MetLife

Employer/benefit administrator instructions for life insurance claims

This package contains the information the employer/benefits administrator needs to file a life insurance claim

Follow these steps:

1. Complete the *Employer/benefit administrator statement*

Send us the completed statement with all of the following documents that apply to this claim:

- The employee/member's enrollment form, including details of their coverage for the last two years
- The beneficiary designation form *(if there's no beneficiary, please check the 'No' box on the Employer/ benefit administrator statement which states no beneficiary designation is available)*
- If the employee/member assigned ownership of the coverage, the related assignment papers
- If accidental death benefits are being claimed, police reports and other supporting documents
- If a beneficiary is deceased, please include a copy of their death certificate

2. Give the claimant these documents

- The cover letter from MetLife
- *Life insurance claim form*

If the deceased qualified for Survivor Income Benefits, please give the claimant the *Survivor Income Benefit claim form* to complete as well. You must also complete and return the *Survivor Income Benefit Plan Administrator's statement*.

3. If there's more than one claimant, give each claimant a set of the above documents

Each claimant must complete and submit a separate claim form. However, we only require one death certificate indicating the cause and manner of death.

4. Submit the claim

You can ask the claimants to return their completed claim either to you or directly to us. If you have them sent to you, please submit each completed *Life insurance claim form* as you receive it. That will help us speed processing and payment.

Submit all forms and information relating to this claim to:

Mail:	Fax:	Phone:
MetLife Group Life Claims P.O. Box 6100 Scranton, PA 18505-6100	1-570-558-8645	1-800-638-6420, then press 2

If you aren't enclosing a document we've asked for, please include a note telling us what's missing and why.

Questions

Contact the account representative responsible for your group.

MetLife

Life insurance claim form

Employer/benefit administrator statement

Use this form to file a life insurance claim when one of your employees/plan members or their dependents has died.

Metropolitan Life Insurance Company

Things to know before you begin

- An authorized representative of the employer/benefit administrator must complete this form.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay the claim.

Please correct and initial any errors on the form.

Is claim for ☐ **Employee** ☐ **Dependent?**

SECTION 1: About the employer/benefit administrator

Name of employer/benefit administrator | Customer number

Address *(Street number and name, suite)*

City | State | ZIP code

Name of authorized representative *(first, last)*

First | Last | Title

Daytime phone number | Fax number | E-mail address

Division name and address, if different from above:

Division name

Address *(Street number and name, suite)*

City | State | ZIP code

SECTION 2: About the employee/plan member

Please give us information about the employee/plan member associated with this life insurance claim.

Name of employee/plan member *(first, middle, last)*

First name	Middle name	Last name	Sex *(M/F)*

Employee's Home address *(street number and name, apartment or suite)*

City	State	ZIP code

Date of birth *(mm/dd/yyyy)*	Date of death *(mm/dd/yyyy)*

Social Security number	Marital status *(check one)*
	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/widower

Date of hire *(mm/dd/yyyy)*	Job title

Employee/plan member was *(check one for each of the following):*

☐ Hourly or ☐ Salaried

☐ Union or ☐ Non-union

☐ Exempt or ☐ Non-exempt

What was the last date the employee/plan member was at work? *(mm/dd/yyyy)* _____

Reason employment ended _____

Employee/plan member's status on the date of death *(check one):*

☐ Active ☐ Terminated due to disability ☐ Layoff

☐ Regular retiree _____ Date ☐ Terminated for any other reason ☐ Sick leave

☐ Retiree due to disability _____ Date ☐ Non-exempt ☐ Disabled *(not terminated or retired)*

Did premium payments for the employee/plan member stop?

☐ No ☐ Yes – if yes, date payments stopped *(mm/dd/yyyy)* _____

Was life insurance cancelled?

☐ No ☐ Yes – if yes, date it was canceled *(mm/dd/yyyy)* _____

Has a Waiver of Premium or Total and Permanent Disability claim been filed with MetLife for this employee/plan member?

