Employer/benefit administrator instructions for life insurance claims

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

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:	**Fax:**	**Phone:**
MetLife Group Life Claims P.O. Box 6100 Scranton, PA 18505-6100	1-570-558-8645	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.

MetLife

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?**

SECTION 1: About the employer/benefit administrator

Name of employer/benefit administrator | Customer number

Address *(Street number and name, suite)*

City | State | ZIP code

Name of authorized representative *(first, last)*

First | Last | Title

Daytime phone number | Fax number | E-mail address

Division name and address, if different from above:

Division name

Address *(Street number and name, suite)*

City | State | ZIP code

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 *(M/F)*

Employee'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)*

Social Security number	Marital status *(check one)*
	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/widower

Date of hire *(mm/dd/yyyy)*	Job title

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):*

☐ Active

☐ Regular retiree _____ Date

☐ Retiree due to disability _____ Date

☐ Terminated due to disability

☐ Terminated for any other reason

☐ Non-exempt

☐ Layoff

☐ Sick leave

☐ Disabled *(not terminated or retired)*

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)*

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
		☐ Spouse ☐ Child ☐ Other

Social Security number	Marital status *(check one)*
	☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/widower

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**
☐ **Basic Life**					
☐ **Supplemental, Optional, Additional and Voluntary Life**					
☐ **Employer-paid Dependent Life**					
☐ **Dependent Life (spouse, child)**					
☐ **Accidental Death & Dismemberment (AD&D)**					
☐ **Supplemental, Optional AD&D**					
☐ **Dependent AD&D**					
☐ **Voluntary AD&D**					
☐ **Group Universal Life**					
☐ **Spouse Group Universal Life**					
☐ **Child Group Universal Life**					
				Total benefit amount	

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.