

MetLife®Group Life Claims
P.O. Box 3016, Utica, NY 13504
1-800-688-6420

Life Insurance Claim Form

Claimant's Statement

For MetLife Use Only

Employer Name: _____

Employee Name: _____

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 Death Certificate that indicates the cause and manner of death. 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. You can usually obtain a Certified Death Certificate from the funeral director who handled the arrangements.

A. Information about you:

1. Your Name (please print or type) _____

First

Middle Initial

Last

Maiden Name (if applicable) _____

2. Social Security No. _____

3. Date of Birth _____ ☐ Male ☐ Female

Mo. Day Year

4. Phone Number Day () _____ Evening () _____

Area Code

Area Code

5. Fax Number () _____
(optional) Area Code

6. Mailing Address _____

House Number

Street Name

Apt./Box No. (if any)

City

State

Zip

7. Relationship to the deceased You are the: ☐ Husband or Wife ☐ Child ☐ Parent ☐ Other _____
Explain8. 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 check here ☐**B. Information about the deceased:**

1. His/Her Name _____

First

Middle Initial

Last

Maiden Name (if applicable) _____

2. Residence Address _____

House Number

Street Name

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. A Certified Death Certificate showing cause and manner of death is required. Is one attached? ☐ Yes ☐ No

If not, please state why _____

7. If the deceased person also had an individual life insurance policy with MetLife, please provide the policy number: _____

Form continues on following page. Please complete and sign next page.

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

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