



American Life Insurance Company
 MetLife Building, 18-20 Motijheel C.A.
 P.O. Box 9, Dhaka-1000, Bangladesh

Tel : (880-2) 9561791
 Fax : (880-2) 9558682
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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 policyholder³)

Part 1: Deceased's Information

1. Deceased's First Name : _____ Last Name : _____
 2. Date of Death :

D	D	M	M	Y	Y	Y	Y
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 3. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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 4. Cause of Death : Natural Accidental Homicidal Suicidal Others _____
 5. Place of Death : _____

Part 2: Beneficiary's Information & Authorization

1. First Name : _____ Last Name : _____ 2. Nationality : _____ 3. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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 4. Contact Address : House/Village : _____ Road No. : _____ Block No. : _____ Post Office : _____
 Police Station : _____ District/City : _____ Country : _____
 5. Mobile/ Phone Number :

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 6. e-mail : _____
 7. Bank Account Name : _____ 8. Bank & Branch : _____
 9. Bank Account Number :

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 10. Routing Number :

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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 : _____
 * Payment to mentioned bank account is subject to approval⁴ of the claim.

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 :**
 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).
 * The above mentioned documents are also applicable for death of beneficiary.
- 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 Birth Certificate ● Photocopy of National ID Card ● Photocopy of Passport ● Photocopy of Driving License
 - Photocopy of Certificate of S.S.C or equivalent examinations
 - If the insured is minor please attach photocopy of Birth Certificate of the child or any one of the above mentioned age proofs.
- 3. Original Policy Document :**
 Original Policy Document must be attached with this form unless it is already possessed by the company.
- 4. Photocopy of blank MICR cheque leaf/ Bank Statement of beneficiary(ies)**
- 5. Treatment Papers (if available) :**
- 6. 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 GD (if available)
 - 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
 4. Upon approval of the claim the approved amount will be sent via EFT. Otherwise, account payee cheque will be issued and delivered to mentioned address.