

MetLife®



To verify dental coverage, call 1-800-275-4638.

Please review important information on reverse side.

A Group Policy Number is not required to file a claim.

The ID# for all insureds is the employee's Identification Number.

Send Dental Claims to:

MetLife Dental

P.O. Box 981282

El Paso, TX 79998-1282

Employee
Signature _____

WHEN YOU CHOOSE TO RECEIVE CARE FROM A PREFERRED DENTIST PARTICIPATING IN THE METLIFE PREFERRED DENTIST PROGRAM (PDP), YOUR OUT-OF-POCKET EXPENSE WILL GENERALLY BE LOWER THAN WHEN YOU VISIT A NON-PARTICIPATING DENTIST.

TO OBTAIN A LISTING OF PDP DENTISTS IN YOUR LOCAL AREA, CALL 1-800-474-7371 OR VISIT WWW.METLIFE.COM/DENTAL.

THIS CARD IS THE PROPERTY OF METLIFE. FRAUDULENT USE MAY RESULT IN TERMINATION OF BENEFITS. POSSESSION OF THIS CARD IN ITSELF CONFERS NO RIGHT TO BENEFITS OR GUARANTEE OF COVERAGE. PERSONS MUST BE CURRENTLY ENROLLED. PROMPTLY NOTIFY US IF CARD IS LOST OR STOLEN.

Metropolitan Life Insurance Company
New York, NY 10166

PEANUTS © United Feature Syndicate, Inc., www.snoopy.com

Printed in U.S.A.

21000000000002188(0804)
02122120