

ACCOUNT NUMBER	POLICY TYPE	DATE AND TIME INSURANCE WILL STOP	AMOUNT PAST DUE

NOTICE  
ALSO  
SENT  
TO

**POLICY NUMBER      STATE      POLICY TYPE      WRITING COMPANY      DATE AND TIME INSURANCE WILL STOP      AMOUNT PAST DUE**

SPECIFIC REASON FOR CANCELLATION: NONPAYMENT OF REQUIRED PREMIUM FOR THE POLICY(IES) IDENTIFIED ABOVE.

THE PREMIUMS EARNED ON THIS ACCOUNT TO THE EFFECTIVE DATE OF CANCELLATION WILL BE ADJUSTED IN ACCORDANCE WITH THE TERMS OF THE POLICY(IES).

**THIS NOTICE OF CANCELLATION WILL NOT TAKE EFFECT IF THE FULL AMOUNT DUE SHOWN ABOVE IS PAID ON OR PRIOR TO THE EFFECTIVE DATE OF CANCELLATION.**

**THE FOLLOWING NOTICE APPLIES TO YOUR AUTOMOBILE COVERAGE:**

STATUTORY NOTICE OF CANCELLATION OF THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY (CANCELLATION OF ENTIRE POLICY) (THIS NOTICE ALSO COVERS NON-COMPULSORY COVERAGE)

YOU ARE HEREBY NOTIFIED THAT THE MASSACHUSETTS MOTOR VEHICLE LIABILITY POLICY, HEREIN DESIGNATED, ISSUED TO YOU BY THE ABOVE NAMED COMPANY IS HEREBY CANCELLED IN ACCORDANCE WITH ITS TERMS, SUCH CANCELLATION TO BECOME EFFECTIVE AT 12:01 A.M. ON THE DATE STATED ABOVE.

SECTION 113A OF CHAPTER 175 OF THE GENERAL LAWS, AS AMENDED, REQUIRES 20 DAYS ADVANCE WRITTEN NOTICE OF CANCELLATION.

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 113A OF CHAPTER 175 OF THE GENERAL LAWS, AS AMENDED, A NOTICE OF THIS CANCELLATION WILL BE SENT TO THE REGISTRAR OF MOTOR VEHICLES OF THE COMMONWEALTH OF MASSACHUSETTS ON THE EFFECTIVE DATE OF CANCELLATION STATED ABOVE.

**IMPORTANT NOTICE:** READ CAREFULLY THE INFORMATION ON THE REVERSE SIDE WHICH STATES YOUR LEGAL RIGHTS UNDER THE COMPULSORY INSURANCE LAW RELATIVE TO THIS CANCELLATION.

**PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.**

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**THE FOLLOWING APPLIES TO YOUR AUTOMOBILE COVERAGE:**

**IMPORTANT NOTICE TO POLICYHOLDERS**

Please read carefully the information below which outlines your legal rights relative to this cancellation.

**INFORMATION ABOUT MINIMUM INSURANCE REQUIREMENTS**

Massachusetts law requires that every motor vehicle registered in Massachusetts carry minimum motor vehicle liability insurance. The Registrar of Motor Vehicles will revoke your registration and license plates on the effective date of cancellation shown in this notice unless:

1. We reinstate your required minimum motor vehicle insurance; or
2. Before the date of cancellation shown in this notice, you obtain minimum motor vehicle insurance from another insurance company. The new insurance company must notify the Registrar before the date of cancellation in this notice that it has insured your motor vehicle.

If you are unable to obtain motor vehicle insurance from another insurance company, you may be eligible to obtain motor vehicle insurance through the Massachusetts residual market plan. Almost all insurance agents and all insurance companies are authorized to help you apply for motor vehicle insurance through the plan. If you apply for motor vehicle insurance through the plan, you will not be able to choose an insurer, but you will be assigned to an insurance company. In some cases, you may not be able to obtain coverage through the plan that is identical to the coverage that was not renewed; or

3. Before the effective date of cancellation shown in this notice, you file with the Commissioner of Insurance a written complaint on a form prescribed and furnished by the Commissioner of Insurance. The form is available on the Division of Insurance website by searching "Cancellation Appeal Form" at [www.mass.gov/doi](http://www.mass.gov/doi) or can be obtained by calling the Division's Consumer Service Section at 617-521-7777.

Unless one of the three above actions occurs, the registration for your motor vehicle will be revoked on the effective date of cancellation shown in this notice.

**PLEASE RETAIN THIS PORTION FOR YOUR RECORDS**

**TO VERIFY YOUR CURRENT BILLING STATUS, PLEASE CALL THE NUMBER INDICATED ON THE FRONT OF THIS NOTICE.**

**PAYMENT MAILING ADDRESS: METLIFE AUTO & HOME, P.O. BOX 41753, PHILADELPHIA, PENNSYLVANIA 19101-1753**

**PROCESSING YOUR PAYMENTS:**

**When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.**

**IMPORTANT! YOUR POLICY(IES) WILL CANCEL AT THE DATE AND TIME SHOWN ON THE REVERSE SIDE.  
YOUR POLICY(IES) WILL CONTINUE ONLY IF FULL PAYMENT IS RECEIVED BY THAT DATE AND TIME.**

**TO HELP US PROCESS YOUR PAYMENT,  
PLEASE:**

**MAKE CHECK PAYABLE TO  
METLIFE AUTO & HOME**

**WRITE ACCOUNT NUMBER ON CHECK**

**INCLUDE YOUR PAYMENT STUB**

**USE THE ENVELOPE PROVIDED**

**ALLOW 10 DAYS MAILING TIME FOR THE  
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