



Group Life Claims  
P.O. Box 3016  
Utica, NY 13504

## 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 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 3016  
Utica, NY 13504  
1-800-638-6420

- a) the completed Employer's Statement
- b) the Claimant's Statement(s)\*
- c) a Certified Death Certificate
- d) all other pertinent claim information (such as enrollment forms and beneficiary designations)

A Certified 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. Claimants can usually obtain a Certified Death Certificate 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 Death Certificate (only one Certified 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 above paperwork.



# Life Insurance Claim Form Employer's Statement

For MetLife Use Only

So processing is not delayed, please complete all information

**Claim is for:**  **Employee** OR  **Dependent**

Must Be Completed and Signed by an Authorized Company Representative. Please Print or Type.

Section A: Employee/Member Information			
Employee Social Security Number	Name of Insured Employee		Sex M or F
	Last	First Middle	
Date of Death: ___/___/___ Date of Birth: ___/___/___ Employee's Occupation: _____			
Was Insurance ever assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy of assignment and all related papers)			
Date of Hire: ___/___/___			
<input type="checkbox"/> Active Employee: Enter the effective date of amount of insurance being claimed ___/___/___			
<input type="checkbox"/> Retired Employee: Date retired ___/___/___			
For employees who were not actively at work, please indicate status of employee at date of death (select one item):			
<input type="checkbox"/> Regular Retiree <input type="checkbox"/> Retiree Due to Disability <input type="checkbox"/> Terminated Due to Disability <input type="checkbox"/> Terminated For Any Other Reason			
<input type="checkbox"/> Leave of Absence/Layoff/Sick Leave <input type="checkbox"/> Disabled (not terminated or retired)			
On what date did the employee last work? ___/___/___ Reason for stopping _____			
Date premium payments for employee stopped ___/___/___			
Was the employer-employee relationship terminated before death? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ___/___/___ Reason _____			
Was life insurance cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ___/___/___			
Was a Total and Permanent Disability or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee?			
<input type="checkbox"/> No <input type="checkbox"/> Yes Disability Case Number _____			

**Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 3016  
Utica, NY 13504  
1-800-638-6420**

(Continued on following page)

## Life Insurance Claim Form Employer's Statement (continued)

Section B: Employer/Association Information									
Name of Employer/Association						Contact Name			
<div style="display: flex; justify-content: space-between;"> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>						<b>Employer Telephone Number</b>  <b>Fax Number</b>			
<b>Division name and address where employee/member worked (If different than above)</b> Name _____ Number and Street _____ City _____ State _____ Zip _____									
<b>Notice:</b> 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.						<b>Complete the Following:</b> Employee is: <input type="checkbox"/> Hourly or <input type="checkbox"/> Salaried or <input type="checkbox"/> Union or <input type="checkbox"/> Non-Union <input type="checkbox"/> Exempt or <input type="checkbox"/> Non-Exempt  Base Annual Earnings \$ _____  As of Date: ____/____/_____  Did the employee increase coverage more than one benefit level at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Date: ____/____/_____  Check if Settlement Option instruction is attached <input type="checkbox"/>			
Report Number	Sub Code	Branch	Type of Life Benefits Check applicable box(es)	Amount	Effective Date				
			<input type="checkbox"/> Basic Life						
			<input type="checkbox"/> Optional Life*						
			<input type="checkbox"/> Dependent Life						
			<input type="checkbox"/> Group Life Plus						
			<input type="checkbox"/> AD&D***						
			<input type="checkbox"/> Optional AD&D***						
			<input type="checkbox"/> Dependent AD&D***						
			<input type="checkbox"/> VAD&D***						
			<input type="checkbox"/> Group Universal Life**						
			<input type="checkbox"/> Spouse Group Universal Life						
			<input type="checkbox"/> Group Variable Universal Life						
			<input type="checkbox"/> Spouse Group Variable Universal Life						
<b>*Optional Life includes Supplemental Life, Additional Life and Voluntary Life Benefits.</b> <b>**For more information concerning Group Universal Life coverage, please call 1-800-523-2894.</b> <b>***If Accidental Death benefits are claimed, please include supporting documentation such as newspaper clippings, police reports, toxicology reports, autopsy reports, etc.</b>  <b>Survivor Income Benefit:</b> If the deceased employee qualified for Survivor Income Benefits insured by MetLife, specify if the claim <input type="checkbox"/> is attached, or <input type="checkbox"/> will follow.									

Section C: Deceased Information									
Dependent Claim Only	Date of Death	Date of Birth	Sex M or F	Dependent's Social Security Number	Last	Name of Deceased Dependent	First	Middle	Relationship
									Spouse <input type="checkbox"/> Child <input type="checkbox"/>

\_\_\_\_\_  
Signature of Employer's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

Send benefit payment to:  Directly to Beneficiary(ies)

Other: \_\_\_\_\_  
\_\_\_\_\_

Please attach any enrollment forms and beneficiary designations you retained. If a beneficiary is deceased, a copy of his or her death certificate is required. If you have any questions please contact the MetLife administrator responsible for your group.



