



Metropolitan Life Insurance Company

SAMPLE
Beneficiary Designation Form

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the program may be adjusted to reflect specific program and situs requirements.

Metropolitan Life Insurance Company
BENEFICIARY DESIGNATION

MetLife®

Please read Instructions on next page before completing this form. Do not erase or attempt to make corrections; use a new form.

Name of Employer _____

Group Policy No. _____ Insured's Social Security No. _____

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

TOTAL: **100%**

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

TOTAL: **100%**

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

Note: See Next Page for Important Information

☐ **Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) _____

Address _____ City _____ State _____ Zip Code _____

and successor(s) in trust, as Trustee(s) under _____

(Title of Agreement)

Dated _____ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

☐ **Trust(ee) (Under Will) Designation** (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate **My Estate** as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.

(Please Print)

Name of Insured or Owner (if assigned) _____

Daytime Phone No. _____

Street Address _____

City _____ State _____ Zip Code _____

Signature of Insured or Owner (if assigned) _____

Date Signed _____

Submit Completed Form To Employer and Retain a Copy for Your Records

GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Trust(ee) Designation: If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds. **This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in the insured's Name of Employer, Group Policy Number (found on your Certificate) and Social Security Number at the top of the form. At the bottom of the form, fill in the name of the insured person or owner (if assigned), the daytime phone number, address, and sign and date the form.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
3. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations **instead** of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution. **NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT.**

If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. **NOTE: A TRUST(EE) UNDER WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED).**

4. The owner of the coverage should sign and date the form in the spaces provided. Retain a copy for your records.
5. Give the completed form to the Employer.

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used, number the forms as follows: 1 of 3, 2 of 3 and 3 of 3.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

MetLife

Delivering The Promise[®]

The Assistance You Need
During This Difficult Time

PlanSmartSM

a financial education series for employees



MetLife makes a promise
to each policyholder,
from purchase to claim...
**And now we want to
deliver on our promise
through our beneficiary
support program.**

Delivering The Promise (DTP), a part of MetLife's PlanSmartSM Financial Education Series, is designed to help beneficiaries sort through the details and serious questions about claims and financial needs.

If needed, our representatives stand ready to provide in-person or telephone assistance to beneficiaries and their family members, including:

- Filing life insurance claims and government benefits
- Locating grief counseling and support resources
- Identifying important issues including outstanding documents that need to be updated
- Planning for current and future financial needs



Here Is What You Can Expect From Us

STEP 1:

Upon learning of the loss of your loved one, MetLife immediately arranges for a specially-trained *Delivering The Promise Specialist* in your area to contact you by telephone or mail. These individuals are available to assist you over the telephone or in person, based upon your preference.

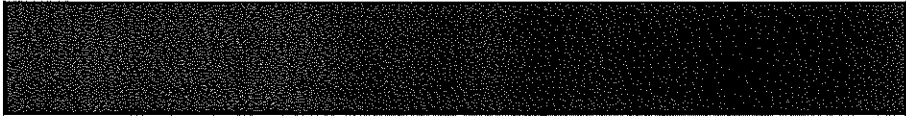
STEP 2:

The *DTP Specialist* can walk you through MetLife's claims filing process, help you organize the many aspects of your loved one's estate, furnish information regarding government benefits to which you may be entitled, and help you locate grief management resources.

STEP 3:

The *DTP Specialist* will facilitate claim submission for you as needed, and help with any additional questions you have regarding other benefits and settlements you may need to submit for payment of proceeds.

Delivering The Promise is an integral part of our commitment to our customers. Your DTP Specialist will contact you shortly to provide assistance during this difficult time, or you may call 1-877-ASK-MET-7 (1-877-275-6387) to get in touch with a DTP Specialist in your area.



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A MetLife Company
Boston, MA 02116

New England Securities Corp.
A MetLife Company (member FINRA/SIPC)
1095 Avenue of the Americas
New York, NY 10036

Metropolitan Life Insurance Company
New York, NY 10166

MetLife Securities, Inc. (member FINRA/SIPC)
1095 Avenue of the Americas
New York, NY 10036

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MetLife

Funeral Planning Guide

MetLife



What You
Need To
Know



Introduction

Throughout your life, you've been a source of emotional, physical and financial support for your family members and friends. With our Funeral Planning Guide you can help support your loved ones at a time when they need it most. By documenting your funeral preferences, as well as other key information for your survivors, you can provide support posthumously—a final act of love.

Grieving family members and friends may be confronted with dozens of funeral planning decisions—all of which must be made quickly, and typically under great emotional duress. What kind of funeral should it be? What funeral provider should you use? Should you bury or cremate the body? What other arrangements should you plan? Whom should you notify? And, as unpleasant as it may sound, how much is it all going to cost and where will the money come from to pay for it? Knowing and following your wishes can alleviate the decision-making stress, and allow your survivors to focus on their emotional needs and on other family matters that may arise during difficult times. Following the funeral, your financial affairs will need to be finalized, and the information you provide for your survivors will be invaluable in completing this task.

This Funeral Planning Guide provides an easy-to-use format for documenting information your survivors will need after your death:

- * The “My Personal Information” section allows you to record details your family will need for official records but that, in their grief, they may not be able to recall.
- * The “My Funeral Plans” section makes it simple to detail your wishes regarding your funeral. Should you not wish to plan your own funeral, your survivors can use this information to do it for you.
- * The “My Important Contacts and Information” section provides a place for you to record key information your survivors may need following your death, such as insurance and financial information.

The Guide also provides you and/or your survivors with information on funeral planning and on estate settlement, as well as descriptions of MetLife benefits that may be available to you or your beneficiaries, and a list of additional resources you may need.

Once you have completed the Funeral Planning Guide, it can be saved to your computer. As a backup, we recommend printing it out to keep with your other important papers. You may want to use the guide to initiate conversations with your family about other end-of-life issues, as well. In any event, be sure to let your family know where this information can be found, should they need it.*

Since a will is usually not read until after the funeral, it's not a good place to indicate your funeral preferences. It's also not a good idea to put the only copy of your Funeral Planning Guide in your safe deposit box, since your family may not have immediate access to the box following your death.

*Note: MetLife neither captures nor stores any of the preferences or personal information you enter in the Funeral Planning Guide. MetLife is not responsible for retention or communication to any third party of the contents of your Funeral Planning Guide. MetLife suggests printing the completed guide and saving it in a secure place with your other important personal information and documentation. This Planning Guide is provided to you for informational purposes only and does not intend to cover all aspects of your specific circumstances. MetLife nor any of its affiliates, employees or representatives provide specific tax or legal advice. Please consult an attorney regarding your own personal situation.

Table of Contents

I. My Personal Information

- A. Death Certificate Information

II. My Funeral Plans

III. My Important Contacts and Information

- A. Key Contacts
- B. Insurance Information
- C. Important Information

IV. Funeral Planning Information

- A. Prepaying
- B. Preplanning
- C. The Funeral Rule
- D. Types of Funerals
- E. Funeral Costs
- F. Paying for the Funeral
- G. Funeral Terms and Tips

V. Settling the Estate

VI. MetLife Benefits for You and Your Beneficiary(ies)

- A. How do you know if you have enough life insurance to meet your family's needs?
- B. Will Preparation
- C. MetLife Delivering the Promise® (DTP)
- D. Total Control Account® (TCA)
- E. Estate Resolution ServicesSM (ERS)

VII. The MetLife Death Claim Process

VIII. Additional Resources

I. My Personal Information

A. Death Certificate Information

Your loved ones will need the following information about you in order to obtain a death certificate:

Full Legal Name:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (SR., JR., III, ETC.)

Other Names By Which You May Be Known:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX (SR., JR., III, ETC.)

Social Security Number: _____

Date of Birth: _____

City & State of Birth: _____

Ethnic or Cultural Heritage: _____

Your Maiden Name: _____

Mother's Maiden Name: _____

Father's Name: _____

Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Spouse / Domestic Partner Name: _____

Wedding / Registration Date & Place: _____

Your Children:

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH	CITY & STATE OF BIRTH

Were you ever in the Armed Forces? ☐ Yes ☐ No

If Yes, What Branch or Country: _____

Education:

HIGH SCHOOL		
Name	City & State	Highest Grade Completed or Degree Earned

COLLEGE		
Name	City & State	Highest Grade Completed or Degree Earned

OTHER PERSONAL IDENTIFICATION NUMBERS

Driver's License # / State: _____

Visa #: _____

Passport # / Issuing Country: _____

Green Card #: _____

II. My Funeral Plans

Record your final wishes below to assist your grieving family in making the final arrangements you desire. This information will provide a "road map" your loved ones can follow to memorialize your life. Knowing they are fulfilling your final requests will give them peace of mind during a very difficult time.

