



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

MetLife and its affiliates, with over 140 years of serving beneficiaries, have gained valuable experience in assisting people like you through this difficult period. We want to make sure that you benefit from our experience.

This folder is designed for use to claim all individual life insurance proceeds from our affiliated insurance companies listed above. It provides a description of the claim process including the manner in which we pay claims.

If the amount of the proceeds payable to you is \$5,000 or more, a Total Control Account® (TCA) will usually be established in your name, as payment of your benefits, once your claim is approved. If the insurance policy or contract was issued by MetLife Investors Insurance Company which does not offer TCA as a settlement option, you are not eligible for TCA as a settlement option or the policy owner pre-selected a settlement option, you will receive payment by check or an alternative settlement option.

If a TCA is established in your name, you will receive a personalized draft book, and a kit that includes a Customer Agreement and gives you additional information regarding your TCA. By using one of your personalized drafts, you can draw a draft on your Total Control Account for the entire amount at any time. The drafts MetLife provides Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks.

The insurance policy or contract may have provided other settlement options for payment of your proceeds. Unless the policy owner pre-selected a specific method of settlement prior to the insured's death, you may choose from among various settlement options at this time by completing Section D of the Claimant Statement. If a settlement option has already been selected for you, more information will be provided as your claim is processed.

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

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, each policy(ies) and a certified copy of the death certificate.**

Sincerely,

Individual Life Insurance Claims

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

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## The Claims Process

Prompt, caring claim service is one of our hallmarks. We are able to process most claims within two weeks of receipt of a fully documented claim.

### **Total Control Account®**

To help you through what can be a difficult time, we created a method of payment (also called a settlement option) - the Total Control Account® Settlement Option (TCA) - to give you the time you need to best decide how you wish to use your insurance proceeds.

### **Total Control Account Features**

#### **The Total Control Account® (TCA) Settlement Option Provides...**

##### **Interest**

- **Your TCA earns interest from the date it is established. MetLife sets the TCA rates weekly. Changes in the interest rate will be applied prospectively. The interest credited to your TCA will never fall below the effective annual rate guaranteed in your Customer Agreement, and will equal or exceed the rate established by at least 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 Rate Index.**
- **Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own advisors about your particular tax liabilities and investment options.)**

##### **Immediate Access to Funds and Flexibility**

- **You can withdraw all or part of your TCA balance immediately or at any time you wish, without penalty or loss of interest, by writing a draft to yourself. You can write drafts from a minimum amount of \$250 up to the full amount, including interest, in your TCA at any time.**
- **There are no limits on the number of drafts you can write each month. The drafts MetLife provides to Accountholders can be used like checks and are generally accepted by merchants and financial institutions that accept checks.**
- **If you do not want a TCA, you may request a check for the total benefits in Section D., Settlement Option Election.**
- **You can name a beneficiary to receive your TCA balance in case something happens to you.**
- **The obligation of Metropolitan Life Insurance Company (MetLife) or of the MetLife insurance company affiliate that issued the underlying policy (the "Issuing Insurance Company") to pay the total benefit or proceeds is satisfied by the delivery of your TCA draft book, and crediting the total proceeds in your TCA.**

##### **No Monthly Maintenance Fees**

- **There are no monthly maintenance fees for your TCA, and no charges for withdrawals or drafts.**
- **There are no monthly service or transaction charges. There is no charge for printing or reordering drafts.**
- **Please note: automatic electronic fund transfers, electronic bill payments, and phone payments are not available from TCA.**

**You may be charged a fee for special services. The fee will be withdrawn from your TCA. The current special service fees are:**

- **Draft copy: \$2.00**
- **Stop Payment: \$10.00**
- **Overdrawn TCA: \$15.00**
- **Wire Transfer: \$10.00**

**In accordance with your TCA Customer Agreement, special service fees are subject to change by the processing bank. MetLife may charge you a fee if you request overnight delivery service. The current fee for overnight delivery service is \$25.00.**

##### **TCA Services**

- **MetLife sends you a quarterly statement regarding Account balances and activity.**
- **Statements are also sent monthly if there has been withdrawal activity in the Account.**
- **Dedicated Service Representatives are within easy reach to answer any questions you may have about your TCA, including interest rates, by calling Customer Service at 1-800-638-7283. Callers with a TDD may call 1-800-229-3037.**

## Time To Decide

- Your rights to elect other available settlement options are preserved. As long as your TCA balance has not dropped below \$2,500, you may place some or all of your TCA balance in any other settlement option that is available to you, subject to that option's minimum dollar requirement.

Some of the most common settlement options under individual life insurance policies are:

- Interest Income – The amount applied will earn interest which will be paid monthly.
  - Installment Income for a Stated Period – Monthly installment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years).
  - Installment Income of a Stated Amount – Monthly installment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.
  - Single Life Income – Guaranteed Payment Period – Monthly payments will be made during the lifetime of the payee with a chosen guaranteed payment period of 10, 15, 20 or 30 years.
  - Single Life Income – Guaranteed Return – Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit.
  - Joint and Survivor Life Income – Monthly payments will be made jointly to two persons during their lifetimes and will continue during the remaining lifetime of the survivor.
  - A Guaranteed Interest Certificate (GIC) – A GIC may be available after your TCA is established. The amount applied will earn interest at a set rate for the period you select, compounded monthly. Interest penalty applies for early withdrawals.
- If you transfer your TCA balance into another settlement option, bear in mind that this will be a new, separate arrangement. The settlement options listed above may not be available under all contracts or under certain circumstances. For more information about options available to you, you can check your policy or certificate, call your assigned financial services representative or call 1-800-635-7775. Callers with a TDD may call 1-800-229-3037.

