

Life insurance claim form

Use this form to submit your claim for a life insurance policy payment.

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company
General American Life Insurance Company

Things to know before you begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.



Please correct and initial any errors on the form.

SECTION 1: About you

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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Relationship to the insured	Maiden name
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Mailing address (*Street number and name, apartment or suite*)

City	State	ZIP code
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Country of Citizenship	Date of birth (<i>mm/dd/yyyy</i>)	Sex (<i>M/F</i>)	Social Security number
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Please tell us if you would like to receive claim statuses electronically* (*check the box and provide information*)

Phone number	Cell phone number	Email address
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I consent to receive claim status e-mails and text messages as indicated above.

*Please see the enclosed About Electronic Stating in Section 6 for more details.

SECTION 2: About the deceased

First name	Middle	Last
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Residence address (<i>Street number and name, apartment or suite</i>)	Maiden name
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City	State	ZIP code
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Date of birth (<i>mm/dd/yyyy</i>)	Date of death (<i>mm/dd/yyyy</i>)	Social Security number
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Marital status: Single Married Divorced Separated Widow/widower

SECTION 3: About your claim

Please list the policy number and suffix (*if applicable*) for all policies you're making a claim on

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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.

Add any special instructions or comments you have for us here.

- For more information about the Total Control Account, please read "About the Total Control Account."
- Keep in mind 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 don't choose a payment option, you will receive a Total Control Account, unless state law, rule or regulation requires us to pay you by check.

For Illinois residents and policies issued in Illinois only – By law, we're required to process and pay your life claim within 31 days of the receipt of the insured's death certificate. If we don't make a payment to you within this time, your life claim amount will accumulate interest at the rate of 10% annually, calculated from the date the person died, to the date the total amount due to you is paid.

SECTION 5: 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.
- 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.

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number in "Section 1: About you" 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 complete 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.



Signature of person making the claim

Date signed (mm/dd/yyyy)

SECTION 6: How to submit this form

6A. Check off the items you're sending with this claim form

- Death certificate.** If your claim is for more than \$100,000, we require a certified death certificate. A certified death certificate has a raised or colored seal on it. The funeral director taking care of the funeral arrangements can usually arrange to have the death certificate certified. **We only require one death certificate** – if you're aware of another claimant who's sending one, you don't have to send it.
- Policies** for which you're making a claim.
- 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 person died in an accident and you're making an accidental death benefit claim, proof of the accident - police reports and other supporting documents.
- If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

About Electronic Stating

MetLife provides electronic stating as a convenience to you. Please review the following terms and conditions carefully before provide (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 messages (*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 of any of its affiliates. There may be other third party costs for Internet access fees of 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.

6B. Please mail your completed claim to the following address:

MetLife Customer Service Center
P.O. Box 330
Warwick, RI 02887-0330
800-638-5000

General American Life Insurance Company
PO Box 355
Warwick, RI 02887-0355
800-638-9294

MetLife
(Equity Products Only)
P.O. Box 353
Warwick, RI 02887-0353
800-638-5000

General American Life Insurance Company
(Equity Products Only)
PO Box 356
Warwick, RI 02887-0356
800-638-9294



Please mail first two pages of this form, fully completed and signed, to avoid delays.

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-MET-5000 (1-800-638-5000). Our Customer Service Center is open Monday through Friday, 9:00 a.m. to 6:00 p.m. EST.

Some Services in connection with your claim may be performed by MetLife Global Operations Support Center Private Limited. This service arrangement in no way alters our obligations to you. Services will not be performed by MetLife Global Support Center Private Limited if prohibited by state or local law.