



Metropolitan Life Insurance Company

Group Life Claims

P.O. Box 6100

Scranton, PA 18505-6100

1-800-638-6420

Employer Instructions for Filing Group Life Insurance Claims

1. Detach this page and complete the Employer's Statement on the following page.
2. Give the beneficiary the remaining pages of this claim folder so that he or she may complete the Claimant's Statement.

The beneficiary must complete his or her own Claimant's Statement and return it to you, along with a certified copy of the death certificate.

Note: If there is more than one beneficiary, a separate Claimant's Statement must be completed by *each* beneficiary. However, only *one* Employer's Statement and *one* death certificate is needed for processing the claim.

3. Submit the following to the MetLife Group Life Claims Office for processing:

MetLife
Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
(Fax) 1-570-558-8645
1-800-638-6420

- a) the completed Employer's Statement
- b) the Claimant's Statement(s)*
- c) a certified copy of the death certificate
- d) all other pertinent claim information (such as enrollment forms and beneficiary designations)

A certified copy of a death certificate has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Claimants can usually obtain this document from the funeral director who handled the arrangements.

If any of the above information is omitted, please give us full details as to what is omitted and why.

As an alternative, you may submit the completed Employer's Statement, enrollment forms, and beneficiary designations directly to MetLife, and provide each beneficiary with the Claimant's Statement. Each beneficiary can then complete and sign the Claimant's Statement and submit it to MetLife with a certified copy of the death certificate. Only one death certificate need be submitted.

4. Contact the MetLife Administrator responsible for your group if you have further questions.

*If there are multiple beneficiaries, please submit each completed Claimant's Statement as you receive it. By doing so, you will help us speed payment to those beneficiaries who have returned their completed Statements. If a beneficiary is deceased, please submit a copy of the death certificate with the claim.



Life Insurance Claim Form Employer's Statement

For MetLife Use Only

To avoid processing delays, please provide all information requested. This form must be completed by an authorized company representative. Please print or type.

Claim is for: ☐ Employee or ☐ Dependent

Section A: Employee/Member Information

Employee Social Security Number ____ / ____ / ____	Name of Insured Employee Last First Middle			☐ Male ☐ Female
Date of Death: ____ / ____ / ____ Date of Birth: ____ / ____ / ____ Employee's Occupation: _____				
Date of Hire: ____ / ____ / ____				
Did the employee execute an absolute, gift or viatical assignment? ☐ No ☐ Yes (If yes, please attach a copy of assignment and all related papers)				
☐ Active Employee: Enter the effective date of amount of insurance being claimed ____ / ____ / ____				
☐ Retired Employee: Date retired ____ / ____ / ____				
For employees who were not actively at work, please indicate status of employee at date of death (select one):				
☐ Regular Retiree ☐ Retiree Due to Disability ☐ Terminated Due to Disability ☐ Terminated For Any Other Reason				
☐ Leave of Absence ☐ Layoff ☐ Sick Leave ☐ Disabled (not terminated or retired)				
What was the last date the employee was physically doing work? ____ / ____ / ____ Reason for stopping _____				
Date premium payments for employee stopped ____ / ____ / ____				
Was the employer-employee relationship terminated before death? ☐ No ☐ Yes Date ____ / ____ / ____ Reason _____				
Was life insurance cancelled? ☐ No ☐ Yes Date ____ / ____ / ____				
Is the beneficiary designation available? ☐ No ☐ Yes If Yes, include the most recent designation with claim submission.				
Was a Total and Permanent Disability (T&P) or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee? Leave blank if plan does not include T&P or CP. ☐ No ☐ Yes Disability Case Number _____				

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Life Insurance Claim Form

Employer's Statement

Section B: Employer/Association Information

Name of Employer/Association				Contact Name
Employer Address Number and Street City State Zip				Employer Telephone Number Fax Number

Division name and address where employee/member worked (If different from above)

Name	Number and Street	City	State	Zip
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Notice: Be sure to consider any reduction formula applicable to each type of Life Benefit in force when entering the amount of Life Benefits for which claim is made.