Metropolitan Life Insurance Company  
Group Life Claims  
P.O. Box 3016  
Utica, NY 13504  
1-800-638-6420

Dear Beneficiary:

We at 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<sup>®</sup> Money Market Option, to give you the time you need to best decide how to use your insurance or annuity proceeds.

The insurance or annuity contract may have provided other settlement options for payment of the proceeds. Unless the contract owner or insured preselected a specific method of settlement, your right to choose any of these other settlement options is preserved while your money is in a Total Control Account. If a settlement option was preselected for you, more information will be provided as your claim is processed.

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, unless a different settlement option was selected. You will receive a personalized "checkbook" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "checks," 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 checks. You are not charged for checks, there are no transaction or monthly fees, and there are no penalties for withdrawing all or part of your money.

We hope that the Total Control Account will help you rest a little easier knowing that your money is safe, earning a competitive interest rate, 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 provided in this folder.

If you have further questions about the Account, you can call MetLife's Customer Services Center at its toll-free number, 1-800-MET-SAVE (1-800-638-7283). Hearing impaired callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037. If you have any questions about this claim, please call 1-800-638-6420.

Once again, we extend our condolences and assure you that we will make every effort to help you in every way we can.

**The TOTAL CONTROL ACCOUNT® Money Market Option  
Designed to Put YOU in Complete Control of Your Life Insurance Proceeds**

**The Total Control Account provides...**

**SAFETY**

- The entire amount of your Account, including all interest earned, is fully guaranteed by MetLife.

**COMPETITIVE RATES**

- The Account earns interest at money market rates that are responsive to current market conditions.
- Interest is compounded daily and credited monthly. (Generally, the interest earned will be subject to income tax.)

**FREE CHECKING**

- You can write checks from a minimum amount of \$250 up to the full amount in the Account at any time.
- There are no monthly service or transaction charges. There is no charge for printing or reordering checks.

**CONVENIENCE**

- A personalized checkbook provides you with easy and immediate access to the funds.
- You will receive a monthly statement, showing all transactions, interest earned and the balance in the Account.

**FLEXIBILITY**

- You can withdraw all or part of your money at any time, without penalty or loss of interest.
- There are no limits on the number of checks you can write each month.
- You can name a beneficiary to receive money held in the Account, in case something happens to you.

**FULL SERVICE**

- Service Representatives are within easy reach to answer any questions you may have—just call toll-free Monday through Friday, from 8:00 A.M. to 6:00 P.M., Eastern Time, at 1-800-MET-SAVE (1-800-638-7283). Callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037.

**TIME TO DECIDE**

- Your rights to elect all other available MetLife settlement options are preserved. You may, at any time, place some or all of the money in your Account in any other available option.
- MetLife has a range of settlement options for you to choose from, including Guaranteed Interest Certificates. You will receive complete information on all settlement options which are available to you along with the Total Control Account checkbook.

**The Total Control Account gives you:**

**Safety • Security • Convenience • Flexibility  
Free Checking • Competitive Interest**

If the proceeds payable to you are less than \$5,000, or you reside in a foreign country, or the claimant is a corporation or similar entity,—and the insured did not designate a settlement option, payment is usually made by a single, lump-sum check. If the insured designated an alternative settlement option, that designation will be carried out. In this case, more information will be provided to you as your claim is processed.



**Life Insurance Claim Form  
Claimant's Statement (continued)**

Employee Name: \_\_\_\_\_

**C. Certifications and Signature:**

The information I have given is, to the best of my knowledge, true and accurate.

**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 backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen, or a U.S. resident for tax purposes.

**Please note: Cross out and initial item 2 and/or item 3 if subject to backup withholding as a result of a failure to report all interest and dividend income or you are not a U.S. citizen or U.S. resident for tax purposes.**

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

If the insured was covered under a policy issued in one of the states listed below, **or** if you reside in one of the states listed below, one of the following state warnings may apply to you:

**New York [only applies to Accident and Health Benefits (AD&D/VAD&D)]:** I know it is a crime to fill out this form with facts I know are false or to leave out facts I know are important. I know that if I do this, I may also have to pay a civil penalty of up to \$5,000 plus the value of the claim.

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

**Massachusetts:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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, and may subject such person to criminal and civil penalties.

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

**Oklahoma:** 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.

**Kansas and Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud, and may be subject to criminal and civil penalties.

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

If the insured was covered under a policy issued in any state other than those listed above, **or** if you reside in any state other than those listed above, then the following warning may apply to you:

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.**

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.

_____	_____
Beneficiary Signature	Date

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