



First MetLife Investors Insurance Company  
General American Life Insurance Company  
MetLife Investors USA Insurance Company  
Metropolitan Life Insurance Company  
Metropolitan Tower Life Insurance Company  
New England Life Insurance Company  
MetLife Investors Insurance Company

Dear Claimant:

Please accept our condolences on your loss. This folder, with the claim form attached, has been designed to help you easily complete your claim so that we can process it for you as quickly as possible.

Metropolitan Life Insurance Company, General American Life Insurance Company, New England Life Insurance Company, MetLife Investors USA Insurance Company, and First MetLife Investors Insurance Company and their other affiliates with up to 165 years or more of serving beneficiaries, have gained valuable experience in assisting people like you through this difficult period. We want to make sure that you have the opportunity to benefit from our experience.

This folder is designed for use to claim all individual life insurance proceeds from the affiliated insurance companies listed above. It provides a description of the claim process at these companies including the manner in which they pay claims. There are, of course, other settlement options and/or products available to our beneficiaries. Your local office or representative can provide you with detailed information on each.

We help millions of Americans protect their financial security. Please be assured that we are here to help you in any way we can, and that we will process your claim as soon as we receive the completed **claim form, the policy(ies) and a certified copy of the death certificate.**

Sincerely,

Individual Life Insurance Claims

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## The Claims Process

Prompt, caring claim service is one of our hallmarks. We process most claims within two weeks of receipt of a fully documented claim at our Warwick, Rhode Island Customer Service Center.

### Total Control Account®

To help you through what can be a difficult, emotional, and confusing time, we created a method of payment (also called a settlement option)—the Total Control Account Money Market Option—to give you the time you need to best decide how you may wish to use your insurance proceeds.

If the amount of the proceeds payable to you is \$5,000 or more, we will usually establish a Total Control Account in your name once your claim is approved, unless a different settlement option was selected or you are not eligible for other reasons (see below). You will receive a package including a personalized checkbook, an explanatory booklet, a Customer Agreement (that gives you additional information regarding your Account in an easy to read question and answer format) and other materials. By using one of your personalized checks, you can **immediately** draw a draft on your Account for the entire amount at any time. Information regarding other settlement options available to you and thoughts to consider to help you through this difficult time also will be provided.

The insurance policy or contract may have provided other settlement options for payment of your proceeds. Unless the insured or policy owner pre-selected a specific method of settlement prior to the death, you may choose one of those options at this time by completing Section E of the Claimant Statement. If a settlement option was pre-selected for you, more information will be provided as your claim is processed.

These are some of the benefits of the Total Control Account Money Market Option:

- **GUARANTEED** — The full amount in your Account, including all interest, is fully guaranteed by the issuing company.
- **COMPETITIVE INTEREST RATES** — The interest rate is set weekly, and will meet or exceed one of two nationally recognized indexes of money market rates. Interest is compounded daily and credited monthly. Generally interest earned on the Account will be subject to income tax; you may wish to discuss this with your tax advisor.
- **CONVENIENT** — You have easy, immediate access to proceeds in your account through personalized checks that will be sent to you once the claim is approved and processed. You will receive periodic statements that show the Account balance, interest earned, and other information about the Account.
- **FREE** — You pay nothing for this Account. There are no transaction or monthly service charges and there are no charges for reordering checks. There are no limits on the number of checks you may write.
- **FLEXIBLE** — You may write checks for a minimum of \$250 up to the full amount of the Account balance at any time. You may withdraw all or part of the money in your Account with no penalty or loss of interest.
- **FULL SERVICE** — Toll-free telephone access to specially trained Customer Service Representatives is available.
- **TIME TO DECIDE** — As long as you have money in the Account, your rights to other available settlement options are preserved, including the Total Control Account Guaranteed Interest Certificate, which permits you to lock in guaranteed interest rates for six months up to seven years. The Total Control Account Money Market Option, unlike a lump sum check, gives you time to decide what to do with your insurance proceeds.
- **BENEFICIARY DESIGNATIONS** — You can name a beneficiary (subject to applicable state law) to receive money held in the Account in case something happens to you.