People I'd like personally notified of my death:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

☐ I have a prepaid funeral plan:

Provider's Name	
Address	

- continued from previous page -

Phone Number	
Plan # or Other Identifier	
Name of Cemetery & Plot #	
Location of Documents	

- ☐ I do NOT have a prepaid funeral plan. I would like my funeral to be in accordance with the preferences I've documented below:

Arrangements should be made by (select all that apply):

- ☐ My Spouse
- ☐ My Father
- ☐ My Mother
- ☐ My Children
- ☐ A Sibling _____
- ☐ Other _____

I would like my remains to be handled as follows:

- ☐ Ground burial in a private cemetery (specify): _____
- ☐ I have purchased a plot (specify plot #): _____
- ☐ I have not purchased a plot
- ☐ Interred in a national cemetery (eligible veterans, and eligible family members)
- ☐ Interred in a mausoleum (specify): _____
- ☐ I have purchased a crypt (specify #): _____
- ☐ I have not purchased a crypt
- ☐ Cremation, with cremated remains (ashes):
- ☐ Interred in mausoleum (niche)
- ☐ Interred in burial plot
- ☐ Scattered (specify where—check local, state and federal laws) _____
- ☐ Other (please explain) _____
- ☐ I have registered to donate my body/organs to (specify): _____
- ☐ They will return my remains (ashes), which should be:

☐ Interred in mausoleum (niche)

☐ Interred in burial plot

☐ Cremation

☐ Other (please explain) _____

I would like a:

☐ Traditional funeral, followed by burial or cremation

☐ Direct burial or cremation, followed by a memorial service

☐ Direct burial or cremation, no memorial service

☐ Other (please explain) _____

Traditional Funeral/Memorial Service Preferences

Visitation and viewing preferences (if applicable):

☐ At the funeral home _____

☐ At place of worship _____

☐ Open casket

☐ Viewing only at the funeral home prior to ceremony

☐ No viewing/no open casket

☐ I'm not sure

☐ Other (please explain) _____

Calling hours (if applicable):

☐ Traditional hours

☐ Other (please explain) _____

☐ N/A _____

Personal preferences (if applicable):

Glasses to be worn ☐ Yes ☐ No

If "Yes"

☐ Glasses to remain with me

☐ Remove before interment and return to: _____

Jewelry to be worn (specify): _____

☐ Jewelry to remain with me

☐ Remove before interment and return to: _____

Specific clothing: _____

Other: _____

☐ N/A

Ceremony preferences (if applicable):

☐ No ceremony

☐ Funeral ceremony at place of worship (specify): _____

☐ Funeral ceremony at funeral home (specify): _____

☐ Graveside ceremony only

☐ Memorial ceremony at (specify): _____

☐ Other (please explain): _____

Ceremony officiant (i.e., clergy/speaker)(if applicable):

First choice: _____ Phone #: _____

Second choice: _____ Phone #: _____

Other Speakers: _____ Phone #: _____

Special affiliations for my ceremony should include:

☐ N/A

☐ MILITARY Ceremony (specify): _____

☐ LODGE Ceremony (specify): _____

☐ OTHER Ceremony (specify): _____

Some things I would like to have shared at the ceremony would be *(you may wish to attach additional pages):*

Marker/headstone preferences (if applicable):

Type of marker/headstone desired: _____

Inscription desired: _____

Pallbearer suggestions (if applicable):

_____	_____
_____	_____
_____	_____

Music preferences (if applicable):

- ☐ N/A
- ☐ No music
- ☐ Pre-recorded music (specify): _____
- ☐ Live music
 - ☐ Soloist (specify): _____
 - ☐ Group (specify): _____
 - ☐ Musician(s) (specify): _____
 - ☐ Special songs to include (specify): _____
- ☐ Congregational singing (with the following songs): _____

Requested readings, poetry or religious text (if applicable):

Flower preferences (if applicable):

- ☐ N/A
- ☐ Casket spray
- ☐ Lid arrangement
- ☐ Standing spray
- ☐ Matching baskets
- ☐ Specialty pieces (i.e., floral hearts or religious symbols) _____

☐ Other (please explain) _____

☐ No flowers

☐ In lieu of flowers, memorial donations to the following organizations, ministries and/or charities:

Name: _____

Address: _____

Name: _____

Address: _____

SPECIAL NOTES AND WISHES

Obituary—I'd like the following included:

Hobbies and/or personal interests:

Clubs, lodges, membership in various organizations, church affiliation and activities:

Military service:

Special recognition and/or achievements:

Other information:

Survived by (*additional pages may be added*): name, relationship, city & state

Pre-deceased by (*additional pages may be added*): name, relationship, year of death

Is there any specific information you do not wish to be shared?

III. My Important Contacts and Information

A. Key Contacts

Personal Advisors can be invaluable in assisting your family members during the difficult time following your death. Give your family easy access to contact them by filling in the information below as accurately as possible.

ADVISOR	NAME	TELEPHONE #
Executor/Administrator		
Lawyer		
Accountant		
Financial		
Insurance Agent		
Stockbroker		
Banker		
Employer		
Landlord		
Doctor (general)		
Doctor (specialist)		
Dentist		
Other		
Other		
Other		

EMPLOYER(S)

1. Current/Most Recent Employer:

Name: _____

Employer Address: _____

Telephone : _____

Hire Date: _____

Employee ID#: _____

Human Resources Contact: _____

2. Former Employers:

Name: _____

Employer Address: _____

Telephone : _____

Hire Date: _____

Employee ID#: _____

Name: _____

Employer Address: _____

Telephone : _____

Hire Date: _____

Employee ID#: _____

VOLUNTEER ORGANIZATION:

Organization Name: _____

Role: _____

Member #: _____

Contact Information: _____

UNION AFFILIATION:

Union Name: _____

Local: _____

Member #: _____

Contact Information: _____

MILITARY SERVICE BRANCH (if applicable): _____

Rank: _____

Serial #: _____

Discharge Date: _____

Contact: _____

B. Insurance Information

In today's busy life, it's difficult to remember the details. And even though you may have told your family about details like your medical insurance company, or where you've worked, chances are they don't remember. Help simplify matters for your family by providing the pertinent details they may need to submit claims or ask about survivor benefits.

HEALTH INSURANCE COMPANIES

Medical:

Type of coverage: ☐ Group ☐ Individual ☐ Medicare ☐ Medicare Supplement

Insurance Company: _____

Health Care Plan ID#: _____

Group ID #: _____

Contact Name: _____

Telephone: _____

Type of coverage: ☐ Group ☐ Individual ☐ Medicare ☐ Medicare Supplement

Insurance Company: _____

Health Care Plan ID#: _____

Group ID #: _____

Contact Name: _____

Telephone: _____

INSURANCE COMPANIES			
INSURANCE TYPE	POLICY #	INSURANCE COMPANY NAME	CONTACT INFORMATION
Life			
Life			
Life			
Annuity			
Annuity			
Accidental Death & Dismemberment			
Dental			
Disability			
Long-Term Care			
Homeowners			
Car			
Car			
Other			
Other			
Other			

C. Important Information

Your Executor/Administrator or family will need to gather a variety of documents following your death in order to settle your affairs. Recording the location of these key documents below can simplify this process, and make it less stressful.

1. Location of Key Documents

DOCUMENT	LOCATION
Will	
Birth Certificate	
Citizenship Certificate	
Military Discharge	
Diplomas	
Insurance Policies	
Marriage Certificate	
Divorce Decree/Annulment	
Trust Documents	
Property Deed(s)	
Vehicle Title(s)	
Passport	
Social Security Card	
Safe Deposit Box Key	
Adoption Papers	

2. Financial Information

Your family or your Executor/Administrator will need information about your assets after your death. Simplify the process by compiling your asset information below.

a. Assets

BANK		
ACCOUNT TYPE	ACCOUNT #	BANK NAME
Safe Deposit Box		
Savings		
Savings		
Checking		
Money Market		
ATM/Debit Card		
Certificate of Deposit		
Maturity Date		
Certificate of Deposit		

- continued from previous page -

Maturity Date		
IRA		
Roth IRA		

INVESTMENT		
ACCOUNT TYPE	ACCOUNT #	INSTITUTION NAME
Brokerage Account		
Contact Name & Phone #		
Mutual Fund Account		
Contact Name & Phone #		
IRA		
Contact Name & Phone #		

PENSION(S)		
TYPE	ACCOUNT #	SPONSOR NAME
Company Pension		
Plan Administrator		
Contact Name & Phone #		
Company Pension		
Plan Administrator		
Contact Name & Phone #		
Union Pension		
Union Name & Local #		
Plan Administrator		
Contact Name & Phone #		
401(k) / 403(b) Plan		
Plan Administrator		
Contact Name & Phone #		
401(k) / 403(b) Plan		
Plan Administrator		
Contact Name & Phone #		

PROPERTY		
TYPE	DESCRIPTION	LOCATION
Real Estate		
Real Estate		
Real Estate		
Auto		
Auto		
Boat		
RV		

- continued from previous page -

Motorcycle		
Art Work		
Jewelry		
Collections		
Other		
Other		
Other		

b. Liabilities

In addition to your assets, your Executor/Administrator or family will need information about any outstanding debts that you have. To simplify the process, compile your liability information below.

LOANS		
TYPE	ACCOUNT #	LENDER NAME
1st Mortgage		
2nd Mortgage		
Home Equity Line of Credit		
Reverse Mortgage		
Auto		
Auto		
Boat		
Personal		
Other		
RV		
Motorcycle		
Other		
Other		

CREDIT CARDS			
COMPANY NAME	CARD #	EXP. DATE	PHONE #

IV. Funeral Planning Information

Planning a funeral means different things to different people. Some people prepay for their funeral arrangements in advance, while others may simply preplan. When a loved one passes away without making specific funeral arrangements, survivors should try to locate any written instructions that can help them navigate through the process, while fulfilling the final requests of the deceased.

Avoid putting the only copy of your preferences in a safe deposit box, since it may not be immediately accessible. Instead, keep a copy at home, perhaps with a list of your safe deposit box contents.

A. Prepaying

Millions of Americans have contracted with funeral service providers to pre-arrange their funerals and prepay a portion or all of the expenses involved. Individual state laws regulate the prepayment of funeral goods and services; these protections may vary widely from state to state. Some state laws require funeral homes or cemeteries to place a percentage of the prepayment in a state-regulated trust, or to purchase a life insurance policy with the death benefits assigned to the funeral home or cemetery. However, some state laws offer little or no effective protection.

If you do decide to prepay, make sure you understand exactly what's included in the price. Are you buying only merchandise, like a casket, or are you purchasing the whole funeral package? Some additional questions to ask yourself if you are considering prepayment are:

- Are you protected if the company you've contracted with closes its doors, becomes insolvent or otherwise goes out of business?
- What happens to the money you've prepaid? What are your state's requirements?
- What happens if you relocate, retire to a new state or die while away from home? Some prepaid funeral plans can be transferred at an added cost.
- Can you make changes to the plan, or even cancel the contract and get a refund, if you change your mind?
- What happens to the interest income on money that is prepaid (if money is placed into a fund)?

