



# Life Insurance Claim Form Claimant's Statement

Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100  
1-800-638-6420

Insured's Employer Name  
City of Detroit

Insured Employee - First Name                      Middle Name                      Last 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 copy of the death certificate that indicates the cause and manner of death. A certified copy of the 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 one from the funeral director who handled the arrangements. Only one death certificate need be submitted. Please note that original documents cannot be returned.

### Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

### A. Information about the beneficiary

1. Your Name - First (please print in capital letters or type)      Middle Initial      Last

Maiden Name (if applicable)                      2. Social Security No./TIN                      3. Date of Birth                       Male  
 Female

4. Country of Citizenship                      5. Day Phone Number                      Evening Phone Number                      6. Fax Number (optional)

7. Mailing Address - Number, Street, Apt./Box No. (if any)                      City                      State                      Zip

8. Relationship to the deceased - You are the       Spouse       Parent  
 Child       Other - Explain \_\_\_\_\_

9. 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 attach the document and check here

### B. Information about the deceased

1. His/Her Name - First                      Middle Initial      Last

Maiden Name (if applicable)

2. Residence Address - Number, Street, Apt./Box No. (if any)                      City                      State                      Zip

3. Marital Status       Single       Married       Divorced                      4. Date of Birth                      5. Social Security No.  
 Separated       Widow/Widower

6. Certified copy of death certificate is       attached (or was previously submitted)  
 not attached. If not attached, please explain \_\_\_\_\_

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: \_\_\_\_\_ or call 1-800-638-5000 for information.

Insured Employee - First Name

Middle Name

Last Name

**C. Total Control Account (TCA)**

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it. A check will be issued to you if required by state law, regulation or direction.

**D. Estate Resolution Service (ERS)**

Because your loved one participated in MetLife's group supplemental life insurance program, you are entitled, at no cost, to take advantage of the Estate Resolution Services. For more information regarding Estate Resolution Services and how to access the service please read the enclosed document titled **MetLife Estate Resolution Services<sup>SM</sup> – Assistance in Probating the Insured Estate**.

**E. 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. That any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
3. MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/ insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else. In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.
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 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 IRS required backup withholding as a result of failure to report all interest or dividend income; and
3. I am a U.S. citizen, or a U.S. resident for tax purposes.

*Please note: If item 2 or 3 above is not true, cross out the applicable item(s).*

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding

**Please sign** below. Include first and last name. If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed



\_\_\_\_\_