## With the Total Control Account, you will receive:

- A Customer Agreement spelling out the exact terms of your Account in an easy-to-read question-and-answer format.
- A brochure providing information describing other settlement options is available, at no cost to you, including the Total Control Account Guaranteed Interest Certificate Option.
- Personalized checks are included to give you immediate access to your money. You may write checks, payable to anyone, for any amount of \$250 or more, to cover immediate expenses or for any other purpose.

We hope that the Total Control Account will help you rest a little easier knowing that your money is safe, earning a competitive interest rate, and accessible to you when you need it, giving you time to make financial decisions that are right for you.

**If the amount payable to you is less than \$5,000, or the claimant resides in a foreign country, is a corporation, a partnership or similar entity, payment will usually be made in a single lump sum check, unless you select another settlement option at this time or the policy owner had pre-selected an alternate settlement option. For information on our other settlement options, if any, please refer to the policy itself. If the policy owner pre-selected a settlement option, we are required to carry out his or her wishes and you will receive full details when your claim is approved and processed.**

**Note:** As of June 2002, First MetLife Investors Insurance Company and MetLife Investors USA did not offer the Total Control Account as a settlement option, although there are plans to do so in the future.

LD No. L02084RPC

## Other Settlement Options

The insurance policy or contract may have provided other settlement options for payment of your proceeds. Unless the insured or policy owner pre-selected a specific method of settlement prior to the death, you may choose one of those options at this time by completing Section E of the Claimant Statement.

If you currently own a **Cash Management Trust Account\*** from CDC NVEST FUNDS or a **MetLife Asset Management Account\*\*** from MetLife Securities, Inc., we will arrange to have the insurance proceeds directly deposited into your Account upon your direction. To request such a deposit, please complete Section E of the Claimant's Statement and provide the Account number and Account owner's name.

\*The Cash Management Trust Account is offered by prospectus only, by CDC NVEST FUNDS, PO Box 219579, Kansas City, MO 64121-9579. If you do not have a Cash Management Trust account, but would like more information you may call 1(800) 225-5478 or contact us at [www.cdcinvestfunds.com](http://www.cdcinvestfunds.com).

\*\*The MetLife Asset Management Account is offered by prospectus only by MetLife Securities, Inc., 485-E US Highway 1 South, Iselin, NJ 08830. If you would like more information regarding this product, please call 1(800) 638-8378.

*Metropolitan Life Insurance Company provides life insurance claims settlement services to its insurance affiliates.*

## Important Tax Notice

Under federal tax law, Metropolitan, New England, General American, MetLife Investors USA and First MetLife Investors are required to ask you to certify your correct taxpayer identification and to include it in any reports of taxable income it makes to the IRS.

In addition, Metropolitan, New England, General American, MetLife Investors USA and First MetLife Investors may be required to withhold and pay to the IRS 28% of such payments. This is called "backup withholding" interest and certain other taxable payments may be subject to backup withholding if:

- (1) you fail to furnish your correct taxpayer identification number to Metropolitan, New England, General American, MetLife Investors USA and First MetLife Investors, or you fail to certify your taxpayer identification when required.
- (2) the IRS tells Metropolitan, New England, General American, MetLife Investors USA and First MetLife Investors to withhold because you are using an incorrect taxpayer identification number or you underreported your interest and dividend income on your tax return.
- (3) for interest accounts opened after December 31, 1983, you fail to certify your taxpayer identification number and/or that you are not subject to backup withholding under section 3406(a)(1)(C) on account of underreported interest income.

(See page 3, Section C for this certification that you must complete)



For Company use only: Branch/District and Agency Numbers _____ / _____			
Payment Direction (circle one):	Payee	Branch/ District	Broker

### Individual Life Death Claim Form

In order to process your claim as quickly as possible we need some information about you and the insured. Please submit the insurance policies, and an official certified copy of the death certificate with the claim form. Each claimant must submit his or her own claim form. Only one certified copy of the death certificate must be submitted.

#### A. Insured Information

Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Please list all life insurance policy numbers on which you are filing claim

\_\_\_\_\_

All policies listed below (except those where claim is being made under a Waiver of Premium rider) should be submitted with your claim.

