



METCL0201

American Life Insurance Company

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Individual Life Death Claim Form

(This form must be filled out by the beneficiary¹, that means the person or persons to whom the insurance amount is payable. If there is more than one beneficiary, a separate blank form will be filled out for each.)

Policy Number(s): _____
(Please mention numbers of all MetLife policies possessed by the policyholder)

Part 1: Deceased's Information

1. Deceased's Name: _____
2. Date of Death: _____
3. Place of Death: _____
4. Cause of Death: _____

Part 2: Beneficiary's Information

1. Name: _____
2. Present Contact Address: _____
3. Mobile/ Phone Number: _____ Alternate Mobile/ Phone Number: _____
4. E-mail: _____

Authorization

I hereby certify that the foregoing statements are full and true to the best of my knowledge and I hereby authorize all physicians, hospitals, clinics, pharmacists, laboratories, employers and any institution or any other person who has any record or information about the deceased person to provide MetLife (American Life Insurance Company) any and all information with respect to medical history, consultation, prescription or treatments and copies of all hospital or medical records. Any copy of this authorization shall be taken as original.

Beneficiary's Signature: _____ Date: _____

Please fill this section if the Beneficiary is Minor

Name of the Claimant: _____ Signature: _____
Relationship with the Beneficiary: _____ Date: _____

Please attach following documents with this Claim Form
1. Death Certificate:

Original or attested photocopy of Death Certificate issued by Licensed Private Hospital/ Government Hospital where the deceased was treated, or original or attested photocopy of Death Certificate issued by the Municipal Body, either from the Health Department of City Corporation/ Local Union Parishad Chairman/ Ward Commissioner/ Councilor (on his/her Official Printed Letterhead).

2. Age Proof:

Both Insured² person and Beneficiary's Age Proof must be submitted; if Insured Person and Policyholder³ is different person, then Policyholder's Age Proof must be submitted also. Any of the following documents is accepted as Age Proof:

- Photocopy of National ID Card
- Photocopy of Passport
- Photocopy of Driving License
- Photocopy of Certificate of S.S.C or equivalent examinations

3. The Policy Document :

Original Policy Document must be attached with this form unless it is already possessed by the company.

4. In case of Accidental Death, following additional documents are required:

- Photocopy of Autopsy (Post-Mortem) Report from the concerned Forensic Medicine Department/Police Station, or, copy of Magistrate's or Police Station Officer-in-Charge's permission for burial without conducting post mortem (where applicable).
- Photocopy of Police Report (FIR/ Final Police Report, if available).
- Newspaper cutting (if any).

N.B Company may ask for additional information and documents, if deemed necessary.

¹ Beneficiary: The person who is named to receive the life insurance policy benefit
² Insured: The person whose life/health/liability is insured under a life insurance policy
³ Policyholder: The person/entity who purchases or owns the policy