Complete the Following:

Employee is:

☐ Hourly or ☐ Salaried
☐ Union or ☐ Non-Union
☐ Exempt or ☐ Non-Exempt

Base Annual Earnings \$_____

as of date: / /

Did the employee increase coverage within the last two years?

☐ Yes ☐ No

If yes, indicate date: / /

Report Number	Sub Code	Branch	Type of Life Benefits Check applicable box(es)	Amount	Effective Date
			☐ Basic Life		
			☐ Supplemental/Optional Life*		
			☐ Dependent Life		
			☐ AD&D***		
			☐ Supplemental/Optional AD&D***		
			☐ Dependent AD&D***		
			☐ VAD&D***		
			☐ Group Universal Life**		
			☐ Spouse Group Universal Life		

*** Supplemental/Optional Life includes Additional Life and Voluntary Life Benefits.**

**** For more information concerning Group Universal Life coverage, please call 1-800-523-2894.**

*** If Accidental Death benefits are claimed, please include supporting documentation such as newspaper clippings, police reports, toxicology reports, autopsy reports, etc.

Survivor Income Benefit: If the deceased employee qualified for Survivor Income Benefits insured by MetLife, specify if the claim ☐ is attached, or ☐ will follow.

Section C: Deceased Dependent Information

Dependent Claim Only	Date of Death	Date of Birth	Sex M or F	Dependent's Social Security Number	Name of Deceased Dependent Last First Middle	Relationship ☐ Spouse ☐ Child

Signature of Employer's Authorized Representative

Date Signed _____

Telephone No.

Send benefit payment to: ☐ Directly to Beneficiary (ies)

☐ Other: _____



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Dear Claimant:

We at Metropolitan Life Insurance Company (MetLife) are sorry for your loss. To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account[®] Settlement Option (TCA) to give you the time you need to best decide how to use your insurance or annuity proceeds. Your TCA is an insurance Settlement Option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a Total Control Account will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw a draft on your Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While your money is in a Total Control Account, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by writing one of your drafts (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that the Total Control Account will help you rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the Total Control Account on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

Total Control Account Features

The Total Control Account® (TCA) Settlement Option Provides...

INTEREST

- Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual yield guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least one of the following indices: the prior week's Money Fund Report AveragesTM/Government 7-Day Simple Yield or the Bank Rate MonitorTM National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- **You can withdraw all or part of your TCA balance immediately** or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.
- There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- The obligation of Metropolitan Life Insurance Company (MetLife) or of the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company") to pay the total benefit or proceeds is satisfied by the delivery of your TCA draftbook, and crediting the total proceeds in your TCA.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.
- There are no monthly service or transaction charges. There is no charge for printing or reordering drafts.
- Please note: automatic electronic fund transfers, electronic bill payments, and phone payments are not available from TCA.

You may be charged a fee for special services. The fee will be withdrawn from your TCA. The current special service fees are:

- Draft copy: \$2.00
- Stop Payment: \$10.00
- Overdrawn TCA: \$15.00
- Wire Transfer: \$10.00

In accordance with your TCA Customer Agreement, special service fees are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.

TCA SERVICES

- MetLife sends you a quarterly statement regarding Account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the Account.
- Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, **including interest rates, by calling Customer Service at 1-800-638-7283. Callers with a TDD may call 1-800-229-3037. You may also write to MetLife, P.O. Box 6100, Scranton, PA 18505-6100, Attn: TCA.**
-

TIME TO DECIDE

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.

Group policy settlement options include:

- A check
- A TCA
- A Guaranteed Interest Certificate (GIC) – A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.

If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.

More Useful Information about the Total Control Account...

