



Metropolitan Life Insurance Company  
Group Life Claims  
Telephone Number: 1-800-638-6420

Dear Beneficiary:

We at MetLife are sorry for your loss. To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® Money Market Option, to give you the time you need to best decide how to use your insurance or annuity proceeds.

The insurance or annuity contract may have provided other settlement options for payment of the proceeds. Unless the contract owner or insured preselected a specific method of settlement, your right to choose any of these other settlement options is preserved while your money is in a Total Control Account. If a settlement option was preselected for you, more information will be provided as your claim is processed.

If the amount of proceeds payable to you is \$7,500 or more, a Total Control Account will usually be established in your name once your claim is approved, unless a different settlement option was selected. You will receive a personalized “checkbook” and a kit that includes a Customer Agreement and gives you additional information regarding your Account. By using one of your personalized “checks,” you can draw a draft on your Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While your money is in a Total Control Account, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by writing one of your checks. You are not charged for checks, there are no transaction or monthly fees, and there are no penalties for withdrawing all or part of your money.

We hope that the Total Control Account will help you rest a little easier knowing that your money is safe, earning a competitive interest rate, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the Total Control Account provided in this folder.

If you have further questions about the Account, you can call MetLife’s Customer Services Center at its toll-free number, 1-800-MET-SAVE (1-800-638-7283). Hearing impaired callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037.

Once again, we extend our condolences and assure you that we will make every effort to help you in every way we can.

**The TOTAL CONTROL ACCOUNT® Money Market Option**  
**Designed to Put *You* in Complete Control of Your Life Insurance Proceeds**

**The Total Control Account provides ...**

**SAFETY**

- The entire amount of your Account, including all interest earned, is fully guaranteed by MetLife.

**COMPETITIVE RATES**

- The Account earns interest at money market rates that are responsive to current market conditions.
- Interest is compounded daily and credited monthly. (Generally, the interest earned will be subject to income tax.)

**FREE CHECKING**

- You can write checks from a minimum amount of \$250 up to the full amount in the Account at any time.
- There are no monthly service or transaction charges. There is no charge for printing or reordering checks.

**CONVENIENCE**

- A personalized checkbook provides you with easy and immediate access to the funds.
- You will receive a monthly statement, showing all transactions, interest earned and the balance in the Account.

**FLEXIBILITY**

- You can withdraw all or part of your money at any time, without penalty or loss of interest.
- There are no limits on the number of checks you can write each month.
- You can name a beneficiary to receive money held in the Account, in case something happens to you.

**FULL SERVICE**

- Service Representatives are within easy reach to answer any questions you may have—just call toll-free Monday through Friday, from 8:00 A.M. to 6:00 P.M., Eastern Time, at 1-800-MET-SAVE (1-800-638-7283). Callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037.

**TIME TO DECIDE**

- Your rights to elect all other available MetLife settlement options are preserved. You may, at any time, place some or all of the money in your Account in any other available option.
- MetLife has a range of settlement options for you to choose from, including Guaranteed Interest Certificates. You will receive complete information on all settlement options which are available to you along with the Total Control Account checkbook.

**The Total Control Account gives you:**

**Safety • Security • Convenience • Flexibility**  
**Free Checking • Competitive Interest**

If the proceeds payable to you are less than \$7,500, or you reside in a foreign country, or the claimant is a corporation or similar entity, — and the insured did not designate a settlement option, payment is usually made by a single, lump-sum check. If the insured designated an alternative settlement option, that designation will be carried out. In this case, more information will be provided to you as your claim is processed.



