

American Life Insurance Company

MetLife Building, 18-20 Motijheel C.A.
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Group Life Death Claim Form

Policyholder's Name:
Group Policy Number: BGL-
Insured's I.D Number:

Policyholder will fill-up this section

1. Name of Insured ² _____
2. Address of Insured: _____
3. Insured's Date of Birth: _____
4. Date of Death of Insured : _____
5. Cause of Death of Insured: _____
6. Coverage Effective Date: _____
7. Insurance Amount: _____
8. Date last worked full time: _____

Details of the Beneficiary nominated by the insured (if applicable)

1. Name of Beneficiary : _____
2. Relationship with the Insured : _____
3. Date of Birth : _____
4. Address : _____
5. Mobile/Phone Number : _____ Alternate Mobile/ Phone Number: _____
6. Signature: _____ Date: _____

Authorization

We hereby certify that the foregoing statements are full and true to the best of our knowledge and hereby authorize, on behalf of the Insured, all physicians, hospitals, clinics, pharmacists, laboratories, employers and any institution or any other person who has any record or information about the deceased Insured covered under the Group Policy 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 the original copy.

Policyholder's Statement

We hereby warrant that such Group Insurance was in force at the Date of Death and that the said insured was enrolled continuously from the date insurance on the life was enforced to the date of death. As per our record, the above Beneficiary is entitled to receive death benefit against the mentioned I.D number.

Policyholder's Authorized Person's Signature & Seal: _____

Date: _____

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 Health Department of City Corporation/ Local Union Parishad Chairman/ Ward Commissioner/ Councilor (on his/her Official Printed Letterhead)

2. Age proof:

Both Insured person and Beneficiary's Age Proof must be submitted. 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. 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).

4. For claims against Credit Life policies, following additional documents are required:

- Photocopy of the initial application for loan or credit card.
- Transaction details/Statement showing bank or card account's outstanding balance as on the date of death.

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

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