



**Statement Of Review For Group Life Insurance
During Disability – Bridge Form**

Metropolitan Life Insurance Company
PO Box 14632
Lexington, KY 40512-4632
Fax Number 315-792-6600

Group Name :	Group Number:
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Instructions for completing the form:

1. Complete the Coverage Information portion of the form.
2. Please sign and return the form to MetLife.

This statement should be completed by someone who is familiar with the employee's potential eligibility for Premium Waiver, Continued Insurance, or Total Permanent Disability.

Important: If MetLife does not maintain your Group Life records, please attach all enrollment forms, beneficiary designation, and any other forms in the life insurance file.

Employer Information										
Name of Employer							E-Mail Address:			
Address		City			State		Zip Code			
Employee Information (Must be Completed)										
Name (Last, First, MI):										
Last		First		MI		Social Security #			Date of Birth	
						/ /			/ /	
Address		City			State		Zip Code			
Coverage Information										
*An amount of insurance needs to be reported for each Employee, Spouse, and/or Dependent Coverage claimed. As the insurance amounts are equal, per each dependent, please list ONE amount of insurance on Dependent Coverage line. This amount would apply to EACH dependent qualifying as of the effective date of claim.										
Coverage	Employee, Spouse, or Dependent?	Amount of Insurance as of Date Last Worked	Report Number	Sub Code Number	Branch Number	Employee Life Insurance Effective Date	Date Insurance Amount Last Changed	Cancellation Date (if any)	Premium Payments Terminated? (Yes/No)	Has Policy converted to an Individual Policy? (Yes/No)
Basic Life	<input type="checkbox"/> Employee	\$								
	<input type="checkbox"/> Spouse	\$								
	<input type="checkbox"/> Dependent?*	\$								
Supplemental/Optional Life	<input type="checkbox"/> Employee	\$								
	<input type="checkbox"/> Spouse	\$								
	<input type="checkbox"/> Dependent?*	\$								
GUL	<input type="checkbox"/> Employee	\$								
	<input type="checkbox"/> Spouse	\$								
	<input type="checkbox"/> Dependent?*	\$								
Basic Annual Earnings as it applies to Life Insurance: \$ _____										
Does your company provide retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No										
If "Yes," please answer these questions: Type of Benefit: <input type="checkbox"/> Normal <input type="checkbox"/> Disability										
Does the employee qualify? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", date on which employee would qualify? _____										

Employer's Authorized Representative:

Name _____ Title _____ Phone # _____

Signature _____ Date Signed _____

FRAUD WARNINGS

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Fraudulent insurance act. No person shall, with intent to defraud: present or cause to be presented a claim for payment or benefit, pursuant to any insurance policy, that contains false representations as to any material fact or which conceals a material fact; or present or cause to be presented any information which contains false representations as to any material fact or which conceals a material fact concerning the solicitation for sale of any insurance policy or purported insurance policy, an application for certificate of authority, or the financial condition of any insurer.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.