

## Employer/benefit administrator instructions for life insurance claims

This package contains the information the employer/benefits administrator needs to file a life insurance claim

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Follow these steps:

### 1. Complete the *Employer/benefit administrator statement*

Send us the completed statement with all of the following documents that apply to this claim:

- The employee/member's enrollment form, including details of their coverage for the last two years
- The beneficiary designation form (*if there's no beneficiary, please check the 'No' box on the Employer/benefit administrator statement which states no beneficiary designation is available*)
- If the employee/member assigned ownership of the coverage, the related assignment papers
- If accidental death benefits are being claimed, police reports and other supporting documents
- If a beneficiary is deceased, please include a copy of their death certificate

### 2. Give the claimant these documents

- The cover letter from MetLife
- *About the Total Control Account*
- *Life insurance claim form*

If the deceased qualified for Survivor Income Benefits, please give the claimant the *Survivor Income Benefit claim form* to complete as well. You must also complete and return the *Survivor Income Benefit Plan Administrator's statement*.

### 3. If there's more than one claimant, give each claimant a set of the above documents

Each claimant must complete and submit a separate claim form. However, we only require one death certificate indicating the cause and manner of death.

### 4. Submit the claim

You can ask the claimants to return their completed claim either to you or directly to us. If you have them sent to you, please submit each completed *Life insurance claim form* as you receive it. That will help us speed processing and payment.

Submit all forms and information relating to this claim to:

**Mail:**

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

**Fax:**

1-570-558-8645

**Phone:**

1-800-638-6420, then press 2

If you aren't enclosing a document we've asked for, please include a note telling us what's missing and why.

## Questions

Contact the account representative responsible for your group.


## Life insurance claim form Employer/benefit administrator statement

Use this form to file a life insurance claim when one of your employees/plan members or their dependents has died.

Metropolitan Life Insurance Company

### Things to know before you begin

- An authorized representative of the employer/benefit administrator must complete this form.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay the claim.

 Please correct and initial any errors on the form.

Is claim for  Employee  Dependent?

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### SECTION 1: About the employer/benefit administrator

Name of employer/benefit administrator	Customer number
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Address (*Street number and name, suite*)

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City	State	ZIP code
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Name of authorized representative (*first, last*)

First	Last	Title
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Daytime phone number	Fax number	E-mail address
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Division name and address, if different from above:

Division name

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Address (*Street number and name, suite*)

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City	State	ZIP code
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## SECTION 2: About the employee/plan member

Please give us information about the employee/plan member associated with this life insurance claim.

Name of employee/plan member (*first, middle, last*)

First name	Middle name	Last name	Sex ( <i>M/F</i> )
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Employee's Home address (*street number and name, apartment or suite*)

City	State	ZIP code
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Date of birth ( <i>mm/dd/yyyy</i> )	Date of death ( <i>mm/dd/yyyy</i> )
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Social Security number	Marital status ( <i>check one</i> ) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/widower
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Date of hire ( <i>mm/dd/yyyy</i> )	Job title
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Employee/plan member was (*check one for each of the following*):

- Hourly   or    Salaried  
 Union   or    Non-union  
 Exempt   or    Non-exempt

What was the last date the employee/plan member was at work? (*mm/dd/yyyy*) \_\_\_\_\_

Reason employment ended \_\_\_\_\_

Employee/plan member's status on the date of death (*check one*):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Active                               | <input type="checkbox"/> Terminated due to disability    | <input type="checkbox"/> Layoff   |
| <input type="checkbox"/> Regular retiree _____ Date           | <input type="checkbox"/> Terminated for any other reason | <input type="checkbox"/> Sick leave                                       |
| <input type="checkbox"/> Retiree due to disability _____ Date | <input type="checkbox"/> Non-exempt                      | <input type="checkbox"/> Disabled<br>( <i>not terminated or retired</i> ) |

Did premium payments for the employee/plan member stop?

- No    Yes – if yes, date payments stopped (*mm/dd/yyyy*) \_\_\_\_\_

Was life insurance cancelled?

- No    Yes – if yes, date it was canceled (*mm/dd/yyyy*) \_\_\_\_\_

Has a Waiver of Premium or Total and Permanent Disability claim been filed with MetLife for this employee/plan member?

