

Electronic Funds Transfer (EFT) authorization

Use this form for electronic payments to your account or make bank updates.

Metropolitan Life Insurance Company

Things to know before you begin

- You will need your claim number, bank account number and routing number to complete this form.
- Elections on this form may take about five business days after we receive the request to go into effect.
- Payments cannot be deposited into an account outside of the U.S.
- We will send payments that fall on a weekend or holiday the previous business day.
- If you are the Authorized Representative, include a copy of the legal document(s) authorizing you to act on the Claimant's behalf and include the claim number at the top of each page.

Make sure you have the right account and routing numbers.

SECTION 1:

Claim Number	ID number, if applicable	
First Name	Middle Name	Last Name

SECTION 2: Bank Account Information

- The sample check shown may help you locate checking account numbers. Please reference a check, not a deposit slip.
- If you're using a savings account, please check with your bank for the appropriate routing and account numbers.

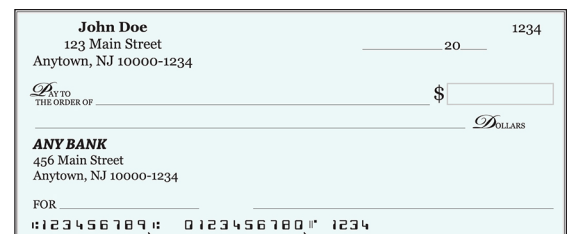
Bank Name	Bank Phone Number		
Bank Address	City	State	ZIP

Type of Account (*check only one*):

Checking Savings

Bank Routing Number (*must be 9 digits*)

Bank Account Number



BANK ROUTING NUMBER BANK ACCOUNT NUMBER

SECTION 3: Authorization and Signature

Please check the box that applies to your request.

Create EFT for my disability benefit payment.

I authorize MetLife to send my disability benefit payment to the Bank designated above for electronic deposit into my Account. I may terminate this arrangement at any time by submitting my request in writing or by calling MetLife. I request MetLife send payments for electronic deposit as instructed above. This agreement will remain in effect until the earlier of, MetLife receives a change request or my claim closes.

Cancel EFT election

I wish to cancel my authorization for MetLife to send my disability benefit payment to the Bank designated above for electronic deposit into my Account. After the EFT cancellation is effective, any additional disability benefit payment(s) due to me from MetLife will be paid via check.

Change EFT election

I previously authorized EFT into my bank account for disability benefit payments from MetLife. I wish to change the bank account into which future disability benefit payment(s) will be electronically deposited from the account designated above.

I request MetLife to send payments for electronic deposit as instructed above. This agreement will remain in effect until the earlier of MetLife receives a change request or my claim closes.

I understand that MetLife will not be liable for any failure to change or terminate this agreement if the request is incomplete.

If a payment is credited to my account in error, I authorize my financial institution to refund such overpayment to MetLife from my account.

An explanation of benefit (EOB) will only be sent if a change occurs in the amount payable or if a payment is made off-cycle.

Please print and sign your name below.

First Name

Middle Name

Last Name

**Sign
Here**

Signature

Date (mm/dd/yyyy)

SECTION 4:

Return this form along with any required documents by:

Mail:

MetLife Disability
PO Box 14590
Lexington KY 40512-4590

Fax:

1-800-230-9531