B. Preplanning

Preplanning does not involve any contractual or monetary obligations. It simply means that you make decisions about your final arrangements during your lifetime. To help ensure that your wishes can be carried out after your death, it's important to document them, and to let your family members know where that documentation can be found.

C. The Funeral Rule

Most funeral providers are kind, caring professionals, who work hard to serve their clients' needs and best interests. In order to ensure this same treatment for everyone, there is a federal law that makes it easier for you to choose only those goods and services you want or need, and also to pay only for those you select, whether you are planning for yourself in advance or at the time of a loved one's death.

The Federal law, known as the Funeral Rule 16 CFR Part 453, is enforced by the Federal Trade Commission (FTC). It requires funeral directors to provide consumers with accurate, itemized price information and various disclosures regarding funeral goods and services. Itemized pricing must be provided to individuals in person and, if you ask, over the phone. For example, the funeral home must give you a written price list to keep that shows the goods and services the home offers. If you want to buy a casket or outer burial container, the funeral provider must show you descriptions of the available selections and the prices before actually showing you the caskets.

Many funeral providers offer various "packages" of commonly selected goods and services that make up a funeral. However, when you arrange for a funeral, you have the right to buy only the individual goods and services you want, and you don't have to accept a package that includes items you do not want.

In addition, the FTC publication, "Funeral: A Consumer Guide" states that under the Funeral Rule:

- You have the right to choose the funeral goods and services you want (with some exceptions).
- The funeral provider must state prices in writing on the general price list.
- If state or local law requires you to buy any particular item, the funeral provider must disclose it on the price list, with a reference to the specific law.
- The funeral provider may not refuse, or charge a fee, to handle a casket you bought elsewhere.
- A funeral provider that offers cremations must make alternative containers available.

D. Types of Funerals

Funeral practices are influenced by religious and cultural traditions, costs and personal preferences. These factors help determine whether the funeral will be elaborate or simple, public or private, religious or secular, and where it will be held. The information below describes common types of services.

1. Traditional or Full-Service Funeral

This is the most common type of funeral service, and is generally the most expensive. It usually includes a viewing or visitation, a formal funeral service at a funeral home or place of worship officiated by a cleric or other official, use of a hearse to transport the body to the funeral site and cemetery, and burial, entombment or cremation of the remains. There may be additional costs to be factored in, such as embalming and dressing the body, vehicles to transport the family if they don't use their own, a casket, cemetery plot or crypt, and for other funeral goods and services.

2. Direct Burial

The body is buried shortly after death, usually in a simple container. No viewing or visitation is involved, so no embalming is necessary. A memorial service may be held at the graveside or later. Direct burial usually costs less than the "traditional," full-service funeral.

3. Direct Cremation

The body is cremated shortly after death, without embalming. The cremated remains are placed in an urn or other container. No viewing or visitation is involved, although a memorial service may be held, with or without the

cremated remains present. The remains can be kept in the home buried in a cemetery or buried/scattered in a favorite spot(check local, state and federal laws). Direct cremation usually costs less than the full-service funeral.

E. Funeral Costs

Planning a funeral can be emotionally and financially draining. Although nothing can alleviate the emotional strain, it is possible to minimize the financial drain. The costs associated with a funeral can vary widely, depending on the funeral provider, and the funeral goods and services chosen. As a consumer, it's important to request a price list so you can determine which funeral goods and services you wish to include, and resist the urge to spend more than you want, or can afford.

1. Commonly Included Costs

- ° **Basic services fee for the funeral director and staff**—Basic service fees include services that are common to all funerals, regardless of the specific arrangement. These include funeral planning, securing the necessary permits and copies of death certificates, preparing the notices, sheltering the remains, and coordinating the arrangements with the cemetery, crematory or other third parties.
- ° **Charges for other services and merchandise**—These are costs for optional goods and services such as transporting the remains, embalming and other preparation, use of the funeral home for the viewing, ceremony or memorial service, use of equipment and staff for a graveside service, use of a hearse or limousine, a casket, outer burial container or alternate container, and cremation or interment.
- ° **Cash advances**—Some funeral homes charge extra for goods and services bought from outside vendors on your behalf, including flowers, obituary notices, pallbearers, officiating clergy and organists and soloists. Some funeral providers add a service fee to their cost. The Funeral Rule requires those who charge an extra fee to disclose that fact in writing, although it doesn't require them to specify the amount of their markup.

2. Calculating the Actual Cost

The funeral provider must give you an itemized statement of the total cost of the funeral goods and services you have selected when you are making the arrangements. If the funeral provider doesn't know the cost of the cash advance items at the time, he or she is required to give you a written "good faith estimate." This statement also must disclose any legal, cemetery or crematory requirements that any specific funeral goods or services be purchased.

3. "Funeral Provider Cost Comparison" Form

You may want to use the following "Funeral Provider Cost Comparison" form to gather information about the costs associated with commonly used funeral goods and services in your area.

FUNERAL PROVIDER COST COMPARISON			
PROVIDER NAME			
ITEM	PRICE	PRICE	PRICE
Non-declinable basic services fee			
Removal/transfer of remains to funeral home			
Embalming			
Other preparation of the body			
Use of facilities/staff for viewing			
Use of facilities/staff for funeral ceremony			
Use of a hearse			

- continued from previous page -

Basic memorial printed package			
Casket			
Vault			
Total Cost			

F. Paying for the Funeral

Most funeral providers do not offer a deferred payment plan for funeral expenses, because trying to collect at a later date may be difficult, time consuming and costly. Unless it has been pre-paid, payment must typically be made when services are rendered. Cash, credit cards, life insurance proceeds and loans are the most commonly used methods of payment.

Life Insurance

Many people purchase life insurance coverage to help provide financial security for their loved ones when they die, and to cover final expenses. When life insurance proceeds are used to pay funeral costs, the Beneficiary can "assign" a portion of the insurance proceeds to the funeral provider. Paperwork is typically handled by the funeral provider, who will have the Beneficiary sign an "Assignment" form authorizing the insurance company to pay the funeral provider a specific amount of the insurance proceeds (equal to the funeral costs) before paying the Beneficiary.

G. Funeral Terms and Tips

Caskets

For a "traditional," full-service funeral:

A casket often is the single most expensive item you'll buy if you plan a full-service funeral. Caskets vary widely in style and price, and are sold primarily for their visual appeal.

Traditionally, caskets have been sold only by funeral homes. However, they are now available for purchase at several famous wholesale and outlet stores. The Funeral Rule requires funeral homes to agree to use a casket you bought elsewhere, and doesn't allow them to charge you a fee for using it.

Cemeteries - Private

When you are purchasing a cemetery plot, consider the location of the cemetery. Other important points you may want to consider include the type of monuments or memorials the site allows, and whether flowers or other remembrances may be placed on graves.

Cost is another consideration. Cemetery plots can be expensive, especially in metropolitan areas, and there may be charges for opening and closing the grave. Most, but not all, cemeteries require you to purchase a grave liner, which will cost several hundred dollars.

Cemeteries - Veterans

Burial benefits for veterans include a gravesite in a national cemetery, opening and closing the grave, perpetual care, a headstone or marker, a burial flag, and a Presidential Memorial Certificate, at no cost to the family. Cremated remains are buried or interred in national cemeteries in the same manner and with the same honors as casketed remains. This

eligibility also extends to some civilians who have provided military-related service, and some Public Health Service personnel.

Burial benefits may also be available for eligible spouses and dependents of veterans, even if they predecease the veteran. For more information, visit the Department of Veterans Affairs' Web site at www.cem.va.gov. To reach the regional Veterans office in your area, call 1-800-827-1000.

Cremation

Many families who opt to have their loved ones cremated, rent a casket from the funeral home for the visitation and funeral, eliminating the cost of buying a casket. If you opt for visitation and cremation, ask about the rental option. For those who choose a direct cremation, without a viewing or other ceremony where the body is present, the funeral provider must offer an inexpensive unfinished wood box or alternative container, a non-metal enclosure — pressboard, cardboard or canvas—that is cremated with the body.

Death Certificate

This legal document is issued by a government official of the jurisdiction in which the death occurred, and typically includes the location, date and cause of death, as well as the deceased's identifying information (name, SSN, parents' names, marital status, etc.). It is required to finalize almost every aspect of a loved one's affairs, both now and in the future. In fact, in some states, the body can't be moved without it. Later, it will be needed to start the probate process and to file any life insurance claims. It may be advisable to obtain more than one certified copy of the death certificate (although a fee is charged for each copy requested) since only a certified copy may be acceptable for many purposes. Most funeral directors will obtain the certificate(s) for the family as part of their services.

Embalming

Many funeral homes require embalming if a viewing or visitation is planned, although embalming is generally not necessary or legally required if the body is buried or cremated shortly after death. Eliminating this service can save you hundreds of dollars.

If you or a family member have a problem concerning funeral matters, it's best to try to resolve it first with the funeral director. If you are dissatisfied, the Funeral Consumer's Alliance may be able to advise you on how best to resolve your issue. You can also contact your state or local consumer protection agencies listed in your telephone book, or the Funeral Service Consumer Assistance Program. You can file a complaint with the FTC by contacting the Consumer Response Center by phone, toll-free, at 1-877-FTC-HELP (382-4357).

V. Settling the Estate

After the death of a loved one, family members are often faced with the important task of finalizing the financial affairs of the deceased. At a time when people may be least prepared to deal with practical matters, the countless details, arrangements and planning can sometimes seem insurmountable and confusing. Depending on the size and type of estate, this can be a complex—and expensive—process.

The Executor of the estate is typically named in the will. An Executor has specific legal responsibilities, including probating and settling the deceased's estate. These duties typically include collecting assets, settling debts, paying taxes and distributing the remainder to the heirs in accordance with the will.

If you do not have a will, review your MetLife Supplemental Group Life Insurance benefits to see if your coverage includes MetLife's Will Preparation services which allows you to have a will drawn up or changed at no cost. *

If there is no will, and there are probate assets, the Probate Court will generally appoint an Administrator to handle the duties of collecting assets, settling debts and paying taxes. The remainder of the estate is typically distributed in accordance with the state's intestate rules.

