



## Completing this form

Please complete this *Statement of Claim - Option C* form by following the instructions on the form. **Only use this form for the death of a dependent. If you are filing a claim for the death of a Federal employee, annuitant, or compensationner, user form FE-6.** Provide all of the information requested so OFEGLI may process your claim as quickly as possible. If you have questions, or need help completing this form, call OFEGLI at **1-800-633-4542**. Our Customer Service Center is open Monday through Friday, 8:30 a.m. to 4:00 p.m. Est.

## Payment options

If your total benefits are \$5,000 or greater your life insurance proceeds will be paid out to a Total Control Account® in your name. If you would prefer to receive a check, you can select it on page 4. If your total benefits are less than \$5,000 your proceeds will be paid out to you in the form of a check.

For more information on the Total Control Account please read About the Total Control Account (Page 2).

## Return

In addition to this claim form, you must send a certified copy of the deceased's death certificate that contains the cause and manner of death. You can get the death certificate from your city or state's Bureau of Vital Statistics or equivalent agency. MetLife cannot process your claim until it receives the certified death certificate. MetLife will let you know if it needs anything else.

## Claimant submission instructions

**Please do not send your claim form and other documents directly to MetLife/OFEGLI.** This claim form should not be sent to MetLife/OFEGLI until the certification on Page 5 has been completed by your employing agency/OPM.

- **If you are an active employee**, send everything to your employing office.
- **If you are retired or receiving Federal Workers' Compensation benefits**, send everything to:

Office of Personnel Management (OPM)  
Retirement Operations Center  
Attention: FE-6 DEP  
Boyers, PA 16017

## Instructions to the employing agency/retirement system

- Complete Part D of this claim form.
- If the claim requires that you determine eligibility for foster children or disabled children older than age 22, first review the definition on Page 5 and then complete Part D of this claim form. Please note that MetLife does not need the background documentation
- Send the completed claim form and certified death certificate to:

OFEGLI  
PO Box 6080 Scranton,  
PA 18505-6080

Overnight address: OFEGLI  
10 Ed Preate Drive  
Moosic, PA 18507

## Providing you with security and confidence to manage your insurance proceeds

MetLife's Total Control Account<sup>®</sup> (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%<sup>1</sup>
- 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<sup>®</sup>, Venmo<sup>®</sup> or Square Cash<sup>SM</sup>
- 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](mailto: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 \$250<sup>2</sup> 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 statements<sup>3</sup>. 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.



**Statement of Claim - Option C**  
Family Life Insurance  
Federal Employees' Group Life Insurance (FEGLI) Program



**Part A: Information about you (Insured)**

First name	Middle Initial	Last Name	Date of birth (mm/dd/yyyy)	Social Security Number

Department or agency in which last employed, including bureau or division	Location of last employment (City, State, Zip Code)

Are you retired and receiving a monthly annuity under any Federal civilian retirement system?

If "Yes", provide the Claim number (CSA, CSF, CSI) \_\_\_\_\_

Yes     No

If "Yes", provide the effective date of retirement (mm/dd/yyyy) \_\_\_\_\_

\*Special Note: Social Security monthly payments are not Federal civilian retirement annuities.

**Part B: Information about the deceased family member**

Deceased's First name	Middle initial	Last Name	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)	Social Security Number (Optional)

**If this claim is for your spouse, complete this section**

Date of marriage (mm/dd/yyyy)	Place of marriage (City and State)	Were you divorced from the deceased at the time of death?  Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage was performed by:		If you were divorced, provide the date of divorce: _____
Clergy or Justice of the Peace <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		

**If this claim is for your child, complete this section**

Child's marital status:  <input type="checkbox"/> Single  <input type="checkbox"/> Married	Child's relationship to you: <i>See below for definitions of relationships</i>  <input type="checkbox"/> Legitimate child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child <input type="checkbox"/> Recognized natural child	<input type="checkbox"/> Foster child <input type="checkbox"/> Disabled dependent child 22 yrs. or over <input type="checkbox"/> Other (Specify) _____
If the deceased was a stepchild, recognized natural child, or foster child, was the child living with you at the time of death?  <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	If the deceased was a recognized natural child and was not living with you at the time of death, did you provide financial support for the child?  <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	

**Glossary of terms**

**Legitimate child, adopted child, and stepchild** means a child born within a marriage; an adopted child; a stepchild or foster child who lives with you in a regular parent-child relationship; or a recognized natural child. It does not include a stillborn child or a grandchild (unless the grandchild qualifies as a foster child).

