

MetLife[®]

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.

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Dear Claimant:

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[®] Settlement Option (TCA) to give you the time you need to best decide how to use your insurance or annuity proceeds.

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 "draftbook" and a kit that includes a Customer Agreement and gives you additional information regarding your TCA. By using one of your personalized "drafts," you can draw a draft on your Total Control Account for the entire amount at any time. The drafts MetLife provides accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks. Information regarding the other settlement options available will also be provided.

Your Total Control Account 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 service or 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 page.

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

The Total Control Account® Settlement Option Provides. . .

INTEREST

- Your TCA earns interest from the date it is established. The rate credited to your TCA **will never fall below the rate guaranteed in your Customer Agreement**, and will equal or exceed the rate established by one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™, 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 tax advisor about your particular circumstances.)

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- **You can withdraw all or part of your TCA balance immediately** or at any time thereafter, without penalty or loss of interest.
- There are no limits on the number of drafts you can write each month.
- You can name a beneficiary to receive your TCA balance, in case something happens to you.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for the TCA, and no charges for withdrawals or drafts.
- You can write drafts from a minimum amount of \$250 up to the full amount in your TCA at any time.
- 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 the TCA.

You may be charged a fee for special services. The current special service fees are:

- Draft copy, or copy of close out check: \$2.00
- Stop Payment: \$10.00
- Overdrawn TCA: \$15.00

These fees may be subject to change in accordance with the terms of the TCA Customer Agreement.

TCA FEATURES AND RELATED SERVICES

- MetLife sends you a quarterly statement, via mail or e-mail, regarding account balances and activity.
- Statements are also sent monthly if there has been withdrawal activity in the account.

FULL SERVICE

Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA. You will be provided with a toll-free customer service number with your starter kit materials.

TIME TO DECIDE

- Your rights to elect other available MetLife settlement options are preserved. You may, at any time, place some or all of your TCA balance in any other available option.
- MetLife has a range of settlement options for you to choose from. You will receive information on all settlement options which are available to you along with the Total Control Account Settlement Option materials.

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.

The assets backing the TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to your TCA will never fall below the rate guaranteed in your **Customer Agreement**. **Call 1-800 METSAVE (1-800-638-7283) for your guaranteed annual effective interest rate.**

The TCA is not insured by the FDIC or any government agency. However, the entire amount of your TCA, including all interest paid to you, is fully guaranteed by the financial strength and claims paying ability of MetLife. MetLife's obligation to pay the total policy proceeds is satisfied by depositing the total proceeds in your TCA. MetLife's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. For NJ Residents only: the NJ Life and Health Insurance Guaranty Association covers the funds maintained in your TCA subject to statutory limits, currently \$500,000 for life insurance death benefits.

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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 1-800-638-6420

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:

- Your Name (please print in capital letters or type) _____
 First Middle Initial Last
 Maiden Name (if applicable) _____
- Social Security No./TIN: _____ / _____ / _____
- Date of Birth _____ Male Female
 Mo. Day Year
- Phone Number: Day (_____) - _____ Evening (_____) - _____
 (Area Code) (Area Code)
- Fax Number (optional) (_____) - _____
 (Area Code)
- Mailing Address _____
 Number Street Apt./Box No. (if any)
 City State Zip
- Relationship to the deceased
 You are the Spouse Child Parent Other _____
 Explain
- 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:

- His/Her Name _____
 First Middle Initial Last
 Maiden Name (if applicable) _____
- Residence Address _____
 Number Street Apt./Box No. (if any)
 City State Zip
- Marital Status Single Married Widow/Widower Separated Divorced
- Date of Birth _____
 Mo. Day Year
- Social Security No. _____ / _____ / _____
- Certified copy of death certificate is attached (or was previously submitted) not attached.
 If not attached, please explain _____
- 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)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it.

D. 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