

Your guide to Group Life claims

This guide is designed to be used primarily by employers and/or trustees with support from a financial intermediary for making a claim under a MetLife Group Life policy. Where the employer participates in the MetLife Master Trust, please contact our claims team directly for further information, as requirements will differ.

This document is intended to provide you with a guide to the claim process, and should answer any questions you might have about what will happen. You should continue to refer to the policy terms and conditions and policy schedule for exact details of the coverage that the policy provides and the meanings of the definitions used.

What cover does my policy provide?

Your MetLife Group Life policy insures some or all of your liability in respect of the life cover you have promised to your employees as part of their employee benefits package.

The policy terms and conditions and your policy schedule will set out what is covered under your MetLife Group Life policy.

The policy benefit payable in respect of the death of an insured member of the scheme will likely be either a multiple of salary or a fixed lump sum depending on what you have selected.

When can I make a claim under the policy?

You are able to make a claim on the death of an eligible employee, eligible partner, discretionary entrant or late retiree. Please notify us or your financial intermediary as soon as possible. The claims team can be contacted directly on **0800 917 1222** or via email at **ebclaims@metlife.uk.com**.

When should I submit the claim forms?

The claim forms should be submitted as soon as possible to ensure the timely assessment of the claim. For a Registered Group Life claim, this must be within 2 years of the death occurring. In any event, they should be submitted as soon as the employer or trustee would have reasonably known of the eligible employee, eligible partner, discretionary entrant or late retiree's death.

What forms will need to be completed and what other documents will I need to submit?

The following has to be submitted when making a claim:

1. Claim form completed and signed by two authorised signatories.
2. The original Death Certificate. A certified copy is also acceptable, this must be certified by a financial intermediary, senior company member, solicitor etc.
3. Authorised signatories form, should there be any change from the original list of signatories provided on the proposal form or previous authorised signatories form.
4. Salary evidence (if your scheme is insured on a multiple of salary basis) – this is needed to support income against the definition of insured earnings applicable to your policy. Please read your policy terms and conditions to ensure the right evidence is provided. Generally we will require a copy of a payslip at the date of death. If the employee was in receipt of sick pay we will require evidence of their full pay prior to their first day of absence.
5. Death Abroad Questionnaire – if the death occurred abroad we may require additional evidence depending on the circumstances of the claim. We will advise you of the exact requirements as part of the claim process.

How will we process the claim?

When the claim form is received, the forms and supporting documentation will be passed to one of our specialist Claims Assessors. Your dedicated Claims Assessor will then undertake the preliminary processing of the claim. This includes eligibility checking and their initial assessment. They will then formally acknowledge the claim to you.

For some claims, it can on occasions be necessary to request further evidence (in addition to the claims form). When this is deemed necessary, your Claims Assessor will confirm what additional evidence has been requested and from whom.

How long will it take for the claim to be processed?

Our service standard is to process and assess each piece of evidence and respond to you within 5 working days of receipt. This will include our preliminary process and assessment when the claim forms are submitted and any reassessment of the claim following receipt of any additional evidence. If the claim is submitted in line with the terms and conditions of the policy and all relevant documents are received, we will assess the claim and confirm our claim decision or our further requirements within 3 working days of receipt.

How can I help in the processing of the claim?

You can greatly help the claim process by:

- Ensuring that all claim forms are fully completed and these together with any other documentation are submitted to us promptly.
- Responding to our request for additional evidence promptly.

If the claim is accepted how will payments of benefit be made?

The claim payment will be made by cheque or direct transfer into the nominated bank account, and should be payable to the scheme trustees. However, if the company does not have a trustee bank account in place, please contact the Claims Department to discuss this and we will arrange an alternative form of payment. Claims for dependant's pension benefit will be paid directly to the dependant's bank account monthly in arrears.

What happens if the claim is declined?

If a claim is declined, we will call you and explain our decision. We will follow this up in writing to provide you with a full and thorough explanation as to why we have made the decision. We will also provide you with full details of what options are available to you should you wish to appeal the decision.

Where can I obtain further help or information?

If you need any further help or information please contact us on:

Telephone: **0800 917 1222**

Fax: **01273 872397**

Email: **ebclaims@metlife.co.uk**

Address: **MetLife Group Claims,
Invicta House, Trafalgar Place, Brighton
BN1 4FR**

Website: **www.metlife.co.uk**

0800 917 1222

ebclaims@metlife.co.uk

metlife.co.uk

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