

TO ASSURE PROMPT CONSIDERATION OF YOUR CLAIM ALL QUESTIONS MUST BE ANSWERED FULLY.

**COMPLETE FOR ALL CLAIMS**

NAME OF EMPLOYEE (Please Print)		EMPLOYEE'S ADDRESS (No., Street, City, State, Zip Code)			DATE OF BIRTH
EMPLOYEE NO. (If Employee has Number, it must be entered)	SOCIAL SECURITY NO.	OCCUPATION		PHONE NO.	
NAME OF RAILROAD		RAILROAD DIVISION	DEPARTMENT	LOCATION (City and State)	
GIVE DATE LAST WORKED / /	IF NOT ACTIVELY WORKING SHOW REASON(S):	<input type="checkbox"/> DISABLED/SICK	<input type="checkbox"/> FURLOUGH	<input type="checkbox"/> LEAVE OF ABSENCE	<input type="checkbox"/> RETIRED
		<input type="checkbox"/> RESIGNED	<input type="checkbox"/> PREGANCY	<input type="checkbox"/> SUSPENDED	<input type="checkbox"/> DISMISSED <input type="checkbox"/> VACATION

NAME OF UNION - Show the union which officially represents the crafts of class of employees in which you are working, regardless of whether you personally belong to the union.

**Claimant's Statement** Please complete this form and return it to MetLife with the original or certified copy (evidenced by the discernible raised seal) of the Death Certificate.

1. Cause of Death  Accident  Sickness

2. Marital Status of Deceased  Single  Married  Widowed  Divorced  Separated

3. Date of Death of Deceased \_\_\_\_\_

4. If death certificate is not attached state why \_\_\_\_\_

5. Beneficiary Name (Print) \_\_\_\_\_ Beneficiary Soc. Sec. No. \_\_\_\_\_ Beneficiary Date of Birth \_\_\_\_\_

State your relationship to the Deceased  Spouse  Child  Other \_\_\_\_\_ Your Sex  M  F  
(Explain)

Under penalty of perjury, I certify that I have given my correct Social Security Number and I have not been notified by the Internal Revenue Service that I am subject to a Back-Up Withholding Order on the interest and dividends. (If you have been so notified, cross out the word "not.")

Date \_\_\_\_\_ Beneficiary Signature \_\_\_\_\_  
(Use your given first name-Do not use, i.e., Mrs. John Doe If Signature is by mark, witness must sign following mark)

Mailing Address (Print) \_\_\_\_\_  
(Number and Street) (City and Town) (State) (Zip Code)

Phone Number Day ( \_\_\_\_\_ ) Evening ( \_\_\_\_\_ )  
(Area Code) (Area Code)

6. If you reside outside the United States are you a U.S. Citizen?  No  Yes

Return form to:  
MetLife  
P.O. Box 6122  
Utica, NY 13504-6122

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 and subjects such person to criminal and civil penalties.