

### 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 ( <i>Street number and name, apartment or suite</i> ) | Phone number |
|---|--------------|

|      |                                |          |
|------|--------------------------------|----------|
| City | State <input type="checkbox"/> | ZIP code |
|------|--------------------------------|----------|

|                                     |   |                        |                        |
|-------------------------------------|---|------------------------|------------------------|
| Date of birth ( <i>mm/dd/yyyy</i> ) | Sex ( <i>M/F</i> ) <input type="checkbox"/> | Social Security number | Country of Citizenship |
|-------------------------------------|---|------------------------|------------------------|

|   |                                     |
|---|-------------------------------------|
| Only complete if making a claim on behalf of a Trust, Estate or Charity<br>Name of Trust/Estate/Charity | Date of Trust ( <i>mm/dd/yyyy</i> ) |
|---|-------------------------------------|

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.

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**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 <i>(mm/dd/yyyy)</i> | Date of death <i>(mm/dd/yyyy)</i> |
|-----------------------------------|-----------------------------------|


|                        |                                   |
|------------------------|-----------------------------------|
| Social Security number | Marital status <i>(check one)</i> |
|------------------------|-----------------------------------|

Single  Married  Divorced  Separated  Widow/widower

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**SECTION 3: How you will receive your payment**

Our standard payment method is the Total Control Account. A check will be issued to you if required by state law, regulation or direction.

 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.

|   |                          |
|---|--------------------------|
|  <b>Signature of person making the claim</b> | Date signed (mm/dd/yyyy) |
|   | _____                    |

Some services in connection with your coverage may be performed by our affiliate, MetLife Services and Solutions, LLC. These service arrangements in no way alters Metropolitan Life Insurance Company's obligation to you. Your coverage will continue to be administered in accordance with MetLife policies and procedures.

## Insured Employee/Member Information

First name

Middle name

Last name

Employer name

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### 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

Please mail this signed claim form and the documents you've checked off above in the envelope included with this package to US Benefits Services at:

##### Regular Mail:

U.S. Benefits Services  
P.O. Box 9004  
Norfolk, VA 23501-9004

##### Overnight Mail:

U.S. Benefits Services  
1434 Crossways Blvd.  
Chesapeake, VA 23320

#### We're here to help

If you have any questions, or need additional information, please do not hesitate to contact the Beneficiary Support Center at 1-866-289-0368. Beneficiary Support Specialists are available Monday through Friday, 9 AM to 6 PM Eastern Time, except holidays.

#### About Electronic Stating

MetLife provides electronic stating 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.

## Metlife Estate Resolution Services<sup>SM</sup> (ERS)

If you're involved in settling the estate - as a beneficiary, executor or administrator - this service will help.

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It can be challenging to settle an estate. That's why the MetLife policy covering this life insurance claim includes a valuable benefit called MetLife Estate Resolution Services<sup>SM</sup> (ERS), provided by MetLife Legal Plans<sup>1</sup>, the nation's largest provider of group legal plans. This unique benefit provides legal services and support to probate the estate of the insured participant or the participant's spouse/domestic partner.

**There is no additional cost** for attorney's fees, no co-payment, and no claim forms to fill out when a participating MetLife Legal Plans attorney is used.

### Legal resources when you need them most

If you're the **Executor** or **Administrator** of the estate, ERS will help you with the tasks required during probate. Some of these responsibilities are described on the next page.

If you're a **beneficiary** of this life insurance policy, you can speak with an attorney to discuss general questions about the probate process. Help is available to all beneficiaries, as well as to representatives of minor children who are beneficiaries.

#### What is probate?

Probate is the legal process used to settle an estate and distribute property and assets to the heirs. When someone dies and leaves a will, the will is "probated" to prove that it's valid.

#### Who is the Executor?

The Executor is named in the will to manage the probate process, pay outstanding debts and distribute property and assets as directed by the will.

#### Who is the Administrator?

The Administrator is an individual appointed by the probate court to settle the estate of a person who dies without a will, or "intestate." When probate is complete, the Administrator must distribute property and assets according to the "intestacy" laws of the state.