- No    Yes – if yes, what is the disability case number? \_\_\_\_\_

**SECTION 3: About the dependent (complete only if the deceased is the dependent)**

Name of dependent (first, middle, last)

First	Middle	Last	Sex (M/F)
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Maiden or other names (if applicable)

Dependent's Home address (street number and name, apartment or suite)

City	State	ZIP code
------	-------	----------

Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
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Social Security number	Marital status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/widower
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**SECTION 4: Benefits that apply to this claim**

- In the table below, check off all of the benefits covering the person who died and fill in the effective dates, report number, sub code and branch.
- Then insert the coverage amount for each benefit. **Remember to consider any reduction formulas that apply.**
- If you have questions about Group Universal Life coverage, please call 1-800-523-2894.

Base annual earnings \$ \_\_\_\_\_ As of (mm/dd/yyyy) \_\_\_\_\_

Did the employee increase coverage within the last two years?

No    Yes – if yes, indicate date (mm/dd/yyyy) \_\_\_\_\_

Type of life benefit (check all that apply)	Effective date (mm/dd/yyyy)	Report number	Sub code	Branch	Benefit amount
<input type="checkbox"/> Basic Life					
<input type="checkbox"/> Supplemental, Optional, Additional and Voluntary Life					
<input type="checkbox"/> Employer-paid Dependent Life					
<input type="checkbox"/> Dependent Life (spouse, child)					
<input type="checkbox"/> Accidental Death & Dismemberment (AD&D)					
<input type="checkbox"/> Supplemental, Optional AD&D					
<input type="checkbox"/> Dependent AD&D					
<input type="checkbox"/> Voluntary AD&D					
<input type="checkbox"/> Group Universal Life					
<input type="checkbox"/> Spouse Group Universal Life					
<input type="checkbox"/> Child Group Universal Life					
<b>Total benefit amount</b>					

Note: If Accidental Death benefits apply, please include police reports and other supporting documents

**Survivor Income Benefits**

Do Survivor Income Benefits apply?

- No     Yes – if yes, check one of the boxes below:
  - You've attached the *Survivor Income Benefit claim form*
  - You'll send us the *Survivor Income Benefit claim form* later

**Beneficiary designation**

Is the beneficiary designation available?

- No     Yes – if yes, please attach the most recent designation.

**Transfer of coverage ownership**

Did the insured transfer ownership of the coverage via an absolute, gift or viatical assignment?

- No     Yes – if yes, please include a copy of the assignment and all related papers.

**Where should we send the benefit payment?**

- Directly to the beneficiary or beneficiaries
- To you, at the employer/benefit administrator address

**SECTION 5: Signature of authorized representative**



Signature

Date signed (*mm/dd/yyyy*)

Daytime phone number

**SECTION 6: How to submit this form**

Check off the additional items you're sending for this claim.

- The beneficiary's completed life insurance claim form (*required*)
- The death certificate copy (*including the cause and manner of death*) (*required*)
- The beneficiary designation
- Enrollment history
- The *Survivor Income Benefit claim form* (*if applicable*)
- For accidental death claims – police reports and other supporting documents
- Documents related to assignment of this coverage (*absolute, gift or viatical assignment*)

Return this claim form and the documents you've checked off above to:

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

**Fax:**  
 1-570-558-8645



If faxing, please remember  
 to fax both front and back  
 sides of the claim form.

**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.

## Your life insurance claim kit

On behalf of MetLife, please accept our sincere condolences during this difficult time.

### Grief Counseling is available

As a beneficiary you and your family are eligible for grief counseling sessions at no cost to you with a licensed, professional counselor. For more information on the grief counseling program, please contact Harris Rothenberg International, Inc. (HRI) toll-free at 1-855-609-9989. HRI phones are staffed 24/7/365 to provide counseling services. You can also log on to <https://griefcounseling.harrisrothenberg.net/default.aspx> (Username: MetLife Password: grief) to contact a counselor or access helpful grief-related information and resources.

### Helping you submit your claim

We've enclosed a *"Guide to making your claim"* which describes the steps to submit your claim. You have the option to receive the proceeds of your claim deposited into a convenient Total Control Account that we'll open for you, or as a check. You'll find more details in the enclosed document, *"About the Total Control Account."*

### We're here to help

We recognize this may be a challenging time for you. If you have questions, or need help preparing your claim, call us at **1-800-MET-6420 (1-800-638-6420)**. 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.

Sincerely,

MetLife  
U.S. Life Insurance Claims

## Guide to making your claim

### What you'll find in this package

- *Life insurance claim form* – You'll need to complete and return this to us with the death certificate.
- *About the Total Control Account* – This explains the option you have to receive your claim proceeds.

