MetLife®

Me a Lfe I a ce C a

CII LB CLM 3.0/PC

[NW]

SECTION D: I c
Use the space below to provide any special instructions (e.g., requesting that your claim proceeds be sent to an address other than the address of record).

(C ed F •Pa•e)

F a d Wa (continued) **:**

O e a d Ve : A e e a fa e a e f c a f a ce a be f a c a ffe e a d b ec e a e de a e a .

P e R c : A e a d e d e fa d c de fa e f a a a ca f a ce e , a abe , f a f a d e c a b a a e f a be e , e e c a f a e da a e, c a fe a d f f d be ed f eac , a e f e a d a ($5,000), e ceed e a d a ($10,000); ed f a ed e f e (3) ea , b f a a a c c a ce e , ed a e a be c ea ed a a f e (5) ea ; a d f a c c a ce a e e , a e a be ed ced a f (2) ea .

Te a : A e e a fa e f a d e c a f e a e fa f a c e a d a be b ec e a d c e e a e .

Pe a a a d a e a e : A e a d e d e fa d a a ce c a e e a a c a f a ce a e e f c a c a a e a fa e f a , c c ea f e e f ead ; f a c ce a fac a e a e e c a f a d e a ce ac , ac e a d b ec c e c a a d c e a e .

Ce ca a d S a e:

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I have read the applicable Fraud Warning(s) provided in this form. **Ne Y Re de :** A e a d e d e fa d a a ce c a e e a a c a f a ce a e e f c a c a a e a fa e f a , c c ea f e e f ead ; f a c ce a fac a e a e e , c a f a d e a ce ac , a

MetLife®

Me a L fe I a ce C a
A : C ca I e I a ce Se ce Ce e

HIPAA: T A a bee ca ef a d ec ca d af ed e d c e f a f a c e ac e ad ed a d b e e a e ded b U ed S a e De a e f Hea d H a Se ce a Hea a ce P ab a d Acc ab Ac f 1996 (HIPAA).

I c f c e :

1. **C e e a a cab e a ea f f .**
2. **If a e A ed Re e e a e, c de a c f e a d c e ( ) a a ac C a a ' be f.**
3. **S f .**
4. **Fa e f a a b e e ed e ce f c a - e a a f ec d .**

Y ef a c e e a d f a affec e b f be e de c ca e a ce c .

P ea e / de e e /a ed ca d c e a a ed be .
H a d Med ca D c e a eeded ba ed c d c ed: • Full Benefit Cancer – Pathology Reports, surgical reports and TMN Stage: ____________ • Partial Benefit Cancer – Pathology Reports, surgical reports and TMN Stage: ____________ • Coronary Artery Bypass Surgery – Open heart surgical reports • End Stage Kidney Failure – Kidney Specialist records or dialysis records • Heart Attack – All of the following: Hospital Summary, EKGs, Cardiac Enzymes. If completed, provide any of the following: Thallium Scans, Muga Scans, Stress echocardiogram, Cardiac Catheterization Report • Bone Marrow, Heart or Major Organ Transplant – Surgical Report and Clinical Records • Stroke – Documented Neurological deficits, Neuroimaging studies, Clinical Records and Documentation of deficits 30 days post event. • Listed Conditions - Specialist records, Lab results, Records showing observation of signs, symptoms and tests that led to the Diagnosis of the Listed condition.
Med ca P /de S a e a d Med ca S ec a : Please Print Your Name: ____ Phone Number:____________________ Signed:________________________________ Medical Specialty: ____________________ Date:______________ Address:____ Street City State Zip Code