


Claimant's affidavit

Use this form to help us determine the payee(s) of claim proceeds under the terms of the life insurance plan.

Metropolitan Life Insurance Company

Things to know before you begin

- The person completing this form is the "Affiant."
- If you are a surviving child, parent or sibling of the Insured, include yourself in the appropriate section below.
- After our review of this form, we will send a claim form to the appropriate party/parties.
- We may require additional documentation after the review of the claim is complete.
- If MetLife determines you are a payable party for the benefits, we will use this form to process your claim.
- Please complete this form to the best of your ability, and have your signature witnessed by a notary public.

 Please be sure to return the completed affidavit, including the signed signature page.

SECTION 1: About Affiant *(The person completing this form)*

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

Individual beneficiary or Representative of an estate

First name	Middle name	Last name		
Address		City	State	ZIP
Phone number	Relationship to the Deceased	Social Security number	Date of birth <i>(mm/dd/yyyy)</i>	

SECTION 2: About the Deceased

First name	Middle name	Last name		
Social Security number	Claim number <i>(if known)</i>	Employer/Association name		

About the Deceased's spouse(s)

How many times was the Deceased married? _____

Previous Spouse/Domestic Partner/Civil Union Partner

1. First name	Middle name	Last name		
Current spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	How was marriage terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	Date of termination <i>(mm/dd/yyyy)</i>		
2. First name	Middle name	Last name		

Current spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	How was marriage terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	Date of termination (mm/dd/yyyy)
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3. First name	Middle name	Last name
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Current spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	How was marriage terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	Date of termination (mm/dd/yyyy)
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About the Deceased's widow or widower

First name	Middle name	Last name
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Address	City	State	ZIP
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Phone number

About the Deceased's natural and legally adopted children, living or deceased

Did the Deceased have any natural or legally adopted children? Yes No

If yes, how many? _____

List their names and other information below.

Child

1. First name	Middle name	Last name
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Address	City	State	ZIP
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Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)	Social Security (if available)
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2. First name	Middle name	Last name
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Address	City	State	ZIP
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Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)	Social Security (if available)
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3. First name	Middle name	Last name
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Address	City	State	ZIP
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Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)	Social Security (if available)
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4. First name	Middle name	Last name
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Address	City	State	ZIP
Date of birth (<i>mm/dd/yyyy</i>)	Phone number	Year of death (<i>if applicable</i>)	Social Security (<i>if available</i>)

Note: If additional space is needed, please use an additional plain sheet of paper

About the Deceased's estate

- Has a court issued, or is it expected to issue, a document appointing an executor or administrator of the decedent's estate?
 Yes No
- If no, I certify that there has not been nor is there expected to be any executor or administrator or other representative appointed for the insured's estate.



If there is a surviving spouse or surviving children, you do not need to complete the next two questions in this section. Please continue to Sections 3 and 4.

About the Deceased's parents, living or deceased

Was the Deceased survived by parents? Yes No

If yes, how many? _____

List their names and other information below.

Parent

1. First name	Middle name	Last name
Address	City	State ZIP
Date of birth (<i>mm/dd/yyyy</i>)	Phone number	Year of death (<i>if applicable</i>)
2. First name	Middle name	Last name
Address	City	State ZIP
Date of birth (<i>mm/dd/yyyy</i>)	Phone number	Year of death (<i>if applicable</i>)



If there are surviving parents, you do not need to fill out *About the Deceased's siblings, living or deceased* of this section. Please continue to Sections 3 and 4.

About the Deceased's siblings, living or deceased

Was the Deceased survived by siblings? Yes No

If yes, how many? _____

List their names and other information below.

Sibling

1. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
2. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
3. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
4. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	

Note: If you need additional space, please use an additional plain sheet of paper

Continue to Sections 3, 4 and 5.

SECTION 3: 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: A person who knowingly and with intent to injure, defraud or deceive any insurer 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, 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 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 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.

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 or civil penalties.