☐ No ☐ Yes – if yes, what is the disability case number? _____

SECTION 3: About the dependent *(complete only if the deceased is the dependent)*

Name of dependent *(first, middle, last)*

First	Middle	Last	Sex *(M/F)*

Maiden or other names *(if applicable)*

Dependent's Home address *(street number and name, apartment or suite)*

City	State	ZIP code

Date of birth *(mm/dd/yyyy)*	Date of death *(mm/dd/yyyy)*	Relationship ☐ Spouse ☐ Child ☐ Other

Social Security number	Marital status *(check one)* ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/widower

SECTION 4: Benefits that apply to this claim

- In the table below, check off all of the benefits covering the person who died and fill in the effective dates, report number, sub code and branch.
- Then insert the coverage amount for each benefit. **Remember to consider any reduction formulas that apply.**
- If you have questions about Group Universal Life coverage, please call 1-800-523-2894.

Base annual earnings $ _____ As of *(mm/dd/yyyy)* _____

Did the employee increase coverage within the last two years?

☐ No ☐ Yes – if yes, indicate date *(mm/dd/yyyy)* _____

Type of life benefit *(check all that apply)*	**Effective date** *(mm/dd/yyyy)*	**Report number**	**Sub code**	**Branch**	**Benefit amount**
☐ **Basic Life**					
☐ **Supplemental, Optional, Additional and Voluntary Life**					
☐ **Employer-paid Dependent Life**					
☐ **Dependent Life (spouse, child)**					
☐ **Accidental Death & Dismemberment (AD&D)**					
☐ **Supplemental, Optional AD&D**					
☐ **Dependent AD&D**					
☐ **Voluntary AD&D**					
☐ **Group Universal Life**					
☐ **Spouse Group Universal Life**					
☐ **Child Group Universal Life**					
				Total benefit amount	

Note: If Accidental Death benefits apply, please include police reports and other supporting documents

Survivor Income Benefits

Do Survivor Income Benefits apply?

☐ No ☐ Yes – if yes, check one of the boxes below:

☐ You've attached the *Survivor Income Benefit claim form*

☐ You'll send us the *Survivor Income Benefit claim form* later

Beneficiary designation

Is the beneficiary designation available?

☐ No ☐ Yes – if yes, please attach the most recent designation.

Transfer of coverage ownership

Did the insured transfer ownership of the coverage via an absolute, gift or viatical assignment?

☐ No ☐ Yes – if yes, please include a copy of the assignment and all related papers.

Where should we send the benefit payment?

☐ Directly to the beneficiary or beneficiaries

☐ To you, at the employer/benefit administrator address

SECTION 5: Signature of authorized representative

Signature _____ Date signed *(mm/dd/yyyy)* _____

Daytime phone number _____

SECTION 6: How to submit this form

Check off the additional items you're sending for this claim.

☐ The beneficiary's completed life insurance claim form *(required)*

☐ The death certificate copy *(including the cause and manner of death) (required)*

☐ The beneficiary designation

☐ Enrollment history

☐ The *Survivor Income Benefit claim form (if applicable)*

☐ For accidental death claims – police reports and other supporting documents

☐ Documents related to assignment of this coverage *(absolute, gift or viatical assignment)*

Return this claim form and the documents you've checked off above to:

Mail:
MetLife Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100

Fax:
1-570-558-8645

If faxing, please remember to fax both front and back sides of the claim form.

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-MET-6420 (1-800-638-6420), then press 2. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.

MetLife

Metropolitan Life Insurance Company

Your life insurance claim kit

On behalf of MetLife, please accept our sincere condolences during this difficult time.

Grief Counseling is available

As a beneficiary you and your family are eligible for grief counseling sessions at no cost to you with a licensed, professional counselor. For more information on the grief counseling program, please contact LifeWorks, Inc. at 1-888-319-7819. LifeWorks phones are staffed 24/7/365 to provide counseling services. You can also log on to metlifegc.lifeworks.com (Username: metlifeassist Password: support) to contact a counselor or access helpful grief-related information and resources.

We're here to help

We recognize this may be a challenging time for you. If you have questions, or need help preparing your claim, call us at **1-800-MET-6420 (1-800-638-6420)**. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.

Sincerely,

MetLife
U.S. Life Insurance Claims

MetLife

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.

Alabama, 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.

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.

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: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any 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 and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 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.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be 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.

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.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

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.

MetLife

Life insurance claim form

Use this form to submit your claim for a life insurance policy payment.

Things to know before you begin

- Each beneficiary submitting a claim must complete and sign a separate claim form. However, we only need one death certificate indicating the cause and manner of death.
- A signature is required for this claim to be processed.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.
- You may have to send us other documents with this claim. See the list in *Section 5: How to submit this form*.

Please correct and initial any errors on the form.

A signature is required for this claim to be processed

SECTION 1: About you

Tell us in what capacity you're making a claim ***(check one)***:

☐ Individual beneficiary or ☐ Representative of a trust, estate or Charity

Your relationship to the person who died *(check one)*:

☐ Spouse/Partner ☐ Parent ☐ Child

☐ Trust/Estate Representative/Charity ☐ Other *(please explain)* _____

Your name *(first, middle, last) - Please print your name the way you want it to appear on your payment.*

First	Middle	Last

Maiden or other names *(if applicable)*

Mailing address *(Street number and name, apartment or suite)*	Phone number

City	State	ZIP code

Date of birth *(mm/dd/yyyy)*	Sex *(M/F)*	Social Security number	Country of Citizenship

Please complete if making a claim on behalf of a Trust, Estate or Charity

Name of Trust/Estate/Charity	Date of Trust *(mm/dd/yyyy)*

Tax Identification Number *(For the Trust, Estate, or other Charity)*

_____

☐ I consent to receive claim status e-mails and text messages as indicated below. Please see the enclosed *About Electronic Statusing* for more details.

Please tell us if you would like to receive claim statuses electronically

Cell phone number	Email address

Insured Employee/Member Information

First name	Middle name	Last name

Employer name

Have you signed a document with a funeral home that authorizes us to make a payment directly to them? This document is usually referred to as a funeral home assignment.

☐ No ☐ Yes – If yes, please send us a copy of the document with this claim form.

SECTION 2: About the deceased

Name *(first, middle, last)*

First	Middle	Last

Maiden or other names *(if known, optional)*

Residence address *(Street number and name, apartment or suite)*

City	State	ZIP code

Date of birth *(mm/dd/yyyy)*	Date of death *(mm/dd/yyyy)*

Social Security number	Marital status *(check one)*
	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/widower

SECTION 3: Tell us how you want to receive your claim payment

You will receive a check for your payment

Please remember to sign and date the form on the next page

Insured Employee/Member Information

First name	Middle name	Last name

Employer name

SECTION 4: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents:** 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 such violation

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

**If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 24% withholding with respect to taxable amounts.

Signature of person making the claim	Date signed *(mm/dd/yyyy)*

Some services in connection with your claim payment may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you.

Insured Employee/Member Information

First name	Middle name	Last name

Employer name

SECTION 5: How to submit this form

5A. Check off the additional items you're sending with this claim form

- ☐ **A death certificate.** We require a copy of the death certificate. The funeral director taking care of the funeral arrangements can usually provide a copy of the death certificate *(indicating the cause and manner of death)*. **We only require one death certificate** – if you're aware of another claimant who's sending one, you don't have to send it.
- ☐ If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.
- ☐ If the beneficiary is the estate and you are a representative of an estate, a copy of the appointment papers issued by the courts.
- ☐ If the beneficiary is a trust and you are a trustee, a notarized statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.
- ☐ If you are submitting the claim as Power of Attorney for the beneficiary, a copy of the POA papers for the beneficiary must be provided.

5B. Submission instructions

Unless you have been advised of different instructions by the administrator/employer, return this signed claim form and the documents you've checked off above in the envelope included with this package, or mail/fax them to:

Mail:	Email:	Fax:
MetLife Group Life Claims P.O. Box 6100 Scranton, PA 18505-6100	Lifeclaimsubmit@metlife.com	1-570-558-8645

If faxing, please remember to fax both front and back sides of the signed claim form. Allow two (2) hours for documents to be received.

Please note: Most claims are reviewed within five (5) business days.

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-MET-6420 (1-800-638-6420), then press 2. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.

About Electronic Statusing

MetLife provides electronic statusing as a convenience to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving electronic statuses.

By agreeing to the terms of this Agreement, you are consenting to receive claims statuses in one or more of the following ways:

1. When a change has been made to your claim, we will send you an email advising you that we have made such a change;

Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of claim statuses by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of claim status messages by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates.

We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Customer Service Department.