



Name and contact information of agent completing the form:

Name: _____ Phone: _____

E-mail: _____ Agency and location: _____

<p>Complete the template with all of the requested information below. Upon completion, use the "Submit by Email" function at the bottom of the form to email the claim form via secure email to RES_Claimant_Mailbox@metlife.com. This should generate an email and attach the form. You will need to type in the Member's First/Last Name in the subject line following the #secure#. For example, the subject line should read: "#secure# MetLife Claim Form State of IL 29500 for: John Smith". ***If for any reason the "Submit by Email" function does not generate an email appropriately, you can save the form and email it directly to the email address listed, however you still must type "#secure# MetLife Claim Form State of IL 29500 for <Member's First/Last Name>" in the subject line.</p>	<p>Use this column to fill in your answers (use drop-down box options when provided)</p>
Claim is for: Member or Dependent	
Employee Information (always needed, even for dependent claims)	
First Name, Middle Initial, Last Name, Suffix	
Member SSN	
Gender (male/female)	
Date of Birth (mm/dd/yyyy)	
Date of Death (mm/dd/yyyy)	
Address, City, State, ZIP Code, Country	
Dependent Information (if filing a claim for a Dependent)	
Dependent's Relationship to Insured	
Dependent SSN	
First Name, Middle Initial, Last Name, Suffix	
Gender (male/female)	
Address, City, State, ZIP Code, Country	
Date of Death (mm/dd/yyyy)	
Employment Information	
Employee Type (Full Time, Part Time, Retiree)	
Employee Type Code	
Last Day of Premium Paid (mm/dd/yyyy)	
Base Annual Earnings	
Base Annual Earnings Effective Date (mm/dd/yyyy)	
Was Life Insurance Cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide reason:	
Assignment - Was ownership of the policy given to someone else?	
Employer Information	
Employer Name	State of Illinois
Enter Agency, University, or Retirement System	
Contact First Name, Last Name	
Address, City, State, ZIP Code, Country	



Coverage Information	
Did the EE increase coverage in the last 2 years? <i>If yes, proof will need to be submitted with claim.</i>	
Did the loss occur while the insured was on a business trip?	
Coverage Information - Basic Life	
Basic Life Coverage Amount	
Basic Option Description:	
Basic Life Coverage Amount Effective Date (mm/dd/yyyy)	
Is the date coverage ended the same as date of loss?	
Coverage End Date (mm/dd/yyyy)	
Coverage Information - Optional Life (if applicable)	
Optional Life Amount	
Option Description: Multiple of Annual Base Salary	
Optional Life Amount Effective Date (mm/dd/yyyy)	
Is the date coverage ended the same as date of loss?	
Coverage End Date (mm/dd/yyyy)	
Coverage Information - Optional Life AD&D (if applicable)	
Optional AD&D Amount	
Option Description	
Optional AD&D Amount Effective Date (mm/dd/yyyy)	
Is the date coverage ended the same as date of loss?	
Coverage End Date (mm/dd/yyyy)	
Coverage Information - Dependent Life (if applicable)	
Dependent Life Amount	
Option Description	
Dependent Life Amount Effective Date (mm/dd/yyyy)	
Is the date coverage ended the same as date of loss?	
Coverage End Date (mm/dd/yyyy)	
Informant Information (if applicable)	
Do you have informant information you wish to provide?	
If yes, provide Name, Address, Phone Number of Informant	
Are you aware if a funeral home assignment has been completed? If yes, provide info to MetLife	