If you are the Executor or Administrator of an estate, and feel overwhelmed by the task, it is probably wise to consult a lawyer if you can afford it, or at least find a comprehensive reference book about your duties. Careful attention to financial matters can help a family deal with the future, and can help ensure that they receive all benefits to which they are entitled.

Review your MetLife Supplemental Group Life Insurance benefits to see if your coverage includes MetLife's Estate Resolution Services benefit that can help your Executor/Administrator and beneficiary navigate through the probate process to settle your estate. *

Some important suggestions:

- **Contact the Social Security Administration (800-772-1213)** regarding any benefits that the deceased may have been receiving, and any benefits for which survivors may be eligible.
- **If the deceased was receiving any pension benefits, contact the plan administrator(s).** In some instances, the surviving spouse may be eligible to continue receiving all or part of the pension, either indefinitely or for a given period of time.
- **Notify any insurance company with whom the deceased was insured.** Ask for claim forms and instructions on how to file for life insurance proceeds. To help facilitate this process, an insurance company is likely to need the following information: a statement of claim, with the full name and address of the beneficiary or the person making the claim; a certified death certificate showing the date, place and cause of death; and the actual policy or certificate

if available. Many insurance companies will pay insurance proceeds into an interest-bearing account, giving the beneficiary time to make well thought-out decisions regarding the use of the money.

- **Notify the deceased's employer (or former employer).** If the deceased was employed at time of death, there may be a final paycheck due. The employer can also provide information on any deferred compensation plans that apply to the deceased. Whether the deceased was currently employed, retired or on disability, you or other family members may be entitled to benefits.
 - **Contact the administrator(s) of any IRA, 401(k) and/or 403(b) plans in which the deceased participated.** These types of plans typically include a beneficiary designation to facilitate payment.
 - **If the deceased was a Union member, contact the Union representative.** Check on any Union benefits to which the deceased was entitled, as well as any benefits that may be available to the surviving spouse or minor children.
 - **If the deceased served in the uniformed services, notify the Department of Veterans Affairs.** A burial allowance may be available, subject to certain qualifications, and his or her spouse and minor children may be eligible for certain benefits. For more information, visit the Department of Veterans Affairs' Web site at www.cem.va.gov. To reach the regional Veterans office in your area, call 1-800-827-1000.
 - **Submit outstanding medical claims to the proper insurer.**
 - **Notify financial institutions with whom the deceased had accounts.**
 - **Notify creditors.**
 - **Determine what taxes are due, and file tax returns.**
-

VI. MetLife Benefits for You and Your Beneficiary(ies)

A. How do you know if you have enough life insurance to meet your family's needs?

If you currently have life insurance coverage, it's a good idea to review the policy/certificate every few years to make sure it still meets your needs. Check to make sure all beneficiaries and other information are current. Do any of the "if" statements below pertain to you? If so, it might be time to review your insurance options.

If you...

- Were recently married or divorced
- Have a child or grandchild who was recently born or adopted
- Provide care or financial help to a child or parent
- Want to help ensure that financial resources are available to provide assistance or long-term care for a loved one
- Purchased a new home recently
- Have children or grandchildren who are about to enter college

- Refinanced your home mortgage in the past six months
- Received an inheritance
- Retired or your spouse has retired
- Have started a business

How Much Life Insurance Do I Need?

If you are the family's sole breadwinner, or part of a dual-income household, an adequate level of life insurance should be part of your financial plan. While no amount of money can take your place, the right amount of life insurance can go a long way in helping your family to replace lost income and maintain their standard of living. Life insurance coverage can help to defray the loss of income and help your family maintain the household. While the recommended amount of life insurance coverage will vary from one employee to the next, the numbers indicate substantial financial relief for beneficiaries who received coverage amounts above three times the employee's salary.¹ MetLife recommends a coverage amount that equals all outstanding debt (mortgage and other loans) plus five years of salary. For more comprehensive and lasting protection, and as a rule of thumb, an individual should seek coverage in an amount that is at least 60% of annual income times the number of years to retirement. *MetLife's Point of View on Life Insurance, 2010.*

¹2009 Financial Impact of Premature Death Study.

About two-thirds of life insurance plan beneficiaries say a spouse's premature death had a major impact on their financial security. Among the most noteworthy areas, the survivors' earnings (67%), with many losing their primary source of income; lifestyle (64%), such as relocating their residence; and savings (55%), as many are forced to cover daily expenses by withdrawing from savings, investments or retirement funds.

2009 Financial Impact of Premature Death Study.

If you only have basic life insurance, chances are good that your current coverage has not kept pace with your family's changing needs. MetLife's Supplemental Life Program may be able to help fill that gap.

MetLife Provides More Than Just a Death Benefit

B. Will Preparation**

Employees who are covered under a MetLife Supplemental Life Insurance Plan with Will Preparation services can have a will prepared or updated, at no cost, through Hyatt Legal Plans, which has a network of over 11,000 participating attorneys. A will not only allows you to control how your assets will be distributed, but also allows you to appoint a guardian if you have any minor children at your death.

Information on how to access this benefit is sent to insured employees following the effective date of their Supplemental Life coverage. Using the benefit is simple:

- Step 1: Call Hyatt Legal Plans' toll-free number and a Client Service Representative will assist you in locating a participating plan attorney in your area and provide you with a case number.
- Step 2: Call to make an appointment with the participating attorney, and provide the case number — many plan attorneys even have evening and weekend appointments for your convenience.
- Step 3: That's it! When you use a participating plan attorney, you do not need to submit any claim forms. You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans' network and being reimbursed for covered services according to a set fee schedule. In that case, you will be responsible for any attorney's fees that exceed the reimbursement amount.

C. MetLife Delivering The Promise® (DTP)

This program is designed to help family members cope with the numerous and significant financial adjustments and decisions associated with the loss of a loved one. It provides personal assistance, support and specialized services to the Beneficiaries of MetLife's group life insurance contracts. DTP Specialists are Financial Services Representatives of MetLife or New England Financial,* a MetLife company, and are formally trained to handle the sensitive issues surrounding a loved one's death. Key service points of the program include:

- * Assistance with filing insurance claims, and filing for government benefits, such as Social Security
- * Aid in locating support resources and grief counseling
- * Consultations to help with the many details and serious questions that arise upon the loss of a loved one
- * Financial guidance in planning for current and future needs
- * Special tools, like the Delivering the Promise Organizer,TM to help claimants and their families organize their own financial affairs

Beneficiaries are free to use as much, or as little of the DTP Specialist's assistance as they would like.

D. Total Control Account® (TCA)

In most states, the Total Control Account is the standard method used to pay death claims. Insurance proceeds are paid to the beneficiary via the TCA, which is an interest-bearing account with check-writing privileges that provides full access to the insurance proceeds.

Bereavement can be a difficult, emotional and stressful time, and beneficiaries often feel overwhelmed by pressing decisions related to the loss of their loved ones. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check, and enable them to have the flexibility to access funds as needed, while earning a guaranteed minimum interest rate on the proceeds, as they assess their financial situation.

E. Estate Resolution ServicesSM (ERS)**

For those unfamiliar with the Probate Court system, settling an estate can be a daunting task, but MetLife's Estate Resolution ServicesSM can make that task less of a burden. MetLife Supplemental Life Insurance Plans with ERS offer the services of a Hyatt Legal Plan participating attorney at no cost. ERS provides the insured employees's Executor/Administrator and Beneficiaries with the personal support of a Hyatt Legal Plans attorney, in-person or via telephone. The participating plan attorney's fees are covered for the Executor or Administrator of the insured's estate for the following probate services:

- * Telephone and office consultations to discuss matters related to probating the estate;
- * Preparation of documents and representation at court proceedings needed to transfer the probate assets from the insured's estate to heirs;
- * The completion of correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house and;
- * Associated tax filings.

VII. The MetLife Death Claim Process

MetLife has created a streamlined Death Claim process, and a settlement option called the Total Control Account (TCA), to help beneficiaries through what can be a very difficult, emotional and potentially confusing time. For more information on TCA, please see page 25.

When the death is reported to the employer by a family member, attorney, funeral home or other source, the employer checks the employee's records to ascertain whether a Group Life benefit may be payable. The Employer or third party that maintains the insured's enrollment and beneficiary designation forms will report to MetLife if it is determined that a benefit may be payable. The employer will begin the process by completing the information on the Employer's Statement, and will send the Claimant's Statement to the latest designated beneficiary that is listed in their records.

The Employer Statement submitter will request that the beneficiary complete the Claimant's Statement, and return it along with a certified death certificate. When the submitter receives the completed Claimant's Statement and certified death certificate from the beneficiary, he or she reviews the documentation to make sure that it all is in order. This documentation is then forwarded to the MetLife Group Life unit along with the completed Employer's Statement, enrollment and latest beneficiary designation form.

If the amount of proceeds payable to the beneficiary is \$5,000 or more, a Total Control Account will usually be established in the beneficiary's name once the claim is approved. The beneficiary will receive a personalized "draft book" and a kit that includes a Customer Agreement that provides additional information regarding the Total Control Account. By using one of the personalized drafts, the beneficiary can draw a draft on his or her Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While a beneficiary's death claim proceeds are in a Total Control Account, the proceeds are guaranteed by MetLife. The beneficiary can access all or part of the insurance proceeds at any time, simply by writing a draft (minimum \$250). There is no charge for additional drafts, there are no transaction or monthly fees, and no penalties for withdrawing all or part of the funds in the TCA. All guarantees are subject to the financial strength and claims-paying ability of Metropolitan Life Insurance Company, which has been delivering on its promises since 1868.

We hope that the Total Control Account will help beneficiaries rest a little easier knowing that their money is guaranteed, earning interest at rates that are set with reference to objective, third-party indices of money market rates, and accessible when needed, giving them time to make financial decisions that are right for them.

