The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

Claimant's Affidavit Form

CLAIM NUMBER: _____

INSURANCE INFORMATION

Group Life Insurance Plan of: _____

Group Policy Number: _____

Name of Insured (last, first, middle initial): _____

SSN of Insured: _____

NOTE: This affidavit may be completed by any of the surviving relatives listed below or by the duly appointed estate representative (the "claimant"). The claimant must complete all parts of this affidavit. If the claimant is the insured's widow or widower, please attach a copy of the marriage certificate. If the claimant is being completed by a legal guardian on behalf of a minor child, please attach the certified certificate of authority or other documentation appointing the guardian. If the claimant is being completed by the estate representative, please attach the certified certificate of appointment or other documentation appointing the estate.

This affidavit is intended to enable MetLife to make payment in accordance with the beneficiary provision of the Plan.

DECLARATION

State of: _____ County of: _____ ss: _____

I, _____, being duly sworn, state that, to the best of my knowledge,

the following information is true:

Part A: Information about the <u>claimant</u>

SSN: _____ Date of Birth: _____

Name of Claimant (last, first, middle initial): _____Title: _____

Address: _____ City_____ State _____ ZIP_____

Relationship to the insured: _____

Part B: Information about the <u>insured</u>

How many times was the insured married? _____

Name of spouse: _____

How was the marriage terminated? [ ] death [ ] divorce [ ] annulment Date of termination: _____

Name of spouse: _____

How was the marriage terminated? [ ] death [ ] divorce [ ] annulment Date of termination: _____

Name of spouse: _____

How was the marriage terminated? [ ] death [ ] divorce [ ] annulment Date of termination: _____

ACKNOWLEDGMENTS

I understand and agree that payment of the proceeds of the insured's group life insurance coverage under the Plan will be issued either to myself in full, distributed amongst the surviving relatives of the insured, or paid to the insured's estate, in accordance with the terms of the Plan. I further release MetLife, the Employer, and the Plan from any further liability in consideration of such payment.

The below statement is applicable to you if the insured was covered under a policy issued in a state other than those listed below or if you reside outside New York and the insured was covered under a policy issued in New York:

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 factual material thereby commits a fraudulent insurance act. A fraudulent insurance act is a crime, and the person is subject to criminal and civil penalties.

The below statements are applicable to you if the insured was covered under a policy issued in the state of:

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

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

Virginia:
Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement may have violated state law.

New York:
I know that it is a crime to fill out this form with facts I know are false or to withhold facts I know are important. I know that if I do this, I may also have to pay a civil penalty of up to $5,000 plus the value of the claim.

NOTARY

Notary's Signature _____ Date: _____

Notary's Stamp:

SIGNATURE

Claimant's Signature _____ Date: _____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.