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To submit your claim, follow these steps:

### 1. Decide

You have the following options to receive your life insurance proceeds:

- A Total Control Account that we open for you to hold your claim proceeds, or
- A check that we mail to you

Please read the enclosed *About the Total Control Account* for details. Please indicate your choice when completing the claim form. If you do not choose an option, you will receive a Total Control Account in most states unless state law requires us to pay you by check.

### 2. Complete

Complete the enclosed *Life insurance claim form* by following the instructions on the form. Please provide all the information requested so we may process your claim as quickly as possible.

### 3. Return

Please send us your completed claim form and the documents we ask for in Section 6 of the form.

### What to expect after you submit your claim

We're committed to processing your claim as quickly as possible. Once we receive all your information, we're able to process a typical claim within 5-7 business days.

If we approve your claim and you chose to receive a check, or your proceeds are less than \$5,000, we'll mail you the check.

If you choose to receive your proceeds in a Total Control Account, we'll:

- Open a Total Control Account in your name
- Place the proceeds from your claim into your account, and
- Mail you a package, that includes account details and a book of personalized drafts (*like checks*)

## 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, MetLife<sup>1</sup> 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.
- You earn interest on the money in your account from the date your account is open.
- 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 the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield, or the Bank Rate Monitor™ National Money Market Index. We calculate interest daily and compound it, so you earn interest on your interest. The interest is added to your account monthly. 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; wire transfer \$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. Please contact the National Organization of Life and Health Insurance Guaranty Associations ([www.NOLHGA.com](http://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 aren't able to 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.
- 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

<sup>1</sup>“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.



## Fraud Warnings

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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:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company 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 and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose 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 RSA 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:** Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be 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.

**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.

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

**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.

## 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 all claims 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.

## SECTION 1: About you

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

- Individual beneficiary
  Representative of a trust, estate or Charity\*\*\*

Your relationship to the person who died (*check one*):

- Spouse/Partner
  Parent
  Child  
 Trust/Estate/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
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Maiden or other names (*if applicable*) \_\_\_\_\_

Mailing address ( <i>Street number and name, apartment or suite</i> )	<input type="checkbox"/> Phone number
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City	State	ZIP code
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Date of birth ( <i>mm/dd/yyyy</i> )	Sex ( <i>M/F</i> )	Social Security number	Country of Citizenship
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Please tell us if you would like to receive claim statuses electronically\* (*check the box and provide information*)

Cell phone number
  Email address

I consent to receive claim status e-mails and text messages as indicated above.

\*Please see the enclosed *About Electronic Statusing* for more details.

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.

Please complete if making a claim on behalf of a Trust, Estate or Charity ***	Date of Trust ( <i>mm/dd/yyyy</i> )
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Tax Identification Number (*For the Trust, Estate, or other Charity*) \_\_\_\_\_

## Insured Information

First name

Middle name

Last name

Employer name

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## SECTION 2: About the deceased

Name *(first, middle, last)*

First

Middle

Last

Maiden or other names *(if applicable)*

Residence address *(Street number and name, apartment or suite)*

City

State

ZIP code

Date of birth *(mm/dd/yyyy)*

Date of death *(mm/dd/yyyy)*

Social Security number

Marital status *(check one)*

Single

Married

Divorced

Separated

Widow/widower

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## SECTION 3: 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.

## Insured Information

First name

Middle name

Last name

Employer name

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## 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

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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 28% withholding with respect to taxable amounts.



**Signature of person making the claim**

Date signed (mm/dd/yyyy)

\_\_\_\_\_  
\_\_\_\_\_

## Insured 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 have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

### 5B. Submission instructions

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

**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 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 Hyatt 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 Hyatt 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

## 2. Call Hyatt Legal Plans

Call Hyatt Legal Plans at (800) 821-6400, Monday through Friday, between 8:00 a.m. and 7:00 p.m. Eastern Time. Tell them you'd like to use MetLife Estate Resolution Services. They'll ask for the information you gathered, give you a case number and provide the contact information for local Hyatt Legal Plans attorneys in your area.

## 3. Contact the Hyatt 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-Hyatt Legal Plans attorneys

If you prefer, you may use an out-of-network attorney. Simply call Hyatt Legal Plans at (800) 821-6400 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 Hyatt 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.

<sup>1</sup> *MetLife Estate Resolution Services is offered by Hyatt 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.*