## More Useful Information About The Total Control Account...

- Unless the insured pre-selected an alternative settlement option, or you have selected an alternative settlement option, payment is usually made by a single check for the total proceeds under any of the following circumstances:
  - The proceeds payable are less than \$5,000;
  - The claimant resides in a foreign country; or
  - The claimant is a corporation or similar entity.
  - TCA is not an available settlement option under the policy or contract.
- TCAs, which become abandoned property as defined by applicable law, will be escheated to the appropriate state.
- The assets backing your TCA are maintained in the general account of MetLife or the Issuing Insurance Company. These general accounts are subject to the creditors of MetLife or the respective Issuing Insurance Company. MetLife or the Issuing Insurance Company bears the investment experience of such assets and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Regardless of the investment experience of such assets, the effective annual rate on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs have a guaranteed minimum effective annual interest rate that ranges from 0.5% to 3%, depending upon the origin and date of the policy. This rate may be more or less at the time your TCA is established. You may call 1-800-METSAVE (1-800-638-7283) for more information on current interest rates. Callers with a TDD may call 1-800-229-3037.
- The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. However, the entire amount of your TCA, including all interest credited to your TCA, is fully guaranteed by the financial strength and claims paying ability of MetLife or the respective Issuing Insurance Company. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- The Issuing Insurance Company's guaranty is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. Contact the National Organization of Life and Health Insurance Guaranty Associations ([www.NOLHGA.com](http://www.NOLHGA.com)) to learn more.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

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### **Important Tax Notice**

Under federal tax law, MetLife and our affiliates are required to ask you to certify your correct taxpayer identification number and to include it in any reports of taxable income we make to the IRS.

In addition, MetLife and our affiliates may be required to withhold and pay to the IRS up to 28% of such taxable 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 MetLife and our affiliates, or you fail to certify your taxpayer identification number when required.
- (2) the IRS tells MetLife and our affiliates 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 Section C for this certification that you must complete)

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For Company use only: Sales Office/Agency and Producer _____ / _____		
Payment Direction (Circle one):	Payee	Sales Office/Agency

### 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 a 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 is necessary.

#### A. Insured Information

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

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

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 \_\_\_\_\_

All policies listed above (except those where claim is being made under a waiver of premiums rider) should be submitted with your claim.

If policies are not attached, please state why.

If you would like for 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.

Is Claim being made for Accidental Death Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

#### B. Claimant Information

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

Social Security, Trust/Estate/Employer Identification Number or Social Security Number of the 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, Trust/Estate/Employer 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 currently 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 U.S. resident for tax purposes. *\*(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 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
- MetLife Insurance Company of Connecticut

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**D. 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, check, or other policy settlement option as noted in this booklet). **If no option is selected, a Total Control Account will be established for you (except for policies issued in or for residents of Maryland) if available as a settlement option under the policy or contract. If you select a Total Control Account as your settlement option, you confirm you have read the included material entitled "Total Control Account Features."**

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

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**Please complete one or more of the following sections ONLY IF IT PERTAINS TO YOUR CLAIM.****E. Claims on any Policy or Rider Involving Coverage for Children of Insured or the Insured Spouse**

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	Social Security Number	Relationship (e.g. natural born, stepchild, adopted, etc.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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, Louisiana and Rhode Island:** 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.

**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.

**Maryland:** Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**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. 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 this insurance was assigned as collateral by the policy owner prior to the insured's death, the assignee must also sign the Claimant's Statement and submit it with a statement specifying the amount they are claiming. If the assignee is a company, 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 will 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 will not 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.

**Contestable Policy** - 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 may ask for additional information about the insured's statements on the application. To assist us in this process you may be contacted by one of our authorized representatives and asked to sign an authorization form to enable us to obtain additional information.

**Accidental Death Benefit Claim** - If the Insured's death was due to accidental means, before submitting your claim, review each policy to see if it includes an Accidental Death Benefit. If a claim is filed for Accidental Death Benefits, you may be asked to sign an authorization form to assist us in evaluating additional details regarding the insured's death. In addition, if you wish you may send us a copy of any related newspaper article, police or coroner's report regarding the insured's death.

**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.

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Please mail your completed claim to the following address:

MetLife Customer Service Center  
P.O. Box 330  
Warwick, RI 02887-0330  
1-800-638-5000

New England Life  
P.O. Box 542  
Warwick, RI 02887-0542  
1-800-388-4000

General American Life Insurance Company  
PO Box 355  
Warwick, RI 02887-0355  
1-800-638-9294

MetLife/New England Life (Equity Products Only)  
P.O. Box 353  
Warwick, RI 02887-0353  
(refer to toll-free numbers above for appropriate franchise)

General American Life Insurance Company (Equity Products Only)  
PO Box 356  
Warwick, RI 02887-0356  
1-800-638-9294

MetLife Insurance Company of Connecticut (Equity Products Only)  
PO Box 322  
Warwick, RI 02887-0322  
1-800-334-4298

MetLife Insurance Company of Connecticut  
PO Box 321  
Warwick, RI 02887-0321  
1-800-334-4298

MLI-USA/First MetLife Investors (Equity Products Only)  
P.O. Box 358  
Warwick, RI 02887-0358  
1-800-638-5000

MLI-USA/First MetLife Investors  
P.O. Box 354  
Warwick, RI 02887-0354  
1-800-638-5000