



Who receives the FEGLI life insurance benefits?

The law states that FEGLI benefits will be paid in the following manner:

If the deceased did not assign ownership and there is no valid court order on file with the employing agency or the Office of Personnel Management (OPM) (if retired), then the Office of Federal Employees' Group Life Insurance (OFEGLI) (an administrative office of MetLife) will pay:

- First, to the beneficiary(ies) the insured validly designated
- Second, if none, to the insured's widow or widower
- Third, if none of the above, to the insured's child or children and descendants of any deceased children (a court will usually appoint a guardian to receive payment for a minor child)
- Fourth, if none of the above, to the insured's parents in equal shares, or the entire amount to the surviving parent
- Fifth, if none of the above, to the court-appointed executor or administrator of the insured's estate
- Sixth, if none of the above, to the insured's other next of kin, entitled under the laws of the state where the insured lived


If the insured did not assign ownership and there is a valid court order on file with the agency or the U.S. Office of Personnel Management (OPM), as appropriate, OFEGLI will pay benefits according to the court order.


If the insured assigned ownership of his/her life insurance to someone else (generally by filing an RI 76-10, Assignment form), then OFEGLI will pay:


- First, to the beneficiary(ies) the assignee(s) validly designated
- Second, if none, to the assignee(s)

Things to know before completing this form

- Only use this form for the death of a Federal employee, annuitant, or compensationner.
- If you are filing a claim for a dependent, use form FE-6 DEP.
- Each claimant/ beneficiary is required to complete their own form.
- Provide all of the information requested, so OFEGLI may process your claim as quickly as possible. 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 *Return Section on page 2*
- If you have not previously notified the employing agency or OPM (if retired) of the death, please contact the appropriate office. The easiest way to report the death of a Federal retiree is online at: www.opm.gov/reportdeath or you can report the death by calling OPM at 1-888-767-6738.

 A valid signature in section H is required for this claim to be processed.

 Please correct and initial errors on the form.

 You will have to choose how to receive the life insurance benefit:

- A Total Control Account[®] in your name (you may select this option if your benefits are \$5,000 or greater), or
- A check that we mail to you

Please read About the Total Control Account (Page 3) for details. Indicate your choice on Page 7 when completing the claim form. If you do not choose an option and your benefits are \$5,000 or greater, a MetLife Total Control Account will be established in your name and your payment will be deposited on your behalf.



We're here to help

Scan the QR code to visit MetLife.com/FEGLIeducation for more information and FAQs.



Return

A. Things to know before you begin

- **Death Certificate.** We require a certified copy of the death certificate with the cause and manner of death. The funeral director taking care of the funeral arrangements or your state bureau of vital statistics can usually provide a certified copy of the death certificate. **We only require one certified 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 insured was an active employee and died in an accident, and you're making an accidental death benefit claim, proof of the accident - police reports and other supporting documents.
- If you are filing this claim on behalf of the estate, a copy of the appointment papers issued by the court.
- If a trust is designated, a notarized statement that the trust is still in effect and you are authorized to act under the trust, and a copy of the trust document. If you are not the original trustee, a copy of the page naming you as successor trustee.
- If you are submitting the claim as Power of Attorney for the beneficiary, a copy of the POA papers for the beneficiary must be submitted.

**If you have questions, or need help completing this form, call OFEGLI at 1-800-633-4542.
We're available Monday - Friday, from 8:30 a.m. to 4:00 p.m. ET.**

B. Submission instructions

Return this claim form and the necessary documents to:

Standard Mailing Address:

OFEGLI
PO Box 6080
Scranton, PA 18505-6080

Overnight Address:

OFEGLI
10 Ed Preate Drive
Moosic, PA 18507



If a certified death certificate has already been submitted, you may fax your claim form to OFEGLI at: 570-558-8659

Providing you with security and confidence to manage your insurance proceeds

MetLife's Total Control Account[®] (TCA) can reduce the worry of having to make financial decisions while grieving the loss of a loved one. We pay the full amount owed to you by placing the proceeds from your life insurance claim into the TCA to provide you the time you need to best decide how to use your funds. TCA is comparable to an interest-bearing checking account, but it's so much more...