The TCA is not insured by the FDIC or any government agency. However, the entire amount of the TCA, including all interest paid, is fully guaranteed by the financial strength and claims-paying ability of MetLife. MetLife's obligation to pay the total policy proceeds is satisfied by depositing the total proceeds in your TCA.

VIII. Additional Resources

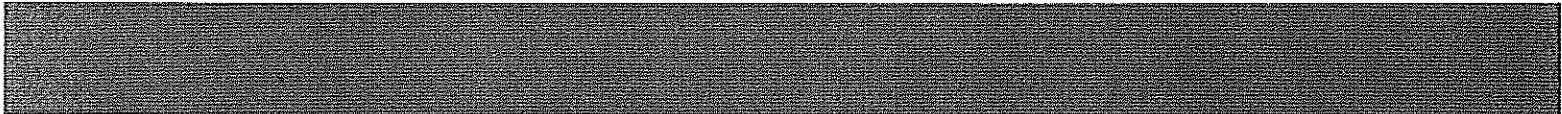
- (1) American Association of Retired Persons (AARP), www.aarp.org
- (2) Funerals: A Consumer Guide, <http://www.ftc.gov/bcp/rulemaking/funeral/index.shtm>
- (3) Internal Revenue Service, www.irs.gov
- (4) MetLife Advice – Loss of a Loved One,
<http://www.metlife.com/individual/life-advice/life-transitions/loss-of-a-loved-one/index.html>
- (5) National Center for Health Statistics, www.cdc.gov/nchs, 1-800-232-4636
- (6) Social Security Administration, www.ssa.gov, 1-800-772-1213
- (7) U.S. Department of Veterans Affairs, www.va.gov, 1-800-827-1000

***Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation, is subject to regulatory approval and is available for use in all states. MetLife Estate Resolution Services is subject to regulatory approval and currently not available in all states. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.*

The following are not covered by the Estate Resolution Services: matters in which there is a conflict of interest between the executor, administrator, any beneficiary or heir and the estate; any disputes with the Policyholder, Employer, Plan Attorneys, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside Probate Court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

Like most group life insurance policies, MetLife group policies contain certain exclusions, reductions, limitations and terms for keeping them in force. Please contact us for costs and complete details.

Notes



Benefits for the **if in life**[®]

MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

1101-0237 1900031547
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Metropolitan Life Insurance Company

SAMPLE
Group Life Insurance Claim Form

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the program may be adjusted to reflect specific program and situs requirements.

MetLife

Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Employer Instructions for Filing Group Life Insurance Claims

1. Detach this page and complete the Employer's Statement on the following page.
2. Give the beneficiary the remaining pages of this claim folder so that he or she may complete the Claimant's Statement.

The beneficiary must complete his or her own Claimant's Statement and return it to you, along with a certified copy of the death certificate.

Note: If there is more than one beneficiary, a separate Claimant's Statement must be completed by *each* beneficiary. However, only *one* Employer's Statement and *one* death certificate is needed for processing the claim.

3. Submit the following to the MetLife Group Life Claims Office for processing:

MetLife
Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
(Fax) 1-570-558-8645
1-800-638-6420

- a) the completed Employer's Statement
- b) the Claimant's Statement(s)*
- c) a certified copy of the death certificate
- d) all other pertinent claim information (such as enrollment forms and beneficiary designations)

A certified copy of a death certificate has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. Claimants can usually obtain this document from the funeral director who handled the arrangements.

If any of the above information is omitted, please give us full details as to what is omitted and why.

As an alternative, you may submit the completed Employer's Statement, enrollment forms, and beneficiary designations directly to MetLife, and provide each beneficiary with the Claimant's Statement. Each beneficiary can then complete and sign the Claimant's Statement and submit it to MetLife with a certified copy of the death certificate. Only one death certificate need be submitted.

4. Contact the MetLife Administrator responsible for your group if you have further questions.

*If there are multiple beneficiaries, please submit each completed Claimant's Statement as you receive it. By doing so, you will help us speed payment to those beneficiaries who have returned their completed Statements. If a beneficiary is deceased, please submit a copy of the death certificate with the claim.



Life Insurance Claim Form Employer's Statement

For MetLife Use Only

To avoid processing delays, please provide all information requested. This form must be completed by an authorized company representative. Please print or type.

Claim is for: ☐ Employee or ☐ Dependent

Section A: Employee/Member Information

Employee Social Security Number ____/____/____	Name of Insured Employee Last First Middle			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Death: ____/____/____ Date of Birth: ____/____/____ Employee's Occupation: _____				
Date of Hire: ____/____/____				
Did the employee execute an absolute, gift or viatical assignment? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach a copy of assignment and all related papers)				
<input type="checkbox"/> Active Employee: Enter the effective date of amount of insurance being claimed ____/____/____				
<input type="checkbox"/> Retired Employee: Date retired ____/____/____				
For employees who were not actively at work, please indicate status of employee at date of death (select one):				
<input type="checkbox"/> Regular Retiree <input type="checkbox"/> Retiree Due to Disability <input type="checkbox"/> Terminated Due to Disability <input type="checkbox"/> Terminated For Any Other Reason				
<input type="checkbox"/> Leave of Absence <input type="checkbox"/> Layoff <input type="checkbox"/> Sick Leave <input type="checkbox"/> Disabled (not terminated or retired)				
On what date did the employee last work? ____/____/____ Reason for stopping _____				
Date premium payments for employee stopped ____/____/____				
Was the employer-employee relationship terminated before death? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____ Reason _____				
Was life insurance cancelled? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____				
Is the beneficiary designation available? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, include the most recent designation with claim submission.				
Was a Total and Permanent Disability (T&P) or Continued Protection (CP) disability waiver claim ever filed with MetLife for this employee? Leave blank if plan does not include T&P or CP. <input type="checkbox"/> No <input type="checkbox"/> Yes Disability Case Number _____				

Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form

Employer's Statement

Section B: Employer/Association Information

Name of Employer/Association

Contact Name

Employer Address
Number and Street

City

State

Zip

Employer Telephone Number

Fax Number

Division name and address where employee/member worked (If different from above)

Name

Number and Street

City

State

Zip

Notice: Be sure to consider any reduction formula applicable to each type of Life Benefit in force when entering the amount of Life Benefits for which claim is made.

Report Number	Sub Code	Branch	Type of Life Benefits Check applicable box(es)	Amount	Effective Date
			<input type="checkbox"/> Basic Life		
			<input type="checkbox"/> Supplemental/Optional Life*		
			<input type="checkbox"/> Dependent Life		
			<input type="checkbox"/> AD&D***		
			<input type="checkbox"/> Supplemental/Optional AD&D***		
			<input type="checkbox"/> Dependent AD&D***		
			<input type="checkbox"/> VAD&D***		
			<input type="checkbox"/> Group Universal Life**		
			<input type="checkbox"/> Spouse Group Universal Life		

Complete the Following:

Employee is:

- ☐ Hourly or ☐ Salaried
☐ Union or ☐ Non-Union
☐ Exempt or ☐ Non-Exempt

Base Annual Earnings \$ _____

as of date: ____ / ____ / ____

Did the employee increase coverage within the last two years?

☐ Yes ☐ No

If yes, indicate date: ____ / ____ / ____

* Supplemental/Optional Life includes Additional Life and Voluntary Life Benefits.

** For more information concerning Group Universal Life coverage, please call 1-800-523-2894.

*** If Accidental Death benefits are claimed, please include supporting documentation such as newspaper clippings, police reports, toxicology reports, autopsy reports, etc.

Survivor Income Benefit: If the deceased employee qualified for Survivor Income Benefits insured by MetLife, specify if the claim ☐ is attached, or ☐ will follow.

Section C: Deceased Dependent Information

Dependent Claim Only	Date of Death	Date of Birth	Sex M or F	Dependent's Social Security Number	Name of Deceased Dependent Last First Middle	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child

Signature of Employer's Authorized Representative

Date Signed

Telephone No.

Send benefit payment to: ☐ Directly to Beneficiary (ies)

☐ Other: _____

MetLife

Metropolitan Life Insurance Company

Group Life Claims

P.O. Box 6100

Scranton, PA 18505-6100

1-800-638-6420

Dear Claimant:

We at Metropolitan Life Insurance Company (MetLife) are sorry for your loss. To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® Settlement Option (TCA) to give you the time you need to best decide how to use your insurance or annuity proceeds. Your TCA is an insurance Settlement Option, which is a method of paying insurance or annuity benefits in full.

If the amount of proceeds payable to you is \$5,000 or more, a Total Control Account will usually be established in your name once your claim is approved. You will receive a personalized "draft book" and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized "drafts," you can draw a draft on your Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While your money is in a Total Control Account, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by writing one of your drafts (minimum \$250). You are not charged for drafts, there are no monthly maintenance fees, and there are no penalties for withdrawing all or part of your TCA balance. All guarantees are subject to the financial strength and claims-paying ability of MetLife.

We hope that the Total Control Account will help you rest a little easier knowing that your TCA is guaranteed, earning interest at rates responsive to current market conditions, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the Total Control Account on the following pages.

If you have further questions about this claim, please call our toll-free Customer Service Center 1-800-638-6420.

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 yield 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.
- You can name a beneficiary to receive your TCA balance in case something happens to you.
- If you do not want a TCA, you may request a check for the total benefits by writing "check" beneath your signature on the attached claim form.
- 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 draftbook, 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.

Group policy settlement options include:

- A check
- A TCA
- 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. For more information about options available to you, call your assigned financial services representative, if any, or call 1-800-638-7283. 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, 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.

If payment may not be made through the establishment of a TCA, more information will be provided to the claimant as the claim is processed.

- 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 yield on your Account will not be less than the rate guaranteed in your Customer Agreement. Currently TCAs established from group policies have a guaranteed minimum effective annual yield of .5%. The guaranteed minimum effective annual yield may be more or less at the time your TCA is established. You may call 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) to learn more.

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

FRAUD WARNINGS

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.

