Claim for Death Benefits
Federal Employees' Group Life Insurance (FEGLI) Program
(To file an Option C-Family Benefits claim, use form FE-6 DEP)

MetLife

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 compensationer.
- 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 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.

While your TCA is similar to a checking account, it is a draft account not a bank account. MetLife has contracted with the Bank of New York (BNY) to provide draft processing and record keeping services. A TCA provides you with management over the funds from your claim and it is our standard claim payment method. The funds are immediately available to you and start earning interest the same day your account is established. A TCA account offers a smart, safe way to grow your funds and the fastest way to access your funds. Please see page 3 of this form to learn more about MetLife's Total Control Account.

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 under a Power of Attorney (POA) instrument 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

C. About TCA Digital Welcome Package

MetLife\OFEGLI provides TCA Digital Welcome Package as a convenient option to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving TCA Digital Welcome Package. By agreeing to the terms of this Agreement, you are consenting to receive your TCA Welcome Package in one or more of the following ways:

1. When your claim has been adjudicated, we will send you an email advising you that your Digital Welcome Package is ready. Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of your TCA Digital Welcome Package by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of your TCA Digital Welcome Package by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates. We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling OFEGLI at 1-800-633-4542.

Total Control Account®

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 website

Valuable account features

- Start earning interest immediately at a competitive interest rate that is often higher than what many traditional banks pay on savings and checking accounts[2]
- 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®, Cash App®, Apple Pay®, and Google Pay™
- Transfer funds from your TCA at any time without fees through ACH and bank to bank wires

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 7:00 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 funds into the new TCA and send out an informational TCA Welcome Package.

2. Access funds easily

Access your insurance funds immediately through either the TCA Visa debit card or by writing a draft. You can use your TCA debit card at the ATM, add it to Google Pay or Apple Pay, or link your TCA to PayPal, Venmo and Cash App. 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. 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

Quarterly statements will be issued for this account[3]. 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** for more information and FAQs.

Please see 'Other Important TCA Information' on page 4.

Other important TCA information

1. **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. There are no limits on the number of drafts you can write. Processing time is similar to check processing.**
2. **There is no minimum payment amount required for a beneficiary to establish a TCA account.**
3. **If you do not want to receive your payment in the form of a TCA, you may request a check as an alternative to TCA by writing "check" beneath "Your Signature" on the enclosed claim form.**
4. **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 listed in the welcome package.**
5. **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.**
6. **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.**
7. **There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no charges for ordering additional drafts.**
8. **If there is no activity on your account for a period of time, state regulations may require that we contact you at the address we have on file. If we aren't able to reach you, we may be required to close your account and transfer the funds to the state.**
9. **You may designate one or more beneficiaries to receive the balance of your TCA, if any, upon your death.**
10. **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.**
11. **We use the services of The Bank of New York, 500 Ross Street, Pittsburgh, PA 15215, for Total Control Account draft clearing, electronic transfer, debit card processing and recordkeeping.**
12. **You may move all or a portion of your Account balance into any other settlement option for which you then qualify, provided your Account balance is above the minimum balance requirement.**
13. **We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.**
14. **The interest earned may be taxable. We recommend you consult a tax, investment, or other financial advisor regarding tax liability and investment options.**

To learn more about TCA, please call us at 1-800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6300, Scranton, PA 18505-6300.

[1]*Refer to your Customer Agreement for more details.*

[2] *Typical Savings Account and Money Market Account rates from FDIC: National Rates and Caps* (www.fdic.gov/resources/bankers/national-rates/index.html).

[3]*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).

© 2026 MetLife Services and Solutions, LLC

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?

☐ Yes ☐ No ☐ Unknown

If "Yes", provide the Claim number *(CSA/CSF/CSI)* _____

7. At the time of death, was the insured receiving Federal Worker's Compensation benefits?

☐ Yes ☐ No ☐ Unknown

If "Yes", provide the effective date of 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.

Include yourself if you were married to the insured at the time of their death

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)*
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	

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:
		☐ Clergy or Justice of the Peace ☐ Other *(specify)*

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
☐ Yes ☐ No	

6. How many times were you married? ☐

Please list all of your marriages below.

Include the insured if you were married to the insured at the time of their death

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)*
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	
	☐ Death	☐ Divorce	

Your Name

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

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
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ No		
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ No		
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ No		
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ No		
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ No		
	☐ Child ☐ Grandchild	☐ Yes _____ ☐ 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

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

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

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: How you will receive your payment

The payment method for your claim will be through the establishment of a Total Control Account (TCA). A hardcopy TCA Welcome Package will arrive within 7-10 business days and contain information about your account and will include features, benefits, and a draft book. Our standard and quickest payment method is the Total Control Account.

As an alternative, a payment can be made in the form of a paper check if requested. Please see instructions on page 4.

Debit Card Option

☐ **Check here if you would like us to send you a free TCA Visa® debit card.*** The TCA debit card is safe, secure, convenient, and free. We cover all fees charged by ATMs or networks (including transactions, balance inquiries, and out-of-network surcharges). You can use the card in-store or online to pay for anything, as you would with any other debit card. Note: The Debit card will be mailed separately from your TCA package.

Digital TCA Option – "Fastest Way to Receive your Claim Payment!"

☐ **Check here if you would like to receive your claim benefit payment even faster by way of a digital TCA package.** An electronic message will arrive within **two business days** to initiate the process. The digital feature is an alternative to the hardcopy TCA package described above. Please provide your email address and/or mobile phone number to initiate this digital TCA option. Please see page 2 section C for additional details.

Email Address_____ Mobile Phone Number_____

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).

*Not all accounts qualify for a debit card. Generally, estates, guardians, conservators, trusts, powers of attorney, minors and certain other Accountholders cannot obtain a debit card.

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

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

Remember to sign your form on the next page

Your Name

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.

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.

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*

Today's Date

(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.)

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.

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 8 to OFEGLI