**EMPLOYER'S STATEMENT—To Be Completed by an Authorized Company Representative. Please Print or Type.**

|                        |                              |                              |      |                                   |        |               |
|------------------------|------------------------------|------------------------------|------|-----------------------------------|--------|---------------|
| Social Security Number | Date of Death<br>Mo. Day Yr. | Date of Birth<br>Mo. Day Yr. | Last | Name of Insured Employee<br>First | Middle | Sex<br>M or F |
|------------------------|------------------------------|------------------------------|------|-----------------------------------|--------|---------------|

Name of Employer **City of Tallahassee**

Division or Subsidiary and Location \_\_\_\_\_

|                      |                              |               |                                    |      |                                     |        |   |
|----------------------|------------------------------|---------------|------------------------------------|------|-------------------------------------|--------|---|
| Dependent Claim Only | Date of Birth<br>Mo. Day Yr. | Sex<br>M or F | Amount of Dependent Life Insurance | Last | Name of Deceased Dependent<br>First | Middle | Relationship<br>Spouse _____<br>Child _____ |
|----------------------|------------------------------|---------------|------------------------------------|------|-------------------------------------|--------|---|

The employee is the only beneficiary allowed for dependent claims.

|  |             |            |   |                                |   |  |  |     |     |     |
|--|-------------|------------|---|--------------------------------|---|--|--|-----|-----|-----|
| <b>Notice:</b> Be sure to consider any reduction formula applicable to each type of Life Benefit in force when entering the amount of Life Benefits for which claim is made. |             |            |   | <b>Complete the Following:</b> |   |  |  |     |     |     |
| Report Number  | Sub Code    | Branch     | Type of Life Benefits<br>Check applicable box(es) | Amount                         | Employee is: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried or<br><input type="checkbox"/> Union <input type="checkbox"/> Non-Union or <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt |  |  |     |     |     |
| <b>98014</b>   | <b>0001</b> | <b>001</b> | <input type="checkbox"/> Optional Life*           | _____                          | Base Annual Earnings \$ _____ As of Date: <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table>   |  |  | Mo. | Day | Yr. |
| Mo.  | Day         | Yr.        |   |                                |   |  |  |     |     |     |
|  |             |            |   |                                | Did the employee increase coverage more than one benefit level at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate Date <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table>    |  |  | Mo. | Day | Yr. |
| Mo.  | Day         | Yr.        |   |                                |   |  |  |     |     |     |
|  |             |            |   |                                | Check if Settlement Option instruction is attached <input type="checkbox"/>   |  |  |     |     |     |

\*Optional Life includes Supplemental Life, Additional Life and Voluntary Life Benefits.  
\*\*For more information concerning Group Universal Life coverage, please call 1-800-523-2894.

**Please complete information below:**

Active Employee: Enter the effective date of amount of insurance being claimed 

|     |     |     |
|-----|-----|-----|
| Mo. | Day | Yr. |
|-----|-----|-----|

Retired Employee: Date retired 

|     |     |     |
|-----|-----|-----|
| Mo. | Day | Yr. |
|-----|-----|-----|

For employees who were not actively at work, please indicate status of employee at date of death (select one item):

Regular Retiree  Retiree Due to Disability  Terminated Due to Disability  Terminated For Any Other Reason

Leave of Absence/Layoff/Sick Leave  Disabled (not terminated or retired)

On what date did the employee last work? 

|     |     |     |
|-----|-----|-----|
| Mo. | Day | Yr. |
|-----|-----|-----|

 Reason for stopping \_\_\_\_\_

Was the employer-employee relationship terminated before death?  No  Yes Date 

|     |     |     |
|-----|-----|-----|
| Mo. | Day | Yr. |
|-----|-----|-----|

 Reason \_\_\_\_\_

Was life insurance cancelled?  No  Yes Date 

|     |     |     |
|-----|-----|-----|
| Mo. | Day | Yr. |
|-----|-----|-----|

Was a Total and Permanent Disability claim ever filed with MetLife for this employee?  No  Yes Approval Number: \_\_\_\_\_

**Survivor Income Benefit:** If the deceased employee qualified for Survivor Income Benefits, and such benefits are covered by MetLife, specify if the claim  is attached, or  will follow.

Signature of Employer's Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Send check or Total Control Account Package:

Directly to Beneficiary(ies)

Other: \_\_\_\_\_

Please attach any enrollment forms and beneficiary designations you retained. If a beneficiary is deceased, a copy of his or her death certificate is required. If you have any questions please contact the MetLife administrator responsible for your group.