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, 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.

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.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing 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, 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.

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 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.

Oregon and 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.

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.

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.



Group Life Claims
P.O. Box 6100
Scranton, PA 18505-6100
1-800-638-6420

Life Insurance Claim Form

Claimant's Statement

Insured's Employer Name: _____

Insured Employee Name: _____

Please note that original documents cannot be returned. In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted.

Additional Information if Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form. If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

A. Information about the beneficiary:

- Your Name (please print in capital letters or type) _____
First Middle Initial Last
Maiden Name (if applicable) _____
- Social Security No./TIN: _____ / _____ / _____
- Date of Birth _____ ☐ Male ☐ Female
Mo. Day Year
- Country of Citizenship: _____
- Phone Number: Day (_____) - _____ Evening (_____) - _____
(Area Code) (Area Code)
- Fax Number (optional) (_____) - _____
(Area Code)
- Mailing Address _____
Number Street Apt./Box No. (if any)
City State Zip
- Relationship to the deceased
You are the ☐ Spouse ☐ Child ☐ Parent ☐ Other _____
Explain _____
- If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

B. Information about the deceased:

- His/Her Name _____
First Middle Initial Last
Maiden Name (if applicable) _____
- Residence Address _____
Number Street Apt./Box No. (if any)
City State Zip
- Marital Status ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced
- Date of Birth _____
Mo. Day Year
- Social Security No. _____ / _____ / _____
- Certified copy of death certificate is ☐ attached (or was previously submitted) ☐ not attached.
If not attached, please explain _____
- If the decedent also held an individual life insurance policy with MetLife, please provide the policy number: _____
or call 1-800-638-5000 for information.

Insured Employee Name: _____

C. Total Control Account (TCA)

Our standard payment method is in the form of a **Total Control Account**. A personalized draftbook and a kit that includes information about your TCA will be sent to you if an Account is established. Your TCA will be guaranteed by MetLife and your TCA will be accessible to you when you need it.

D. Delivering the Promise (DTP)

If a MetLife DTP Specialist assisted you with this claim, you may elect to have your check mailed to the Specialist, who will deliver it to you. If you wish to have the proceeds mailed to your DTP Specialist, please check the appropriate box below. If no box is checked, the proceeds will be delivered directly to you.

☐ Deliver to DTP Specialist

DTP Specialist Name: _____ District Agency Index (DAI) _____

DTP Specialist Address: _____

☐ Deliver to Beneficiary

E. Certifications and Signature:

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I consent to the pro rata deduction of any contributions owed by the insured from insurance proceeds paid to me.
3. I have read the applicable Fraud Warning(s) provided in this form.

MetLife has the right to recover any amounts that it determines to be an overpayment. An overpayment occurs if MetLife determines that: (a) the total amount paid by MetLife on your claim is more than the total amount of benefits due to you under the benefit plan/insurance certificate; or (b) MetLife made payment to you when the payment should have been made to someone else.

In case of an overpayment, I agree to repay MetLife the specifically overpaid funds. I further understand that if an overpayment is not repaid, MetLife reserves the right to rely on any means to recover the overpayment, including institution of litigation.

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
2. That I am not 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 a U.S. resident for tax purposes.

Please note: If item 2 or 3 above is not true, cross out the applicable item(s).

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

Please sign below as you would sign on checks (include first and last name). If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

Claimant Signature

Date Signed

Know how to figure out how much life insurance you need

If you need some help deciding how much life insurance you should have, visit www.metlife.com/mybenefits to access the MetLife Life Insurance Calculator. You will only need to answer a few simple questions to help you identify the appropriate amount of life insurance for your situation. You can also get an idea of the amount of coverage you might want to consider from these examples:

MARRIED		
<p>Tom – Age 41</p> <p>Tom and his wife recently purchased a home and are planning to start a family soon. He would like to take the responsible approach and buy life insurance through his employer to help protect his family's financial security. He would like to have enough insurance to:</p> <ul style="list-style-type: none"> • Pay off outstanding debt (such as mortgage, credit cards, car payments) • Replace his salary for an extended period • Ensure his aging parents are cared for 	Monthly income (after tax):	\$3,400
	Years wish to secure income:	7
	Housing expenses:	\$4,800
	Outstanding debt:	\$150,000
	Education/School:	\$0
	Final expense:	\$6,500
	Add'l commitments:	\$20,000
	Suggested coverage:	\$466,900
MARRIED WITH CHILDREN		
<p>Barbara – Age 35, has two children, ages 3 and 5</p> <p>Barbara's job is a source of income for her family and they rely on this for their way of living. Life insurance can help replace Barbara's income if something were to happen to her. She would also like to purchase enough life insurance to help her family with the following:</p> <ul style="list-style-type: none"> • Children's care and education • Cover outstanding mortgage and other debt • Care for her aging parents 	Monthly income (after tax):	\$4,900
	Years wish to secure income:	10
	Housing expenses:	\$7,500
	Outstanding debt:	\$260,000
	Education/School:	\$260,000
	Final expense:	\$6,500
	Add'l commitments:	\$50,000
	Suggested coverage:	\$1,172,000
EMPTY NESTERS		
<p>Helen – Age 56, has three children, ages 23, 21 and 19</p> <p>Helen and her husband are looking ahead towards retirement. Helen knows that having appropriate life insurance will help ensure that her husband can still achieve their retirement goals even if something happens to her. Besides retirement, other financial obligations need to be met:</p> <ul style="list-style-type: none"> • Pay off children's college tuition and loans • Provide for children's future needs (weddings, first homes) • Money set aside in the event of medical expenses 	Monthly income (after tax):	\$6,400
	Years wish to secure income:	3
	Housing expenses:	\$3,100
	Outstanding debt:	\$65,000
	Education/School:	\$55,000
	Final expense:	\$6,500
	Add'l commitments:	\$35,000
	Suggested coverage:	\$395,000

SINGLE PARENT

Jen – Age 38, has one child, age 8

Jen knows the importance of purchasing life insurance since she is the sole breadwinner and primary caregiver for her child. She wants to make sure her child will be taken care of financially. Life insurance will not only help provide for her child's day-to-day needs, but can also make a difference in her future, whether that is paying for college or other financial obligations. Life insurance will also help with:

- Protecting the estate
- Child care and housekeeping expenses
- Replacement of salary

Monthly income (after tax):	\$4,500
Years wish to secure income:	12
Housing expenses:	\$8,000
Outstanding debt:	\$195,000
Education/School:	\$125,000
Final expense:	\$7,000
Add'l commitments:	\$75,000
Suggested coverage:	\$1,058,000

SINGLE

Bob – Age 27

Even though Bob is single, he still feels the need to purchase life insurance through his employer. Bob has a large college loan that his parents have co-signed. In the event something were to happen to him, his parents will be responsible for paying off his college loan. To prevent this burden on them, Bob is applying for enough life insurance to:

- Pay his remaining college loan balance
- Cover car loan and other outstanding debt
- Leave an inheritance to his niece

Housing expenses:	\$3,750
Outstanding debt:	\$186,000
Education/School:	\$0
Final expense:	\$6,500
Add'l commitments:	\$50,000
Suggested coverage:	\$246,250

Housing expense is an estimate of approximately 3 – 6 months worth of house expenses. The examples shown are hypothetical and are used for informational purposes only. Your particular needs may vary.

How did we calculate how much life insurance is needed?

To calculate the amount of insurance needed, we calculate the total economic contribution to the family. The entries for monthly household income (after taxes) is converted to a yearly amount and then multiplied by the number of years that are wished to secure an income for the family. The remaining line items are simply added to this subtotal to create the results. Results are generated by the MetLife Life Insurance Calculator located at www.metlife.com/mybenefits and are based on information supplied and today's costs; they do not account for inflation or changes in annual earnings.

We recommend that you review your coverage periodically to ensure that your needs can be met now and in the future. You may utilize the Life Insurance Calculator to assist you in determining the amount that is best for you and your specific needs. If you determine you need more coverage than is offered under your employer's program, consider enrolling for the available coverage and supplementing your coverage with individual insurance. However, in any situation, these examples and the calculator are not to be construed as advice, and you may want to consult with your tax advisor or financial planner/advisor in determining the coverage amount that is right for you.

Benefits for the **if in life**SM

MetLife

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

EXHIBIT 9-16

Group Life

Understanding your Options

Portability and Conversion

MetLife



You know that life insurance is a **critical part of your overall benefits plan**—that's why you chose to enroll in the Group Life insurance program offered by your employer. As you leave your employment, you have **options** to continue your current Group Life coverage and **maintain this important protection** for you and your family.

Now you have **important decisions to make** about continuing your Group Life insurance benefits. There are **two options** under which you can continue your coverage — **Portability and Conversion**. This brochure is designed to answer the most common questions about each option and give you a side-by-side comparison so you can choose the option that best meets your needs.

Is there anything else I need to know?

You may find that the individual insurance policy you can obtain through the Conversion process does not meet your needs. An individually underwritten policy may be more cost-effective and provide additional benefits that are not available with a Conversion policy. In this case, you have the option to apply for your own underwritten life insurance policy simultaneously with your application for the Conversion policy. Underwritten policies are subject to underwriting requirements, so you may have to provide medical information.

If you apply for both the Conversion policy and an underwritten policy and are approved for the underwritten policy, then you can choose the underwritten policy. If you are not approved for the underwritten policy, then the Conversion policy is issued and becomes effective on the 32nd day after group coverage ends.

What if I still have questions?

Helping you make the best decision for you and your family's needs is important to us. If you have additional questions or need assistance, please contact the following MetLife customer service areas:

To speak with a MetLife representative who can answer questions about **Portability**, call
1-888-252-3607.

To be connected with a MetLife representative who can answer questions about **Conversion**, call
1-877-275-6387.

MetLife

Metropolitan Life Insurance Company
200 Park Avenue, New York, NY 10166
www.metlife.com

1106-2275 19000301880611NEWPORT
L0210089239(exp0212)(All States)(DC, GU, MP, PR, VI)
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It's important to understand the differences between these options. Use the chart below to help you make an informed decision.