- Unless the insured pre-selected an alternative settlement option, payment is usually made by a single check for the total proceeds under any of the following circumstances:
 - The proceeds payable are less than \$5,000;
 - The claimant resides in a foreign country; or
 - The claimant is a corporation or similar entity.

If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.

- TCAs which become abandoned property as defined by applicable law will be escheated to the appropriate state. The dormancy period is typically three years, but may vary by state.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. **You may call 1-800-638-7283 for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.**
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company. **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 1-703-481-5206) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oregon and Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



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Life Insurance Claim Form

Claimant's Statement

Insured's Employer Name: _____

Insured Employee Name: _____

Please note that original documents cannot be returned. In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary:

1. Your Name (please print in capital letters or type) _____
First Middle Initial Last
Maiden Name (if applicable) _____
2. Social Security No./TIN: _____ / _____ / _____
3. Date of Birth _____ ☐ Male ☐ Female
Mo. Day Year
4. Country of Citizenship: _____
5. Phone Number: Day (_____) - _____ Evening (_____) - _____
(Area Code) (Area Code)
6. Fax Number (optional) (_____) - _____
(Area Code)
7. Mailing Address _____
Number Street Apt./Box No. (if any)
City State Zip
8. Relationship to the deceased
You are the ☐ Spouse ☐ Child ☐ Parent ☐ Other _____
Explain
9. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased:

1. His/Her Name _____
First Middle Initial Last
Maiden Name (if applicable) _____
2. Residence Address _____
Number Street Apt./Box No. (if any)
City State Zip
3. Marital Status ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced
4. Date of Birth _____
Mo. Day Year
5. Social Security No. _____ / _____ / _____
6. Certified copy of death certificate is ☐ attached (or was previously submitted) ☐ not attached.
If not attached, please explain _____
7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____
or call 1-800-638-5000 for information.

Insured Employee Name: _____

C. Total Control Account (TCA)

Tell us how you would like to receive the benefits:

1. ☐ I want to take control of my insurance proceeds and defer making long-term decisions while earning favorable interest rates. Please pay the proceeds to me via the Total Control Account Settlement Option. I understand that you'll mail me a supply of drafts with other materials about the Account once my claim is approved and processed. I can take all or part of my account balance whenever I want, without penalty or loss of interest, simply by writing a draft for \$250 or more. My TCA balance will continue to earn favorable interest rates. You'll also send me periodic statements. MetLife guarantees my TCA. I can close my TCA or select another available option at any time I choose, for any reason, without penalty or loss of interest.
2. ☐ I do not want to take advantage of the Total Control Account Settlement Option. I have read the important information on page 2 of the claim form. I understand that if the proceeds payable to me are at least \$5,000, I am giving up my rights to take advantage of this and any other settlement option. Please send me the proceeds in a lump sum check.

I understand that if I do not check 1 or 2 above, I will receive my insurance proceeds via the Total Control Account Settlement Option.

D. Estate Resolution Service (ERS)

Because your loved one participated in MetLife's group supplemental life insurance program, you are entitled, at no cost, to take advantage of the Estate Resolution Services. For more information regarding Estate Resolution Services and how to access the service please read the enclosed document titled **MetLife Estate Resolution ServicesSM – Assistance in Probating the Insured Estate**.

E. Delivering the Promise (DTP)

If a MetLife DTP Specialist assisted you with this claim, you may elect to have your check mailed to the Specialist, who will deliver it to you. If you wish to have the proceeds mailed to your DTP Specialist, please check the appropriate box below. If no box is checked, the proceeds will be delivered directly to you.

☐ Deliver to DTP Specialist

DTP Specialist Name: _____ District Agency Index (DAI)

DTP Specialist Address: _____

☐ Deliver to Beneficiary

F. Certifications and Signature:

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I consent to the pro rata deduction of any contributions owed by the insured from insurance proceeds paid to me.
3. I have read the applicable Fraud Warning(s) provided in this form.

MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else.

In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not subject to IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below as you would sign on checks (include first and last name). If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed