

MetLife

Group Life claim

How to get in touch:

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MetLife
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Sunderland
SR5 9RB

Completing the form

Do not use this form if your policy benefits are assigned to the MetLife Master Trust.

1. It is important that all sections of this form are completed. If there is any missing information, this will delay the time it takes for us to process the claim.
2. We can confirm most deaths on-line. We only require you to send us the death certificate if:
 - the member died overseas (original certificate needed); or
 - the death has been registered in the last 10 calendar days (certified copy of the certificate needed).
 - If a coroner is involved and the only available certificate is the coroner's interim death certificate, you will need to send us a certified copy of this certificate.
3. Usually, we do not need to see evidence of earnings. We only need this evidence if:
 - the deceased member did not appear on the most recent membership data sent to MetLife; or
 - there has been a change of 5% or more in the salary declared on the membership data for the deceased.

The definition of earnings for your policy is outlined in your policy schedule. Please check this and provide a payslip or P60 from the relevant period, including evidence of fluctuating emoluments if relevant.
4. The claim form must be signed by at least one authorised signatory for the scheme. A second signatory is necessary only where your trust rules require it. If the person signing the claim form has not previously been confirmed to MetLife as an authorised signatory, we will need a completed authorised signatory form.
5. MetLife is the data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, www.metlife.co.uk.
6. If you need help completing the claim form, please contact the MetLife claims team using the details above. The team can also tell you more about our free confidential bereavement and probate service.

About the employer's group life scheme

Scheme name

Policy number

Employer name (if different from scheme name)

Membership category as applicable (please see your policy schedule for the categories under your policy)

About the employer's group life scheme

Name

Date of birth

D D M M Y Y Y Y

Occupation

Date of death

D D M M Y Y Y Y

Location of death

Cause of death

Last date at work (if the deceased was not working at the time of death)

D D M M Y Y Y Y

Date of joining the company

D D M M Y Y Y Y

Date of joining the scheme

D D M M Y Y Y Y

Reason for any delay in joining

About the claim

Is your claim for:

1. a multiple of earnings? Yes No If yes, please state:

- the earnings on which the benefit is based (as defined in your policy schedule): £
- the multiple of earnings you are claiming:

2. a fixed amount? Yes No If yes, please state:

Total amount claimed: £

Payment details

We usually make payment to the dedicated trustee bank account. Please provide bank details for this account:

Bank / Building Society name

Address

City

Postcode

Account number

Sort code

-

-

If you wish us to make payment to a different bank account (e.g. direct to beneficiaries), you will need to complete the attached authorisation and discharge form.

Declaration by the Trustees

We declare that:

- the information disclosed in this claim form is true, accurate and complete;
- the deceased member was employed by the insured employer at date of death.

Authorised signature

Authorised signature

Printed name

Printed name

Role

Role

Date

Date

D D M M Y Y Y Y

D D M M Y Y Y Y

(To be completed if your Trust Rules require a second signatory)

Check List

- Death certificate (if needed)
- Evidence of earnings (if needed)
- Updated authorised signatories form (if applicable)
- Signed Payment Authorisation and Form of Discharge (if applicable)

Payment Authorisation and Form of Discharge

Only to be completed if you wish to instruct MetLife to make a payment other than to your dedicated trustee bank account.

Trustee name

Address

Postcode

(the "Trustees of the Scheme")

Group Life Assurance Scheme (the "Scheme")

(the "Deceased")

Policy Number: (the "Policy")

On behalf of the Trustees of the Scheme, and following MetLife's assessment and verification of the claim, we hereby instruct MetLife to make the payment of £ [] payable in accordance with the Policy in respect of the death of [] (the "Deceased") to the beneficiary, or beneficiaries, to the account(s), and in the proportion(s) described in the Payment Instructions below.

We certify that the amount to be paid by MetLife is in accordance with the provisions of the Scheme. The Trustees of the Scheme hereby indemnify MetLife against any liabilities, costs or expenses whatsoever that may be suffered, incurred or sustained, whether directly or indirectly, as a result of us being in breach of our authority and as a result of our instructions. We confirm that the payment of £ [] is made in full and final settlement of the claim in respect of the death of the Deceased and that on payment the Trustees of the Scheme discharge MetLife from all future claims and liabilities in respect of the death and the claim including any costs and expenses.

SIGNED for and on behalf of the Trustees of the Scheme

Authorised signature

Authorised signature

Printed name

Printed name

Job title

Job title

Date

D D M M Y Y Y Y

Date

D D M M Y Y Y Y

(To be completed if your Trust Rules require a second signatory)

Payment Instructions

Beneficiary 1 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 2 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 3 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 4 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

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