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### What's included

- Face-to-face or telephone consultations to discuss the probate process
- Preparation of required forms and documents
- Legal representation in probate court
- Assistance with letters, emails or other communications needed to transfer non-probate property, such as joint bank accounts, life insurance proceeds, etc.
- Associated tax filings

### Getting started

#### 1. Gathering important information

- The insured participant's Social Security number
- The name of the employer or group policyholder through which the insured participant obtained coverage
- The Customer or Experience Number

## 1. Call MetLife Legal Plans

Call MetLife Legal Plans at , Monday through Friday, between 8:00 a.m. and 7:00 p.m. Eastern Time. Tell them you'd like to use MetLife . They'll ask for the information you gathered, give you a case number and provide the contact information for local MetLife Legal Plans attorneys in your area.

## 2. Contact the MetLife Legal Plans Attorney

Call the attorney to schedule an appointment and provide your case number. The attorney will provide the covered services at no cost to you.

## Working with non-MetLife Legal Plans attorneys

If you prefer, you may use an out-of-network attorney. Simply call MetLife Legal Plans at and let them know. They will send you the Out of Network Attorney Fee Schedule and a claim form you can submit to request reimbursement. The benefit amount may not cover all of the attorney's fees and expenses, and MetLife will not pay more than the attorney's actual charges for the covered services. If your attorney's fees are higher than what the Out of Network Attorney Fee Schedule allows, the estate is responsible for paying the difference.

## Services not covered by ERS

- Matters where there's a conflict of interest between the Executor, Administrator, any beneficiary or heir, and the estate
- Legal disputes with the group policyholder, employer, plan attorneys, MetLife and any of its affiliates
- Disagreements or legal disputes about statutory benefits such as worker's compensation or unemployment compensation
- Will contests or litigation outside Probate court
- Appeals
- Court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines
- Frivolous or unethical matters.

## What does the Executor or Administrator do?

Duties vary by state, but usually include:

- *Filing a legal petition with the probate court* – officially requesting that the Executor named in the will, (*or an Administrator*), be allowed to manage the probate process.
- *Sending out death notifications* – letting other organizations like Social Security, Civil Services and Veterans Administration know that the person has died.
- *Collecting and listing the deceased's assets* – gathering and making a list of what the deceased owned, such as
  - a house, car, bank account balances, insurance policies, investments, etc.
- *Making sure any claims against the estate are valid* – investigating any claims by companies or individuals that the deceased owed money to determine validity
- *Paying expenses and debts* – paying bills such as the funeral bill, income and estate taxes, and expenses for administering the estate, as well as debts such as outstanding loans or credit card balances, and other money the deceased owed.
- *Canceling services* – stopping utilities, phone service, Internet accounts, credit cards, etc.
- *Receiving and tracking amounts payable to the estate* – keeping track of amounts paid to the estate, such as interest payments, stock dividends, additional income (*e.g. unpaid salary or vacation pay*) and other company benefits owed the deceased
- *Handling correspondence* – responding to mail, email or phone calls about the deceased's financial affairs
- *Summarizing all payments, receipts and expenses* – filing a report with the court itemizing all debts paid, receipts for purchases, income received and expenses associated with administering the estate to determine the net estate value.
- *Distributing property and assets to the heirs* – paying the net estate value to the heirs as directed by the will, or if there is no will, according to the "intestacy" laws of the state.

MetLife Estate Resolution Services is offered by MetLife Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island.

## Delivering the Promise®

Personal help for beneficiaries provided by trained specialists

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We're here to help you receive all the benefits you're entitled to as quickly — and as smoothly — as possible.

MetLife has an arrangement with specially-trained third party financial professionals to provide extra assistance as you file your claim. It is available to you at no cost as part of the services MetLife provides to beneficiaries.

### Professional, caring guidance in challenging times

You may feel overwhelmed by all the things you need to manage during this time. A third party financial professional who is a *Delivering the Promise* Specialist can help make things easier for you by:

- Helping you submit your life insurance claim so we can process it as quickly as possible
- Answering questions about your options for receiving your life insurance proceeds
- Addressing unexpected issues that come up while we're processing your claim
- Identifying important financial issues that may need your attention
- Assisting you with filing claims for insurance from other companies
- Helping identify and file for government and/or employer benefits you may be eligible for

#### **What do you need to do to receive this service?**

You can arrange a meeting with a third party financial professional by calling (1-877-275-6387), Monday through Friday from 9 a.m. - 6 p.m. ET. Ask us to connect you with a *Delivering the Promise* Specialist.