SECTION 4: Tell us how you want to receive your claim payment

Check one:

- You'd like us to put your payment into a Total Control Account that we'll open for you.
- You'd like to receive a check for your payment.
- For more information about the Total Control Account, please read "About the Total Control Account."
- Keep in mind that once you receive a check you cannot get a Total Control Account.
- If your payment is less than \$5,000, or you are not a U.S. citizen or resident for tax purposes, we will automatically pay you by check.
- If you do not select a payment option, in most states you will receive a Total Control Account, unless MetLife is required by state law, rule or regulation to pay you by check.
- **If MetLife determines you are a payable party for the benefits, we will use this form to process your claim.**

SECTION 5: 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 understand that payment of the Plan proceeds is based on the information I have supplied.
3. I also understand and agree that payment of the proceeds of the insured's group life insurance coverage under the Plan will be issued to the designated beneficiary(ies). If the insured did not designate a beneficiary, the proceeds are payable in accordance with the Beneficiary provision of the group plan.
4. I have read the applicable Fraud Warning(s) provided in 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 a 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 Affiant" 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.



Did you remember to...

- ✓ Provide the requested information for any surviving relative(s) listed on the form?
- ✓ Cross out and initial any mistakes you made?
- ✓ Attach any additional required documentation?

Reminder: You must sign this form in the presence of a notary public.

**Sign
Here**

Affiant Signature

Date (mm/dd/yyyy)

Sworn to and subscribed before me this _____ day of _____ in the year _____ (yyyy)

Notary Public

My commission expires (mm/dd/yyyy)

SECTION 6: How to submit this form

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:

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

Email:

Lifecclaimssubmit@metlife.com

Fax:

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 the Total Control Account®

A convenient place to hold the proceeds from your claim while you decide what to do with the money.

How the account works

The Total Control Account (TCA) is a draft account that works like a checking account:

- When your account is open, MetLife¹ will send you a package which includes additional details about the TCA. We pay the full amount owed to you by placing your proceeds into the TCA and providing you a book of drafts. You can use the drafts like you would use checks.
- You can use a single draft to access the entire proceeds or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts you can write. Processing time is similar to check processing.
- You also may conveniently use your TCA as a source of funds to pay your bills online or by phone (*no minimum payment amount*), and link to your favorite mobile payment application.
- You earn interest on the money in your account from the day your account is opened.
- We'll send you an account statement each month when there is activity in your account. If you have no activity, we'll send you a statement once every three months.
- You can name a beneficiary for your account. We'll include a beneficiary form in the package we send you when we open your account.

Interest rates and guarantees

The interest rate on your account is set weekly and will always be the greater of the guaranteed rate stated in your TCA package or the rate established by one of two indices monitored by MetLife. We calculate interest daily and compound it, and add it to your account monthly, so you earn interest on your interest. The interest earnings generally are taxable, so you should speak with your tax advisor.

No monthly maintenance fees

There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no cost for ordering additional drafts. You may be charged for special services or an overdrawn TCA, and the current fees (*subject to change*) for those services are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; overnight delivery service \$25.

Other important information

- Your Total Control Account is backed by the financial strength of MetLife. The assets backing the funds are held in MetLife's general account and are subject to MetLife's creditors. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by your state insurance guarantee association. The coverage limits vary by state, and a lengthy delay is possible before a beneficiary can get the proceeds if insolvency occurs. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- If there is no activity on your account for a period of time (*typically three years, but this may vary by state*), state regulations may require that we contact you at the address we have on file. If we cannot reach you, we may be required to close your account and transfer the funds to the state.
- We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
- We use the services of The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, for Total Control Account recordkeeping and draft clearing.
- You may move all or a portion of your Account balance (*subject to applicable minimums*) into any other settlement option for which you then qualify.
- A TCA generally is not available if your claim is less than \$5,000, you reside in a foreign country, or if the claimant is a corporation or similar entity.
- We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
- To learn more about TCA, please call us at 800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6300, Scranton, PA 18505-6300.

¹"MetLife" means Metropolitan Life Insurance Company or the MetLife affiliate that issued the underlying policy Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.