**Recognized natural child** means a child born outside of marriage. An insured individual is considered to be the father of such a child under the following conditions - the individual acknowledged paternity in writing; a court ordered the individual to provide support; before the individual died, a court pronounced the individual to be the father; the individual names them-self as the father on a certified copy of the public record of birth or church record of baptism; or public records, such as records of schools or social welfare agencies, show that - with the individual's knowledge - the individual was named as the father of the child.

**Foster child** means a child who is unmarried and under age 22 (if the child is over age 22, they must be incapable of self-support because of a physical or mental disability that existed before age 22); who lives with you; who has a parent-child relationship with you, not the child's biological parent; who is dependent upon you for their primary source of financial support; and whom you expect to raise to adulthood

**Disabled dependent child 22 yrs. or over** means a child must be unmarried and under age 22 or, if age 22 or over, must be incapable of self-support because of a physical or mental disability that existed before the child reached age 22.

**Regular parent-child relationship** means that you exercise parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care.



**Part C: Select a method to receive your payment**

Please SELECT ONE method of settlement in order to receive your payment. By selecting below, you confirm that you have read the enclosed materials on both FEGLI payment options.

<input type="checkbox"/> <b>Check</b> A check will be mailed to you	<input type="checkbox"/> <b>Total Control Account (TCA)</b> A Total Control Account® in your name (you may select this option if your benefits are \$5,000 or greater)
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**Please read About the Total Control Account (Page 2) for details. 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.**

*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 D: Your Certification**

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

<sup>1</sup>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.

<sup>2</sup>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 D: Your Certification" 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.*



<b>Your Signature</b> <small>Everyone must sign this form</small> <i>(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.)</i>	Today's Date
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**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. 1001

The remainder of this claim form is to be completed by your employing agency/OPM. Please send pages 2-4 which were completed by you (the insured) to your agency, or OPM if retired, along with page 5 (certification) which they will complete, and a certified copy of the death certificate. Once the certification on page 5 has been completed your agency/OPM will send all of the documents to OFEGLI for processing.



**Part E: Employing Agency/OPM Certification of Insurance Status**

*Please note: This section is to be completed by an authorized agency representative or OPM.*

Insured's Name \_\_\_\_\_

- If the insured is an active employee then the agency will need to complete items 1,2, and 4 through 8
- If the insured is a retired employee or compensationner then OPM will need to complete items 1 through 8

1. Did the insured have Option C on the date of death of the family member? No  Yes

If "Yes" provide effective date of election \_\_\_\_\_  
 (mm/dd/yyyy)

If "Yes" mark the box to show the number of multiples  1  2  3  4  5

2. Did the insured indicate in Part B - Item 11 that the deceased was a foster child or disabled dependent child? No  Yes

If "Yes" do you certify that the child qualifies for Option C coverage? No  Yes

**If the insured is retired or receiving compensation, complete items 3a. through 3c.**

3a. What is the effective date of the insured's retirement or receipt of compensation? \_\_\_\_\_  
 (mm/dd/yyyy)

3b. What is the insured's date of birth? \_\_\_\_\_  
 (mm/dd/yyyy)

Number of multiples for full reduction  1  2  3  4  5

3c. What was the insured's Option C election?  
 Number of multiples for no reduction  1  2  3  4  5

4. Agency Name \_\_\_\_\_

Agency Phone Number \_\_\_\_\_

5. Agency Mailing Address \_\_\_\_\_

Number, Street \_\_\_\_\_

City, State, ZIP code \_\_\_\_\_

***I certify that the information I gave in Part E of this form is correct and that I obtained it from the employee's/retiree's/compensationner's official records.***

6. Name of authorized agency official (Please Print) \_\_\_\_\_

7. Signature of authorized agency official (Do not print) \_\_\_\_\_

8. Date signed \_\_\_\_\_  
 (mm/dd/yyyy)

Once pages 3-4 have been completed by the insured, and page 5 has been certified by the agency, please send this claim form and a certified copy of the death certificate to:

OFegli  
 P.O. Box 6080  
 Scranton, PA 18505-6080



**Statement of Claim - Option C**  
Family Life Insurance  
Federal Employees' Group Life Insurance (FEGLI) Program



**What should i do if I no longer want Option C - Family Life Insurance?**

- **If you are an active employee**, contact your employing office's servicing human resources office.
- **If you are retired or receiving Federal Workers' Compensation benefits**, writeto:

Office of Personnel Management (*OPM*)  
Retirement Operations Center  
Attention: Annuity Adjustment Section  
Boyers, PA 16017

Please include your retirement or compensation claim number and be sure to sign your letter

## 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](http://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.

<sup>1</sup>Refer to your Customer Agreement for more details.

<sup>2</sup>Processing time is similar to check processing.

<sup>3</sup>If 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).

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