



**MetLife Dental Care
Reference Card**

Employee Name

Social Security Number

Group Name

Group Number

This card is not a guarantee of coverage or eligibility.
See reverse side for more information.



**MetLife Dental Care
Reference Card**

Employee Name

Social Security Number

Group Name

Group Number

This card is not a guarantee of coverage or eligibility.
See reverse side for more information.

For eligibility and other plan information, call
(800) 942-0854

Monday - Thursday: 8 a.m. - 11 p.m. ET
Friday: 8 a.m. - 8 p.m. ET

Submit claims and other correspondence to:

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

18000227904 (0603) Printed in U.S.A.

Metropolitan Life Insurance Company New York, NY

For eligibility and other plan information, call
(800) 942-0854

Monday - Thursday: 8 a.m. - 11 p.m. ET
Friday: 8 a.m. - 8 p.m. ET

Submit claims and other correspondence to:

MetLife Dental Claims
P.O. Box 981282
El Paso, TX 79998-1282

18000227904 (0603) Printed in U.S.A.

Metropolitan Life Insurance Company New York, NY