Benefits of your TCA:

Immediate access to funds

- Earn interest from day one
- Guaranteed minimum interest of 0.50%¹
- No need for a separate bank account

Ongoing support and service

- Dedicated US-based customer service team
- View current balances, recent statements and transactions any time via our online portal

Valuable account features

- No monthly maintenance or service fees*
- No ATM fees or charges for writing drafts, reordering drafts or making withdrawals

Simple and flexible

- Fee-free Visa debit card/ATM card
- Ability to link to popular payment apps/services such as PayPal[®], Venmo[®] or Square CashSM
- Transfer funds from your TCA at any time without fees through ACH and bank to bank wires

* Special services fees may apply only for the following: draft copies (\$2), stop payment of drafts (\$10), overdrawn TCA (\$15), and overnight delivery service (\$25).

You can email TCA customer service at TCAService@metlife.com or call us at 1-800-638-7283. We're available Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET.

Easy to set up and manage:

1. File your claim and receive proceeds

Once your claim is approved, MetLife will place the insurance proceeds into the new TCA account and send out an informational TCA Welcome Kit immediately.

2. Access funds easily

Access your insurance proceeds immediately through either the TCA Visa debit card or by writing a draft. You can use your TCA debit card at the ATM, with PayPal, Venmo or Square Cash. With your TCA debit card, there's no minimum transaction amount and any fees you incur using your TCA debit card are credited right back to your account! If you prefer drafts, you can access your funds in any amount of \$250² or more. You can use your TCA account to pay your bills on-line or by phone and even set up recurring payments for things like your mortgage, car payment, gym membership and more!

3. Manage your account

Receive monthly account statements³. You can also designate a beneficiary for your new TCA account, as well.



We're here to help

Scan the QR code to visit [MetLife.com/FEGLIeducation](https://www.metlife.com/FEGLIeducation) for more information and FAQs.

**Please see 'Other Important TCA Information' on page 8.*

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Your Name

Part A. Information about the insured (Complete this section to the best of your ability.)

1. Insured's full name (Last) (First) (Middle) 2. Date of birth (mm/dd/yyyy) 3. Date of death (mm/dd/yyyy)
4. Social security number or FEGLI claim number 5. Department or agency in which last employed, including bureau or division
6. At the time of death, was the insured retired under any federal civilian retirement system?
7. At the time of death, was the insured receiving Federal Worker's Compensation benefits?

Part B. Information about the insured's marriages

1. How many times was the insured married? Please list all of the insured's marriages below.
2. Give the name of each spouse (include ALL marriages) 3. How did the marriage end? (Check one in each case) 4. When did the marriage end? (mm/dd/yyyy)

Part C. Information about your marriages (Complete only if you are the insured's widow or widower)

1. Date of marriage (mm/dd/yyyy) 2. Place of marriage (City and State) 3. Marriage was performed by:
4. Were you divorced from the insured at the time of death? 5. If you were divorced from the insured, give the date (mm/dd/yyyy) and place of divorce
6. How many times were you married? Please list all of your marriages below.
7. Give the name of each spouse (include ALL marriages) 8. How did the marriage end? (Check one in each case) 9. When did the marriage end? (mm/dd/yyyy)

Part D. Information about the insured's next of kin

(Everyone must complete Part D unless you are the insured's widow or widower)

1. Did the insured have any living children on the date of their death? Yes No* If Yes, how many

Please list the insured's living children below. Note that step-children are not eligible.

*(a) If the insured has no children, list the insured's parents; if one or both parents died before the insured, provide their name(s) and date(s) of death.