Portability	Conversion
<p>You can continue your Group Term Life and AD&D* insurance coverage with MetLife if your coverage terminates in whole or in part due to:</p> <p>Employee Qualifying Events:</p> <ul style="list-style-type: none"> • Termination of employment or retirement • A change in your employee class • Your Group Policy is amended to end coverage, unless coverage is replaced by a similar insurance under another group insurance policy • Your Group policy ends with or without a successor plan • Reduced coverage due to age or change in plan for your employee class <p>Dependent Qualifying Events:</p> <ul style="list-style-type: none"> • Employee is eligible to exercise portability option • Spouse can port upon the Death of the Employee, Divorce, Annulment, Civil Union, or Reciprocal Beneficiary relationship ends • Dependent no longer eligible as a Dependent <p>You are not eligible for Portability if:</p> <ul style="list-style-type: none"> • You received approval for Premium Waiver Death Benefits. <p>*Your plan may not include the portability feature on every product presented on the Election of Portable Coverage Form. The Recordkeeper for your plan will identify which coverage(s) and coverage amount(s) you are eligible to port?</p> <ul style="list-style-type: none"> • Employee: Reduces at age 70, and terminates at age 100. • Spouse: Terminates at age 70. • Child(ren): Terminates at age 25. 	<p>You can generally convert your Group Term Life insurance benefits to an Individual Whole Life insurance policy¹ if your coverage terminates in whole or in part due to:</p> <ul style="list-style-type: none"> • Retirement or termination of employment • A change in your employee class <p>Conversion is available on all Group Life insurance coverages. Conversion is <u>not</u> available on AD&D coverage.</p>
<p>No.</p> <p>The standard coverage minimum amounts are:</p> <ul style="list-style-type: none"> • \$10,000 for employees • \$2,500 for spouses • \$10,000 for Spouse Only (no portable employee coverage) • \$1,000 for children <p>Your coverage maximum amount is generally limited to the amount you had at the time group benefits terminated and may vary depending on the type of coverage you had. The standard maximum coverage amount is \$2 million.</p> <p>Details about your specific coverage can be found on the Election of Portable Coverage form.</p> <p>Yes—coverage can be increased with Evidence of Insurability (EOI) at the initial application and annually at the insured's portability anniversary date.</p> <p>Yes—coverage can be decreased as needed.</p> <p>• Accelerated Benefits Option (ABO) for Life coverage(s) only.**</p> <p>• Total Control Account* (TCA) for beneficiaries.</p>	<p>Coverage reductions and termination are subject to the terms of the policy chosen.</p> <p>No.</p> <p>The coverage minimum under Conversion is subject to the Individual Life plan features. The maximum coverage amount under Conversion varies based on the following:</p> <ul style="list-style-type: none"> • The reason group benefits ended. • The amount of group insurance you have. • Your eligibility for any other group benefits within 31 days after current benefits terminate. • Specific state regulations. <p>No—coverage cannot be increased at any time.</p> <p>Yes—coverage can be decreased as needed on Universal and Variable Universal Life policies.</p> <p>No—coverage cannot be decreased on Whole Life policies.</p> <p>Total Control Account* (TCA) for beneficiaries.</p> <ul style="list-style-type: none"> • You will receive a Notice of Conversion form from your Group Life Benefits Recordkeeper. • You have 31 days from the date your coverage ends to contact MetLife to convert your coverage. You must contact MetLife within this 31-day period to begin the conversion process. • A MetLife agent will consult with you on your specific needs and assist you with the application process. • Rates for Conversion are based on your age at the time you convert your coverage and remain level throughout the life of the policy. • The MetLife agent will discuss your payment options with you.
<p>No.</p> <p>The standard coverage minimum amounts are:</p> <ul style="list-style-type: none"> • \$10,000 for employees • \$2,500 for spouses • \$10,000 for Spouse Only (no portable employee coverage) • \$1,000 for children <p>Your coverage maximum amount is generally limited to the amount you had at the time group benefits terminated and may vary depending on the type of coverage you had. The standard maximum coverage amount is \$2 million.</p> <p>Details about your specific coverage can be found on the Election of Portable Coverage form.</p> <p>Yes—coverage can be increased with Evidence of Insurability (EOI) at the initial application and annually at the insured's portability anniversary date.</p> <p>Yes—coverage can be decreased as needed.</p> <p>• Accelerated Benefits Option (ABO) for Life coverage(s) only.**</p> <p>• Total Control Account* (TCA) for beneficiaries.</p>	<p>Coverage reductions and termination are subject to the terms of the policy chosen.</p> <p>No.</p> <p>The coverage minimum under Conversion is subject to the Individual Life plan features. The maximum coverage amount under Conversion varies based on the following:</p> <ul style="list-style-type: none"> • The reason group benefits ended. • The amount of group insurance you have. • Your eligibility for any other group benefits within 31 days after current benefits terminate. • Specific state regulations. <p>No—coverage cannot be increased at any time.</p> <p>Yes—coverage can be decreased as needed on Universal and Variable Universal Life policies.</p> <p>No—coverage cannot be decreased on Whole Life policies.</p> <p>Total Control Account* (TCA) for beneficiaries.</p> <ul style="list-style-type: none"> • You will receive a Notice of Conversion form from your Group Life Benefits Recordkeeper. • You have 31 days from the date your coverage ends to contact MetLife to convert your coverage. You must contact MetLife within this 31-day period to begin the conversion process. • A MetLife agent will consult with you on your specific needs and assist you with the application process. • Rates for Conversion are based on your age at the time you convert your coverage and remain level throughout the life of the policy. • The MetLife agent will discuss your payment options with you.

¹ Subject to state availability. Increases, decreases, minimum and maximum coverage amounts are subject to state availability. You may later convert ported coverage when ported benefits end, or if the portable plan is terminated by MetLife. Conversion is not available on AD&D coverage. Conversion rates are based on your age at the time you convert. A non-renewable term life policy may precede a whole life conversion policy if your group coverage is issued in New York or West Virginia.

** The Accelerated Benefits Option (ABO) is subject to state regulation and generally receives favorable federal income tax treatment. You are advised to consult with a legal advisor concerning the effect that receipt of ABO benefits will have on other benefits such as benefits from public assistance programs.



Metropolitan Life Insurance Company

SAMPLE
Waiver of Premium Claim Form

The material that follows is being furnished for illustrative purposes only. Actual contractual material used in administering the program may be adjusted to reflect specific program and situs requirements.



Metropolitan Life Insurance Company
P.O. Box 14632
Lexington, KY 40512-4632
Phone: 1-800-300-4296
Fax: 1-315-792-6600

Instructions for Completing Group Life Insurance Statement of Review

- Continued Protection (Premium Waiver During Total Disability)
- Continued Life Insurance During Total Disability
- Total & Permanent Disability

Employer's Statement

1. The Employer's Statement should be completed by someone who is familiar with the employee's potential eligibility for Premium Waiver, Continued Insurance or Total Permanent Disability.
2. Complete Sections 1, 2, & 3 of the Employer's Statement and sign at the bottom of the page.

Note: Failure to complete all sections or sign the Employer's Statement will cause a delay in processing.

3. Give the completed Employer's Statement and all remaining pages including this page to the employee for further processing. You may wish to retain a copy of the completed Employer's Statement for your records.
4. Contact MetLife with any questions you may have when completing this form.

Important: If MetLife does not maintain your Group Life records, please attach all enrollment forms, beneficiary designation, and any other forms in the life insurance file.

Employee's Statement

1. The Employee's Statement must be completed by the employee or his/her legal representative. If you are an Authorized Representative completing this form, please include a copy of the legal document(s) authorizing you to act on the Employee's behalf.
2. Complete the Employee's Statement.
3. Sign the following pages:
 - a) the Employee's Statement
 - b) the Authorization to Disclose Information About Me
 - c) the Attending Physician Statement, Section A
4. Give the Attending Physician Statement to your treating physician for completion.
5. Contact MetLife with any questions you may have when completing this form.
6. Place your name and Social Security number in the allocated area of each page.
7. Submit the entire form to MetLife at the above address.

GROUP LIFE INSURANCE STATEMENT OF REVIEW

Please check all appropriate boxes for this submission

- ☐ Continued Protection (Premium Walver During Total Disability)
☐ Continued Life Insurance During Total Disability
☐ Total & Permanent Disability

MetLife

Metropolitan Life Insurance Company
P.O. Box 14632
Lexington, KY 40512-4632
Phone: 1-800-300-4296
Fax: 1-315-792-6600

EMPLOYER'S STATEMENT

Section 1: Employer Information

Important: If MetLife does not maintain your Group Life records, please attach all enrollment forms, beneficiary designation, and any other forms in the life insurance file.

Employer Name		Name of Group Policyholder if different than the Employer	
Address of Employer or Group Policyholder		City	State Zip Code
Address of Group Policyholder if different than the Employer		City	State Zip Code
Contact Person's Name	Phone #	Fax #	E-mail Address

Section 2: Employee Information

Name (Last, First, MI)		Social Security # - REQUIRED		Date of Birth (MM/DD/YY)	
Address		City	State	Zip Code	
Claimant's Occupation/Job Title (Attach a job description)	Date of Hire	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	Base Wages as of Last Date Worked \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Number of hours worked per week:	

Section 3: Coverage Information

Date Last Worked?		Why did employee cease work on that date?							
Coverage	Amount of Insurance	Report Number	Sub Code Number	Branch Number	Employee Life Insurance Effective Date	Date Insurance Amount Last Changed	Cancellation Date (if any)	Premium Payments Terminated?	Has Policy converted to an Individual Policy?
Basic Life	\$ _____							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental/Optional Life	\$ _____							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
GUL	\$ _____							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Company Provide Retirement Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please answer these questions:				Check Type of Benefit: <input type="checkbox"/> Normal <input type="checkbox"/> Disability Would the Employee Qualify? <input type="checkbox"/> Yes <input type="checkbox"/> No				Date on which Employee would qualify?	

