **[ ]**  | Secondary Plan Sponsor Contact (SCT) | **[ ]**  |
| **Turnaround Document/Deposit Confirmation (TAD)** | **[ ]**  | Payroll Contact (PRC) | **[ ]**  |
| **Primary Compliance Contact (COC)** | **[ ]**  | Secondary Compliance Contact (CSC) | **[ ]**  |
| **Billing/Invoice Recipient (BRC)** | **[ ]**  | Plan Summary Receiver (CAS) | **[ ]**  |
| **Loan Contact (LON)** | **[ ]**  | Auto Mandatory Distrib Report (DRT) | **[ ]**  |

|  |  |
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| **3** | **ADD New Plan Contact continued** |

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|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

|  |
| --- |
| **Contact Type (BOLD in left column indicates only one (1) contact is permitted per plan)** |
| **Primary Plan Sponsor Contact (PCT)** | **[ ]**  | Secondary Plan Sponsor Contact (SCT) | **[ ]**  |
| **Turnaround Document/Deposit Confirmation (TAD)** | **[ ]**  | Payroll Contact (PRC) | **[ ]**  |
| **Primary Compliance Contact (COC)** | **[ ]**  | Secondary Compliance Contact (CSC) | **[ ]**  |
| **Billing/Invoice Recipient (BRC)** | **[ ]**  | Plan Summary Receiver (CAS) | **[ ]**  |
| **Loan Contact (LON)** | **[ ]**  | Auto Mandatory Distrib Report (DRT) | **[ ]**  |

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| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

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| --- |
| **Contact Type (BOLD in left column indicates only one (1) contact is permitted per plan)** |
| **Primary Plan Sponsor Contact (PCT)** | **[ ]**  | Secondary Plan Sponsor Contact (SCT) | **[ ]**  |
| **Turnaround Document/Deposit Confirmation (TAD)** | **[ ]**  | Payroll Contact (PRC) | **[ ]**  |
| **Primary Compliance Contact (COC)** | **[ ]**  | Secondary Compliance Contact (CSC) | **[ ]**  |
| **Billing/Invoice Recipient (BRC)** | **[ ]**  | Plan Summary Receiver (CAS) | **[ ]**  |
| **Loan Contact (LON)** | **[ ]**  | Auto Mandatory Distrib Report (DRT) | **[ ]**  |

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| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

|  |
| --- |
| **Contact Type (BOLD in left column indicates only one (1) contact is permitted per plan)** |
| **Primary Plan Sponsor Contact (PCT)** | **[ ]**  | Secondary Plan Sponsor Contact (SCT) | **[ ]**  |
| **Turnaround Document/Deposit Confirmation (TAD)** | **[ ]**  | Payroll Contact (PRC) | **[ ]**  |
| **Primary Compliance Contact (COC)** | **[ ]**  | Secondary Compliance Contact (CSC) | **[ ]**  |
| **Billing/Invoice Recipient (BRC)** | **[ ]**  | Plan Summary Receiver (CAS) | **[ ]**  |
| **Loan Contact (LON)** | **[ ]**  | Auto Mandatory Distrib Report (DRT) | **[ ]**  |

|  |  |
| --- | --- |
| **4** | **CHANGE Existing Plan Contact [ ]  Update to Contact Information Only** |

|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

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| **Contact Type (BOLD in left column indicates only one (1) contact is permitted per plan)** |
| **Primary Plan Sponsor Contact (PCT)** | **[ ]**  | Secondary Plan Sponsor Contact (SCT) | **[ ]**  |
| **Turnaround Document/Deposit Confirmation (TAD)** | **[ ]**  | Payroll Contact (PRC) | **[ ]**  |
| **Primary Compliance Contact (COC)** | **[ ]**  | Secondary Compliance Contact (CSC) | **[ ]**  |
| **Billing/Invoice Recipient (BRC)** | **[ ]**  | Plan Summary Receiver (CAS) | **[ ]**  |
| **Loan Contact (LON)** | **[ ]**  | Auto Mandatory Distrib Report (DRT) | **[ ]**  |

**File Feed Recipients -**

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| --- | --- |
| **5** | **REMOVE File Feed Recipient**  |

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| **Names to be removed**  |  |  |
| 1. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 2. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 3. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |
| 4. |       | **[ ]**  | By checking this box, the listed Name user access to the Plan Service Center (PSC) access will be removed as well. |

|  |  |
| --- | --- |
| **6** | **ADD File Feed Recipient (if applicable)** |

|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

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| **FILE Feeds (Check ALL that apply)** |
| Newly Eligible File | **[ ]**  | Deferral File | **[ ]**  |
| New/Changed Loan File | **[ ]**  | Terminated Participant File | **[ ]**  |
| Annual ACA Notice (for Auto Enroll Plans Only) | **[ ]**  |

|  |  |
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| **6** | **ADD File Feed Recipient (if applicable) continued** |

|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

|  |
| --- |
| **FILE Feeds (Check ALL that apply)** |
| Newly Eligible File | **[ ]**  | Deferral File | **[ ]**  |
| New/Changed Loan File | **[ ]**  | Terminated Participant File | **[ ]**  |
| Annual ACA Notice (for Auto Enroll Plans Only) | **[ ]**  |

|  |  |
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| **6** | **ADD File Feed Recipient (if applicable) continued** |

|  |  |
| --- | --- |
| Contact Name:       | Contact Phone:       |
| Contact email:       | Contact Fax:       |
| Contact Address:       |
| Contact City:       | Contact State:       | Contact Zip:       |
| If plan is Divisional, specify which divisions apply:       |

|  |
| --- |
| **FILE Feeds (Check ALL that apply)** |
| Newly Eligible File | **[ ]**  | Deferral File | **[ ]**  |
| New/Changed Loan File | **[ ]**  | Terminated Participant File | **[ ]**  |
| Annual ACA Notice (for Auto Enroll Plans Only) | **[ ]**  |

|  |  |
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| 7  | **Authorization: By signing below I am authorizing the changes as requested in this form.***I, the approved authorized signer am authorized to grant/remove the access being requested.* |

|  |  |
| --- | --- |
| **Option 1:** Authorized Signature:  |  |
|       |       |
| Print name of Authorized Signer |  | Date |

**Option 2**: Electronic signature – available for e‐mail requests only ***(Note: This request will only be processed if received from the e‐mail account assigned to the Authorized Plan Signer listed below.)***

[ ]  By checking this box, the listed Authorized Signer below is providing electronic approval.

|  |  |
| --- | --- |
|       |       |
| Print name of Authorized Signer |  | Date |

# PLEASE COMPLETE AND EMAIL OR FAX TO METLIFE

**plandocgroup@metlife.com** **OR Fax: 855-691-4875**

PROCEDURE: To Add/Remove/Change Plan Contact /File Feed Recipients

Review Date: November 2019

To add or remove or change Plan Contacts OR add or remove or change File Feed Recipients, please complete the Plan Contact/File Feed Recipient form and return to plandocgroup@metlife.com or Fax to 855 691-4875.

**Part 1 of the form: PLAN SPONSOR CONTACT INFORMATION**

* Include Plan Name, Plan Number.
* Include Contact name, email and phone # of person to contact if there are questions on the request.
* Include Date of Request. (Date should be date of submission)

**Part 2 of the form: REMOVE EXISTING PLAN CONTACT**

* Complete this section to remove existing plan contacts. If removing more than 8 plan contacts, please make additional copies of this section and attach.
* **By checking the box in this section, the plan contact’s access to the Plan Service Center (“PSC”) will be removed as well.**