(b) If the insured has no children, and both parents died before the insured, list the next of kin who may be capable of inheriting from the insured (*brothers, sisters, descendants of deceased brothers, sisters, etc.*). Additional sheets can be used if needed.

| Name | Age | Relationship to the insured | Full address |
|------|-----|-----------------------------|--------------|
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2. Did the insured have any children who died before their date of death? Yes No If Yes, how many

Please list any children who died before the insured. If any of the children who died before also have children (insured's grandchildren), list them below as well and indicate the parent who was the insured's child. Indicate if the deceased child had any children. Additional sheets can be used if needed.

| Name | Relationship to the insured | If relationship is child, did the child have any children? If Yes, how many? | Age | Full address |
|------|---|--|-----|--------------|
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |
| | <input type="checkbox"/> Child <input type="checkbox"/> Grandchild | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ | | |

Part E. Information about the insured's estate (Complete if the insured's estate is entitled)

Has a court issued, or is it expected to issue, a document appointing an executor or administrator of the decedent's estate? Yes No

| | | |
|------------------------------------|-------|----------|
| Name | | |
| Address (number, street, apt. no.) | | |
| City | State | ZIP Code |

If yes, give their name and address and attach a copy of the court appointment papers.

Part F. Additional information

Have you signed a document with a funeral home that authorizes us to make a payment directly to them? Yes No
This document is usually referred to as a funeral home assignment. (If yes, please send us a copy of the document with this claim form.)

Are you claiming accidental death benefits (*did the insured die solely through violent, external, and accidental means*)? If "Yes", submit coroner's and police reports, news clippings, and any other available reports concerning the accident. OFEGLI cannot consider a claim for such benefits if the insured separated or retired before the accident. Yes No



Part G: Tell us how you want to receive your claim payment

Send a check to the name and address listed in Part H of this claim form.

I want the convenience and security of a *Total Control Account*[®] (TCA).

**Please see page 3 for additional information about Total Control Account[®].*

FEGLI death benefits are not subject to Federal income tax, but the interest that OFEGLI pays on those benefits is subject to such tax. OFEGLI will report all interest payments to the Internal Revenue Service (IRS).

Part H - Information about you (Everyone must complete and Sign)

| | | | |
|---|-----|-----------------------------|--|
| Name <i>(please print)</i> | | Relationship to the insured | Date of birth |
| Address <i>(number, street, apartment number)</i> | | | City |
| State | Zip | Phone number | Social security number or Estate/Trust/Tax ID# |

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- 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.

¹*You must cross out Item 2 below 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.*

²*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out Item 3 below, and complete form W-8BEN (individuals) or W-8BEN-E (entities).*

Under penalties of perjury, I certify:

1. That the number shown as my Social Security Number in "Part H: Information about you" is my correct taxpayer identification number, and
2. That I am NOT subject to backup withholding because: (a) 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 and dividends, or (b) I am exempt from backup withholding, 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 Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person* and the account is located within the United States.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Your Signature *Everyone must sign this form*

(If you are completing this claim form for someone else as a Power of Attorney or Guardian, sign your name "on behalf of" that person.)

Today's Date

Warning - If you knowingly and willfully make any materially false, fictitious, or fraudulent statement or representation on this form, or conceal a material fact related to the requests for information on this form, you may be subject to a monetary fine or imprisonment for not more than five years, or both under 18 U.S.C. 100

Some services in connection with your FEGLI claim may be performed by MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. OFEGLI must pay the life insurance benefits to the beneficiary according to Federal law, as described in the enclosed Order of Payment document.

Please return pages 5 through 7 to OFEGLI

Other important TCA information

- You will receive a draftbook when your TCA is established. You can use a single draft to access the entire amount, including interest, in the TCA at any time 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.
- The assets backing TCAs are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCAs and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to the Total Control Account will never fall below the guaranteed minimum rate.
- While your TCA is similar to a checking account, it is a draft account not a bank account. Your Total Control Account is backed by the financial strength of MetLife. While the funds in your account are not insured by the Federal Deposit Insurance Corporation, they are guaranteed by your state insurance guaranty 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.**
- 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 two indices monitored by MetLife. We calculate interest daily and compound it, so you earn interest on your interest. The interest is added to your account monthly.
- 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.
- The interest earned may be taxable. We recommend you consult a tax, investment, or other financial advisor regarding tax liability and investment options.

¹Refer to your Customer Agreement for more details.

²Processing time is similar to check processing.

³If your account has no activity, we'll send you a statement once every three months. Each statement, whether monthly or quarterly, will include the current account balance, the interest credited, any drafts written, and any other account activity.

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs).