



MetLife  
 Attn: Worldwide Benefits  
 600 King Street, Wilmington DE, 19801  
 USA Toll Free ( Within U.S.): 1-800-451-1847  
 Direct: +1-302-661-8674  
 Fax: +1-302-427-0817  
 Email: wilmclaims.metlifeexpat@alico.com  
 www.metlifeworldwide.com

## Death Claim Form - Group Life Insurance

By furnishing this blank and investigating the claim the Company shall not be held to admit the validity of any claim or to waive the breach of any condition of the policy.

### To Be Completed In Full By Policyholder

Name of Insured (Policyholder)  Address

Name of Deceased  Address

Group No.  Certificate No.  Class  Date of Birth  Date of Death

Date Employed  Annual Income  Date Last Worked  Date Terminated

Date Insured  Last Change in Benefit - From:  To:  Date Changed

Cause of Death  Occupation

IF THIS IS A UNION OR TRUSTEE PLAN: Date Became a Member  Date Terminated Membership

Was Member in good standing at date of death?  Yes  No Is deceased eligible for benefits under the Health and Welfare Trust Fund?  Yes

Signature of Policyholder Representative: \_\_\_\_\_ Title  Date

Mail Check to:

### To Be Completed By Beneficiary

(if Beneficiary is a minor or mentally incompetent person, the parent or guardian of the beneficiary should complete this section)

Name of Beneficiary  Address

Date of Birth  Relationship to Deceased  Telephone Number (DAY)

The undersigned hereby makes claim to said insurance in the Company and agrees that the written statements and affidavits of all the physicians who attended or treated the Insured, and all other papers called for shall constitute and are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form or any other forms supplement thereto, by the Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

The undersigned hereby authorizes all physicians, hospitals, druggists and employees to disclose to the Insurance Company names above or its representative, any and all information with respect to medical history, consultation, prescription or treatments and copies of all hospital or medical records of \_\_\_\_\_, deceased.



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I understand that this authorization is valid for the duration of this claim and that a photocopy of this authorization shall be considered as valid as the original. I understand that I or my authorized representative may request a copy of this authorization. I certify that the above information is true and correct to the best of my knowledge and belief.

**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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signed: \_\_\_\_\_ Date  Witness: \_\_\_\_\_

## How To File A Claim

Each beneficiary named by the participant on the beneficiary designation form must complete a Death Claim Form. The signature of the beneficiary must be witnessed.

Forms should be completed in detail and should include verification from the employer as to the last date worked. If the participant was not actively at work at the time of death, the reason for the cessation of employment must be provided. (This is not applicable for dependent life insurance benefits.) If the participant was not working due to ill health, physician's statements may be required.

The following should be attached to the claim form:

- A certified copy of the original death certificate
- The most recent beneficiary designation form

Guardianship papers must be provided if the beneficiary is a minor child.

## State Specific Fraud Warnings – Group Product Claim Forms

### FRAUD WARNINGS

Updated: January 17, 2017

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and 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.

**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.

**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.

## FRAUD WARNINGS

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

**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 and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 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.

**Oregon:** Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

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

**Vermont:** Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Virginia:** 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 may have violated the state law.

**Pennsylvania and all other states:** 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.