Employer's Authorized Representative

Name (Please Print) _____ Title _____ Phone # _____
Signature _____ Date Signed _____

FRAUD WARNINGS

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.

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, District of Columbia, Louisiana, 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.

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.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing 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, 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.

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.

Oregon: 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.

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: Fraudulent insurance act. No person shall, with intent to defraud: present or cause to be presented a claim for payment or benefit, pursuant to any insurance policy, that contains false representations as to any material fact or which conceals a material fact; or present or cause to be presented any information which contains false representations as to any material fact or which conceals a material fact concerning the solicitation for sale of any insurance policy or purported insurance policy, an application for certificate of authority, or the financial condition of any insurer.

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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

GROUP LIFE INSURANCE STATEMENT OF REVIEW

- Contact MetLife with any questions you may have when completing this form.
- Submit the entire form by mail to the above address for processing – retain a copy for your records.

Important: To avoid processing delays, please complete the form in its entirety and submit all requested Documents.

MetLife

Metropolitan Life Insurance Company
P.O. Box 14632
Lexington, KY 40512-4632
Phone: 1-800-300-4296
Fax: 1-315-792-6600

EMPLOYEE'S STATEMENT

Section 1: Personal Information

Name (Last, First, MI)		Social Security # - REQUIRED		E-Mail Address (Optional)	
Address		City	State	Zip Code	Date of Birth (MM/DD/YY) <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #	Occupation			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	
Education (Select highest level completed) <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Vocational/Other _____ <input type="checkbox"/> Masters Degree or higher _____					
Dependent Information for Group Life Insurance:					
Name		Date of Birth		SS#	
Spouse		_____		_____	
Children		_____		_____	
_____		_____		_____	
_____		_____		_____	

Section 2: Disability Information

Date Last Worked	State the cause of your Disability:		On what date were you first treated by a physician related to this disability?	
Name(s) of all Physicians/Providers who have treated you since the beginning of this disability:				
Name of Physician/Provider	Address	Phone Number (Include Area Code)	Dates of Treatment	Reason for Visit
Have you performed any type of work (either for this employer, another employer or through self-employment) since your disability began? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the following information:				
Name of Employer	Address of Employer	Type of Work	Date Employment Began	Hours Worked Per Week
Are you presently able to engage in any gainful occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please explain: _____				
If "No," when do you expect to return to work? Date _____				
Are you insured under any other policies issued by MetLife? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please provide coverage type and policy numbers: _____				

Certifications and Signature:

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I have read the applicable Fraud Warning(s) provided in this form.

Employee Signature _____

Date Signed _____

MetLife

Metropolitan Life Insurance Company
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This Authorization has been carefully and specifically drafted to permit disclosure of health information consistent with the privacy rules adopted and subsequently amended by the United States Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Your refusal to complete and sign this form may affect your eligibility for benefits under your employer's life plan.

Name of Claimant (Please Print)

Social Security Number

Authorization to Disclose Information About Me

For purposes of determining my eligibility for continued life insurance coverage due to a disability or for the total and permanent disability benefit under the administration of my employer's life benefit plan, as the case may be, I permit the following disclosures of information about me to be made in the format requested, including by telephone, fax or mail:

1. **I permit:** any physician or other medical/treating practitioner, hospital, clinic, other medical related facility or service, insurer, employer, government agency, group policyholder, contractholder or benefit plan administrator to disclose to Metropolitan Life Insurance Company ("MetLife"), my employer in its capacity as administrator of its life benefit plan, and any consumer reporting agencies, investigative agencies, attorneys, and independent claim administrators acting on MetLife's behalf, any and all information about my health, medical care, employment, and disability claim.
2. **I permit** MetLife to disclose to my employer in its capacity as administrator of its benefit plans any and all information about my health, medical care, employment, and disability claim.

This Authorization to Disclose Information About Me specifically includes my permission to disclose my entire medical record, including medical information, records, test results, and data on: medical care or surgery; psychiatric or psychological medical records, but not psychotherapy notes; and alcohol or drug abuse including any data protected by Federal Regulations 42 CFR Part 2 or other applicable laws. **Information concerning mental illness, HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses may be controlled by various laws and regulations. I consent to disclosure of such information, but only in accordance with laws and regulations as they apply to me. Information that may have been subject to privacy rules of the U.S. Department of Health and Human Services, once disclosed, may be subject to redisclosure by the recipient as permitted or required by law and may no longer be covered by those rules. Your health care provider may not condition your treatment on whether you sign this authorization.**

I understand that I may revoke this authorization at any time by writing to MetLife at P.O. Box 14632, Lexington, KY 40512-4632, except to the extent that action has been taken in reliance on it. If I do not, it will be valid for 24 months from the date I sign this form or the duration of my claim for benefits, whichever period is shorter. A photocopy of this authorization is as valid as the original form and I have a right to receive a copy upon request.

Signature of Claimant or Authorized Representative

Date Signed

ATTENDING PHYSICIAN STATEMENT

MetLife

Metropolitan Life Insurance Company
P.O. Box 14632
Lexington, KY 40512-4632
Phone: 1-800-300-4296
Fax: 1-315-792-6600

Instructions for completing the form:

EMPLOYEE:

1. Please complete and sign Section A. Any fee for the completion of this form is the patient's responsibility.

ATTENDING PHYSICIAN:

2. Please complete Section B and all remaining applicable areas and sign form.
3. Mail form to the above address.

Section A

Name	Social Security # Required	Date of Birth
Employer	Occupation	Group Report #
I hereby authorize my physician to release any information acquired in the course of my examination or treatment.		
Signature of Employee _____		Date Signed _____

Section B

The purpose of this report is to assist us in making a disability determination. Please complete all applicable sections of this form. A MetLife claim representative may telephone your office if additional information is needed.

History

Symptoms result from: <input type="checkbox"/> Injury <input type="checkbox"/> Illness	Is condition work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial date of treatment	Most recent date of treatment
Did you advise the patient to cease the above noted occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date	
Names and Phone Numbers of the other providers the patient was referred to:			
Name	Phone #	Name	Phone #
Has patient been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Confined _____ through _____		
Name and address of facility:			

Diagnosis and Treatment

Primary ICD-9 _____	Diagnosis _____
Secondary ICD-9 _____	Diagnosis _____
Subjective Symptoms _____	
Objective Findings (Include copies/results of any x-rays, lab tests, EKG's, MRI's, scans and office notes)	
Current and Recommended Treatment Plans _____	
If surgery performed/anticipated, provide the following:	
CPT-4 _____	Procedure _____ Date _____
Medications prescribed (names, dosages)	
_____	_____
_____	_____
_____	_____

Name of Employee _____ Social Security Number _____

Psychological Functions – Check applicable box below

- ☐ Class 1 – Patient is able to function under stress and engage in interpersonal relations (no limitations)
☐ Class 2 – Patient is able to function in most stress situations and engage in some interpersonal relations (slight limitations)
☐ Class 3 – Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations)
☐ Class 4 – Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations)
☐ Class 5 – Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations)

Remarks:

What stress factors or problems with interpersonal skills have affected patient's ability to perform the duties of his or her job?

Is patient competent to endorse checks and direct use of the proceeds? ☐ Yes ☐ No

Physical Capabilities

(a) Patient's ability to: (circle)

	Hours	(check)
Sit	0 1 2 3 4 5 6 7 8	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently
Stand	0 1 2 3 4 5 6 7 8	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently
Walk	0 1 2 3 4 5 6 7 8	<input type="checkbox"/> Continuously <input type="checkbox"/> Intermittently

(b) Patient's ability to: (circle)

Climb	Yes	No
Twist/bend/stoop	Yes	No
Reach above shoulder level	Yes	No
Operate a motor vehicle	Yes	No

(c) Patient's ability to lift/carry: (check)

	Never 0%	Occasionally 1-35%	Frequently 36-66%	Continuously 67%-100%
Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(d) Patient's ability to perform repetitively: (circle)

	Right Hand		Left Hand	
Fine finger movements	Yes	No	Yes	No
Eye/hand movements	Yes	No	Yes	No
Pushing/pulling	Yes	No	Yes	No
Dominant hand	Right Hand		Left Hand	

(e) In your opinion, why is patient unable to perform job duties?

(f) Patient can work a total of _____ hours per day?

(g) Do you expect improvement in any area? (If so please comment and give dates/timeframes.)

Cardiac: Functional Capacity (American Heart Association) Complete only if applicable.

☐ Class 1 (No Limitation) ☐ Class 2 (Slight Limitation) ☐ Class 3 (Marked Limitation) ☐ Class 4 (Complete Limitation)

Blood pressure (latest reading) _____ / _____ as of (date) _____ / _____

Is patient in a cardiac rehabilitation program? _____

Extent of Disability

For Any Occupation

For His/Her Regular Occupation

(a) Is Patient now totally disabled?

☐ Yes ☐ No

☐ Yes ☐ No

(b) If no, when was patient able to go to work?

Mo. _____ Day _____ Yr. _____

Mo. _____ Day _____ Yr. _____

(c) If yes, when do you think patient will be able to resume any work?

Approximate Date:

Mo. _____ Day _____ Yr. _____

Mo. _____ Day _____ Yr. _____

Indefinite:

☐

☐

Never:

☐

☐

Rehab

Do you suggest that the patient become involved in any of the following? Please check as many as apply.

If so, was this discussed with the patient? ☐ Yes ☐ No

☐ Physical Therapy

☐ Pain Management Program

☐ Vocational Rehabilitation

☐ Occupational Therapy

☐ Work Hardening Program

☐ Psychological Counseling

☐ Cardiac Rehabilitation

☐ Job Modification

☐ Other _____

Physician

Name _____ Degree/Specialty _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____ Tax ID # _____

Contact person if additional information is necessary _____

Signature _____ Date Signed _____