If policies are not attached, please state why: \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street Name Apt/Box # (if any) City State Zip

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widow/Widower \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is Claim being made for Accidental Death Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please refer to the Additional Information on page 6.)

**If you would like us to check for additional life insurance coverage with MetLife or with one of our affiliates listed below, please be sure to complete Section G of the claim form on page 4.**

#### B. Claimant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security or Trust/Estate Identification Number or Social Security Number of any minor child: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

Phone Number (in case we need to contact you). Day ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
 Number Street Name Apt/Box # (if any) City State Zip

Your relationship to the insured. Husband /Wife \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_ (Explain)

E-mail Address (if available) \_\_\_\_\_

#### C. Claimant Signature & Tax Certification

Your Social Security or Trust/Estate Identification Number or Social Security Number of the minor child: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are claiming on behalf of a minor child, please provide the child's name, address, and telephone number

**Under the penalties of perjury I certify:**

**1) That the number shown above is my correct taxpayer identification number; and 2) That I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or U.S. resident for tax purposes. \* (Please note: Cross out and initial item 2 if subject to backup withholding as a result of a failure to report all interest and dividend income. The Internal Revenue Service does not require your consent to any document other than the certifications to avoid backup withholding.)**

**\*If you are not a U.S. Citizen or a U.S. resident for tax purposes, please complete form W-8BEN.**

Sign Here \_\_\_\_\_  
 Your Signature Date

Witness' Signature \_\_\_\_\_  
 Date

Print Witness' Name \_\_\_\_\_  
 Witness' Address

First MetLife Investors Insurance Company  
 General American Life Insurance Company  
 MetLife Investors USA Insurance Company  
 Metropolitan Life Insurance Company  
 Metropolitan Tower Life Insurance Company  
 New England Life Insurance Company  
 MetLife Investors Insurance Company

**Please complete one or more of the following sections ONLY IF IT PERTAINS TO YOUR CLAIM.**

**D. Contestable Policy**

Please complete only if the policy was issued within two years of the date of death or there was an increase in the death benefit within two years of the date of death. We will require information about the insured's medical history and may also require you to sign an authorization form that will enable MetLife and its affiliates to make further inquiries. Please provide the names and addresses of all doctors and hospitals who treated the deceased within the last ten years.

(Please use a separate sheet of paper if necessary.)

Doctor's/Hospital's Name	Address	Treatment Dates	Condition(s) Treated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. Settlement Option Election**

You may select a settlement option(s) and/or manner of payment other than as described in "The Claim Process" section of this claim folder. Please specify the settlement option/manner of payment(s) you desire (e.g. Total Control Account, lump sum, or other policy settlement option noted on page 2 of this booklet). If you have any questions about payment methods or other products from the MetLife family of companies, please feel free to discuss them with your financial representative.

Name of Settlement Option/Manner of Payment	Duration (if applicable)	Dollar Amount
_____	_____	_____

**F. Claim on a Family Policy or Child Term Rider**

Please complete only if any of the insurance being claimed is under a Family Policy or a Policy with a Child Term Rider.

Full Name of Child	Sex	Date of Birth	Place of Birth	Relationship to Insured	Relationship to Insured's Spouse
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**G. Please complete to assist in the search for any additional insurance coverage on the life of the decedent.**

1. Give the exact name of insured, as well as any other spelling of the name, and any aliases  
\_\_\_\_\_
2. Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_
3. Husband or wife's name \_\_\_\_\_
4. Maiden name of female insured as well as any other surnames used from any prior marriages  
\_\_\_\_\_
5. Previous addresses \_\_\_\_\_  
\_\_\_\_\_
6. Was any other insurance issued on the life of any other member of the family? If so, give the policy numbers  
\_\_\_\_\_
7. What is the name and address of the insured's last employer? \_\_\_\_\_  
\_\_\_\_\_
8. What is the date that he/she last worked? \_\_\_\_\_

## CLAIM FRAUD WARNING STATEMENTS:

The laws of the states beneath require the Company to provide the following statements:

**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.

**Arkansas and Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment for 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.

**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.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to any insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

**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.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing 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.

