

Metropolitan Life Insurance Company

Your life insurance claim kit

On behalf of MetLife, please accept our sincere condolences during this difficult time.

Helping you submit your claim

We've enclosed a "*Guide to making your claim*" which describes the steps to submit your claim. You have the option to receive the proceeds of your claim deposited into a convenient Total Control Account that we'll open for you, or as a check. You'll find more details in the enclosed document, "*About the Total Control Account.*"

We're here to help

We recognize this may be a challenging time for you. If you have questions, or need help preparing your claim, call us at 800-456-FUND (3863) or email psc@iatsenbf.org. Our Participant Service Center is open Monday through Thursday, 9:00 a.m. to 5:00 p.m. and Friday until 4:30 p.m. EST.

Sincerely,

I.A.T.S.E. National Benefit Funds

Guide to making your claim

What you'll find in this package

- *Life insurance claim form* – You'll need to complete and return this to us with the death certificate.
- *About the Total Control Account* – This explains the option you have to receive your claim proceeds.

To submit your claim, follow these steps:

1. Decide

You have the following options to receive your life insurance proceeds:

- A Total Control Account that we open for you to hold your claim proceeds, or
- A check that we mail to you

Please read the enclosed *About the Total Control Account* for details. Please indicate your choice when completing the claim form. If you do not choose an option, you will receive a Total Control Account in most states unless state law requires us to pay you by check.

2. Complete

Complete the enclosed *Life insurance claim form* by following the instructions on the form. Please provide all the information requested so we may process your claim as quickly as possible.

3. Return

Please send us your completed claim form and the documents we ask for in Section 6 of the form.

What to expect after you submit your claim

We're committed to processing your claim as quickly as possible. Once we receive all your information, we're able to process a typical claim within 5-7 business days.

If we approve your claim and you chose to receive a check, or your proceeds are less than \$5,000, we'll mail you the check.

If you choose to receive your proceeds in a Total Control Account, we'll:

- Open a Total Control Account in your name
- Place the proceeds from your claim into your account, and
- Mail you a package, that includes account details and a book of personalized drafts (*like checks*)

About the Total Control Account®

A convenient place to hold the proceeds from your claim while you decide what to do with the money

How the account works

The Total Control Account (TCA) is a draft account that works like a checking account:

- When your account is open, MetLife¹ will send you a package which includes additional details about the TCA. We pay the full amount owed to you by placing your proceeds into the TCA and providing you a book of drafts. You can use the drafts like you would use checks.
- You can use a single draft to access the entire proceeds or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts you can write. Processing time is similar to check processing.
- You earn interest on the money in your account from the date your account is open.
- We'll send you an account statement each month when there is activity in your account. If you have no activity, we'll send you a statement once every three months.
- You can name a beneficiary for your account. We'll include a beneficiary form in the package we send you when we open your account.

Interest rates and guarantees

The interest rate on your account is set weekly, and will always be the greater of the guaranteed rate stated in your TCA package, or the rate established by 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 Index. We calculate interest daily and compound it, so you earn interest on your interest. The interest is added to your account monthly. The interest earnings generally are taxable so you should speak with your tax advisor.

No monthly maintenance fees

There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no cost for ordering additional drafts. You may be charged for special services or an overdrawn TCA, and the current fees (*subject to change*) for those are: draft copy \$2; stop payment \$10; wire transfer \$10; overdrawn TCA \$15; overnight delivery service \$25.

¹ "MetLife" means Metropolitan Life Insurance Company or the MetLife affiliate that issued the underlying policy

Other important information

- Your Total Control Account is backed by the financial strength of MetLife. The assets backing the funds are held in MetLife's general account and are subject to MetLife's creditors. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by your state insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- If there is no activity on your account for a period of time (*typically three years, but this may vary by state*), state regulations may require that we contact you at the address we have on file. If we aren't able to reach you, we may be required to close your account and transfer the funds to the state.
- We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
- We use the services of The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, for Total Control Account recordkeeping and draft clearing.
- A TCA generally is not available if your claim is less than \$5,000, you reside in a foreign country, or if the claimant is a corporation or similar entity.
- We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
- To learn more about TCA, please call us at 800-638-7283 (*TDD callers: 800-229-3037*) or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6100, Scranton, PA 18505-6100, Attention: TCA.

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

Claim 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.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

Life insurance claim form

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

Things to know before you begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.
- You may have to send us other documents with this claim. See the list in *Section 6: How to submit this form*.



Please correct and initial any errors on the form.

SECTION 1: About you

Tell us in what capacity you're making a claim (*check one*):

- Individual beneficiary
 Representative of a trust, estate or other organization

Your relationship to the person who died (*check one*):

- Spouse/Partner
 Parent
 Child
 Trust/Estate/Charity
 Other (*please explain*) _____

Your name (*first, middle, last*) - Please print your name the way you want it to appear on your payment.

First	Middle	Last
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Maiden or other names (*if applicable*) _____

Mailing address (*Street number and name, apartment or suite*) _____

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

<input type="checkbox"/> Phone number	<input type="checkbox"/> Cell phone number	<input type="checkbox"/> Email address
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I consent to receive claim status e-mails and text messages as indicated above.

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

Have you signed a document with a funeral home that authorizes us to make a payment directly to them? This document is usually referred to as a funeral home assignment.

No Yes – If yes, please send us a copy of the document with this claim form.

Trust/Estate/Other Organization name (<i>if applicable</i>)	Date of Trust (<i>mm/dd/yyyy</i>)
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Tax Identification Number (*Trust, Estate, or other Organization*) _____

Claimant name from Section 1 -

First name

Middle name

Last name

SECTION 2: About the deceased

Name *(first, middle, last)*

First

Middle

Last

Maiden or other names *(if applicable)*

Residence address *(Street number and name, apartment or suite)*

City

State

ZIP code

Date of birth *(mm/dd/yyyy)*

Date of death *(mm/dd/yyyy)*

Social Security number

Marital status *(check one)*

Single

Married

Divorced

Separated

Widow/widower

SECTION 3: About the insured

Same person as the deceased

Name *(first, middle, last)*

First

Middle

Last

Employer name

SECTION 4: Tell us how you want to receive your claim payment

Total Control Account helps your beneficiaries manage life insurance proceeds through a life settlement option that provides an account for them to access to their funds.

Check one:

You'd like us to put your payment into a Total Control Account that we'll open for you.

You'd like to receive a check for your payment.

- For more information about the Total Control Account, please read "About the Total Control Account."
- Keep in mind that once you receive a check you cannot get a Total Control Account.
- If your payment is less than \$5,000, or you are not a U.S. citizen or resident for tax purposes, we will automatically pay you by check.
- If you do not select a payment option, in most states you will receive a Total Control Account, unless MetLife is required by state law, rule or regulation to pay you by check.

Claimant name from Section 1 -

First name

Middle name

Last name

SECTION 5: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

**If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 28% withholding with respect to taxable amounts.



Signature of person making the claim

Date signed (mm/dd/yyyy)

Claimant name from Section 1 -

First name

Middle name

Last name

SECTION 6: How to submit this form

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

- A death certificate.** We require a copy of the death certificate. The funeral director taking care of the funeral arrangements can usually provide a copy of the death certificate. **We only require one death certificate** – if you're aware of another claimant who's sending one, you don't have to send it.
- If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.
- If the beneficiary is the estate and you are a representative of an estate, a copy of the appointment papers issued by the courts.
- If the beneficiary is a trust and you are a trustee, a statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.
- If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

6B. Submission instructions

Unless you have been advised of different instructions by the administrator/employer, return this claim form and the documents you've checked off above in the envelope included with this package, or mail/fax them to:

Mail:

I.A.T.S.E. National Health & Welfare Fund
417 Fifth Avenue
3th Floor
New York, NY 10016-2204

Fax:

646-783-7650



If faxing, please remember to fax both front and back sides of the claim form.

Please note: Upon receipt of completed claim, most claims are forwarded and reviewed by MetLife within 5 business days

We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-456-FUND (3863).

Our Participant Service Center is open Monday through Thursday, 9:00 a.m. to 5:00 p.m. and Friday to 4:30 p.m.

About Electronic Stating

MetLife provides electronic stating as a convenience to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving electronic statuses.

By agreeing to the terms of this Agreement, you are consenting to receive claims statuses in one or more of the following ways:

1. When a change has been made to your claim, we will send you an email advising you that we have made such a change;

Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of claim statuses by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of claim status messages by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates.

We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Customer Service Department.

Delivering the Promise®

Personal help for beneficiaries provided by trained specialists

We're here to help you receive all the benefits you're entitled to as quickly — and as smoothly — as possible.

Our *Delivering the Promise* program provides extra assistance as you file your claim. It is available to you at no cost as part of the services MetLife provides to beneficiaries.

Professional, caring guidance in challenging times

You may feel overwhelmed by all the things you need to manage during this time. A *Delivering the Promise* Specialist can help make things easier for you by:

- Helping you submit your life insurance claim so we can process it as quickly as possible
- Answering questions about your options for receiving your life insurance proceeds
- Addressing unexpected issues that come up while we're processing your claim
- Identifying important financial issues that may need your attention
- Assisting you with filing claims for insurance from other companies
- Helping identify and file for government and/or employer benefits you may be eligible for
- Finding local grief management services and other resources that may be helpful to you at this time

You can reach the National Benefit Funds Office by calling 800-456-FUND (3863).