**Part 3 of the form: ADD NEW PLAN CONTACT**

* Complete this section to add a new plan contact. If adding more than 4 new plan contacts, please make additional copies of this section and attach.
* **Contact Information:**
	1. Include Contact information - Name/Phone/Email/Fax number & Address.
	2. Include plan divisional #s if applicable.
	3. Mark all applicable contact roles to be added.
* **Contact Roles: (Contact Type in BOLD indicates only one (1) contact is permitted per plan)**
1. **PCT Primary Plan Contact (only one Primary Contact can be established for a Plan).**
2. **TAD Turnaround Document/Deposit Confirmation (only one Turnaround Document/Deposit Confirmation Contact can be established for a Plan)**
3. **COC Primary Compliance Contact (only one Primary Compliance Contact can be established for a Plan, email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)**
4. **BRC Billing/Invoice Recipient (only one Billing Receiver Contact can be established for a Plan)**
5. **LON Loan Contact (only one Loan Contact can be established for a Plan unless Multiple Divisions exist)**
6. SCT Secondary Plan Contact.
7. PRC Payroll Contact.
8. CSC Secondary Compliance Contact. (Email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)

|  |
| --- |
| 1. CAS Plan Summary recipient (A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)
2. DRT Automated Mandatory Distribution Report Receiver (election of this service is required).
 |

**Part 4 of the form: CHANGE EXISTING PLAN CONTACT**

* Complete this section to change an existing plan contact. If changing more than 2 existing plan contacts, please make additional copies of this section and attach.
* This section is to be used only when an existing contact servicer role is changing, i.e. Secondary Plan Contact changed to the Primary Plan Contact. Be sure to use the “Remove” section to remove the current Primary Plan Contact as well.
* **Contact Information:**
	1. Include Contact information - Name/Phone/Email/Fax number & Address.
	2. Include plan divisional #s if applicable.
	3. Mark all applicable contact roles to be added.
* **Contact Roles: (Contact Type in BOLD indicates only one (1) contact is permitted per plan)**
1. **PCT Primary Plan Contact (only one Primary Contact can be established for a Plan).**
2. **TAD Turnaround Document/Deposit Confirmation (only one Turnaround Document/Deposit Confirmation Contact can be established for a Plan)**

**Part 4 of the form: CHANGE EXISTING PLAN CONTACT continued**

1. **COC Primary Compliance Contact (only one Primary Compliance Contact can be established for a Plan, email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)**
2. **BRC Billing/Invoice Recipient (only one Billing Receiver Contact can be established for a Plan)**
3. **LON Loan Contact (only one Loan Contact can be established for a Plan unless Multiple Divisions exist)**
4. SCT Secondary Plan Contact.
5. PRC Payroll Contact.

|  |
| --- |
| 1. CSC Secondary Compliance Contact. (Email address is required. A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)
2. CAS Plan Summary recipient (A PSC ID is also required for this contact type. Please complete a PSC access form for this contact if you have not already done so. A PSC access form can be obtained through the Plan Service Center.)
3. DRT Automated Mandatory Distribution Report Receiver (election of this service is required).
 |

**Part 5 of the form: REMOVE FILE FEED RECIPIENT**

* Complete this section to remove existing file feed recipients. If removing more than 4 file feed recipients, please make additional copies of this section and attach.
* **By checking the box in this section, the plan contact’s access to the Plan Service Center (“PSC”) will be removed as well.**

**Part 6 of the form: ADD FILE FEED RECIPIENT**

* **Contact Information:**
	1. Include Contact information - Name/Phone/Email/Fax number & Address.
	2. Include plan divisional #s if applicable.
	3. Mark all applicable contact roles to be added.
* **Types of File Feeds to be added to contact:**
	1. Newly Eligible File.
	2. Deferral File.
	3. New/Changed Loan File.
	4. Terminated Participant File.
	5. Annual ACA Notice (for Auto Enroll Plans Only).

**Part 7 of the form: Authorized Plan Signers Signature (SIG)**

* Include Authorized Plan Signers Signature (SIG) (Not applicable for plans using Compliance Services only. Compliance only plans do not require a listed authorized Plan signature on file).
* An additional Authorized Signer Add/Change Request form is needed to add or remove Authorized Plan Signer (SIG) contacts.
* Option 2 on form will only be processed if received from the e-mail account assigned to the existing Authorized Plan Signer contact that authorizes/signs this form.
* Authorized Plan Signer Contact to email completed form to:

plandocgroup@metlife.com or FAX to: 855-691-4875.