**New Mexico:** 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 civil fines and criminal penalties.

**New York:** 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 violation.

**Ohio:** 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 is guilty of insurance fraud.

**Oregon:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Pennsylvania:** 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.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet 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.

**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.

## Additional Information

While submission of the completed Claim Form, the policy(ies) and an official certified copy of the death certificate satisfy our requirements in the majority of cases, the particular circumstances of your claim may require the submission of additional information.

Some of the situations that commonly occur are as follows:

**Claim by Estate**—If the executor or administrator of an estate is filing a claim, he or she must complete and sign the Claimant’s Statement and also submit a copy of the appointment papers issued by the courts. Please take note that it is not necessary to submit a copy of the will with the claim.

**Proceeds Assigned**—If this insurance (or a portion of it) has been assigned as payment to a funeral home, you must complete the Claimant’s Statement and submit it with a copy of the assignment, specifying the amount to be paid to the funeral home. If the policy was assigned as collateral by the Insured/owner prior to insured’s death, the assignee must also sign the Claimant’s Statement and submit it with a statement specifying the amount being claimed by the assignee. If the assignee is a banking or other financial institution, the Claimant’s Statement should be signed by an authorized representative of that institution.

**Beneficiary is a Minor**—If a legal guardian of the minor child’s estate or property has been or is going to be appointed by the courts, he or she must sign the Claimant’s Statement and submit a copy of the court issued guardianship papers. Once the claim has been approved, the proceeds will generally be made available to the guardian (subject to any limitations on the guardian’s authority). If a legal guardian is not going to be appointed, please notify us in writing. In this case, the Claimant’s Statement should be completed on behalf of the minor by a parent or adult responsible for the child. Depending on the laws of the State where the minor beneficiary resides and the amount of money payable, it may be possible to avoid the necessity for the appointment of a legal guardian of the child’s estate or property. You will be contacted with further instructions regarding any additional requirements for payment.

**Accidental Death Benefit Claim**—Before filing claim for Accidental Death Benefits, each policy should be checked to see if it includes an Accidental Death Benefit and if so, whether the insured’s death is covered by the provisions of the benefit, or excluded by its limitations and exclusions. If a claim is being filed for Accidental Death Benefits, you may be asked to sign an authorization form that will enable MetLife and its affiliates to make inquiries with respect to the validity of this claim. In addition, please send us a copy of any available newspaper account, police or coroner’s report.

For **New Hampshire** and **Vermont** Residents: If you have any questions about your claim, you may call us at 1(800) 638-5000 for MetLife Claims, 1(800) 388-4000 for New England Life Insurance Company Claims, and 1(800) 638-9294 for General American Life Insurance Company Claims.

For contracts issued in and residents of **Illinois** only: Unless a payment is made by the Company on this claim within fifteen (15) days after receipt by due proof of loss, interest on the claim settlement will accrue at the rate of 9% from the date of death to the date of payment for the total amount payable.

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Please mail your completed claim to the following address:

**MetLife Customer Service Center**  
P.O. Box 330  
Warwick, RI 02887  
1-800-638-5000

**New England Life/MetLife**  
P.O. Box 542  
Warwick, RI 02887  
1-800-388-4000

**General American Life/MetLife**  
P.O. Box 990089  
Hartford, CT 06199-0089  
1-800-638-9294

**MetLife/New England Life/General American (Equity Products Only)**  
P.O. Box 353  
Warwick, RI 02887  
(refer to toll-free numbers above for appropriate franchise)

**MetLife Investors (Term Life Products)**  
P.O. Box 359  
Warwick, RI 02887  
1-800-638-5000

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**Receipt for policies when Surrendered with proof of Death** (If you are submitting this claim directly to our Customer Service Center, we suggest that you keep a record below of the policy(ies) being submitted with your claim.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Name of deceased insured \_\_\_\_\_

Received from \_\_\_\_\_ the policies listed above for submission to MetLife with claim and /or proof of death.

Branch/District \_\_\_\_\_ Agency \_\_\_\_\_ Financial Representative \_\_\_\_\_

Branch/District Telephone number ( \_\_\_\_ ) \_\_\_\_\_ Address \_\_\_\_\_