

Freedom of Information Act Request

Date of Request: _____

Name & Title of Requestor: Chase National Corp - Claims

Funeral Home's and/or Finance Company's **must** provide the following:

Business Name: CHASE NATIONAL CORP
Business Address: 105 S. Commercial St., Suite 2, Harrisburg, IL 62946
Business Phone No.# 618-252-2824
Business Fax Number: 618-252-2226
Point of Contact: Chase National Corp - Claims

Submit Written Requests To:

FOIA Requests
US Office of Personnel Management
Retirement Operations Center
PO Box 45
Boyers, PA 16017

Submit Faxed Requests to:

Survivor Processing Section
Attn: FOIA Requests

Fax: (724) 794-1112

The following request for information pertaining to the deceased Federal Employee Group Life Insurance coverage is being made under the Freedom of Information Act (FOIA). This information is necessary to finalize funeral arrangements and/or to secure an assignment of benefits.

In order to release the requested information we must have proof of death (i.e. a death certificate, obituary notice from a local newspaper which includes the name of the deceased and the deceased date of death, or a copy of the funeral expenses which includes name of the deceased and the deceased date of death) **and a signed release form from the designated beneficiary / beneficiaries, next of kin, or a subpoena duces tecum signed by a judge.**

Deceased Name: _____

Deceased Date of Birth: _____

Deceased Social Security# _____

Deceased Claim Number: _____

Deceased Date of Death: _____

Release Form

Date of Request: _____

Name of Requestor: _____

This is in reference to the death of _____
(name of deceased)

who passed away on _____, I authorize
(date of death)

the Office of Personnel Management to release the life insurance information that is checked below to CHASE NATIONAL CORP for the sole purpose of funeral arrangements.

- Verification that the deceased has a life insurance death benefit
- Verification that I am designated as the beneficiary or eligible to receive death benefit
- Approximate amount of the life insurance death benefit that I am eligible to receive

Please note:

The Office of Federal employees' Group Life Insurance is responsible for determining what life insurance death benefits under the Federal Employees' Group Life Insurance Program are payable and to whom.

Printed Name

Relationship to deceased

Signature

Address

Phone Number



Instructions

General

The Metropolitan Life Insurance Company (MetLife) pays claims for the Federal Employees' Group Life Insurance (FEGLI) Program through its administrative office, the Office of Federal Employees' Group Life Insurance (OFEGLI). "I" and "you" refer to the individual completing this form.

How do I complete this form?

- Read the instructions carefully.
- Please type or print legibly in ink.
- Complete parts A, B, C, and page 3.

What else do I have to submit?

In addition to this claim form, you must send a certified copy of the deceased's death certificate that contains the cause and manner of death. You can get the certificate from your city or state's Bureau of Vital Statistics or equivalent agency. MetLife cannot process your claim until it receives the certified death certificate. MetLife will let you know if it needs anything else.

What should I do if I need help completing this form?

If you need help in completing this form, you may contact MetLife/OFEGLI's customer service representatives, toll-free, at 1-800-OFE-GLIA (1-800-633-4542).

Where do I send this form and other documents?

Please do not send your claim form and other documents directly to MetLife/OFEGLI.

- If you are an active employee, send everything to your employing office.
- If you are retired or receiving Federal Workers' Compensation benefits, send everything to:

Office of Personnel Management (OPM)
Retirement Operations Center
Attention: FE6-DEP
Boyers, PA 16017

How will I receive benefits?

If your claim is for less than \$5,000, MetLife will mail you a check.

If your claim is for \$5,000 or more, you must choose one of two payment options: (1) a check, or (2) a MetLife Total Control Account (TCA), an interest bearing account set up in your name and administered by MetLife. This account is not insured by the Federal Deposit Insurance Company (FDIC). The choice is yours. See Page 2 for details. See Page 3 to make your selection.

What should I do if I no longer want Option C-Family Life Insurance?

- If you are an active employee, contact your employing office's servicing human resources office.
- If you are retired or receiving Federal Workers' Compensation benefits, write to:

Office of Personnel Management (OPM)
Retirement Operations Center
Attention: Annuity Adjustment Section
Boyers, PA 16017

Please include your retirement or compensation claim number and be sure to sign your letter.

Instructions to the employing agency/retirement system

- Complete Part D of this claim form.
- If the claim requires that you determine eligibility for foster children or disabled children older than age 22, first review the definitions on page 5 and then complete Part D of this claim form. Please note that MetLife does not need the background documentation.
- Send the completed claim form and certified death certificate to:
MetLife, OFEGLI, P.O. Box 6512, Utica, NY 13504-6512



Claim for Death Benefits
Federal Employees' Group Life Insurance (FEGLI) Program



Part 1: Select Method to Receive Your Payment

Please **SELECT ONE** method of settlement in order to receive your payment. By selecting below, you confirm that you have read the enclosed materials on both FEGLI payment options (Check and MetLife Total Control Account).

Check

Your payment will be sent via the U.S. Postal Service to the address you enter below.

MetLife Total Control Account (TCA)

You are eligible for a MetLife TCA if your payment is for \$5,000 or more. *MetLife TCA is not a bank account and is not FDIC-insured.* See Page 2 for more details.

If no box is checked above (and your payment is \$5,000 or more), a MetLife Total Control Account will be established in your name and your payment will be deposited on your behalf.

Part 2: Enter the Following Information to Receive Payment

Please complete, in ink, the information below. This information is needed to send you a check or to open your MetLife Total Control Account. Even if this information is provided elsewhere on this form, you must also provide it here.

Your signature									
Your name <i>(please print)</i>									
Address <i>(number, street, apartment number)(P.O. Box is NOT acceptable)</i>									
City, State, ZIP Code									
Your Social Security Number or Estate/Trust/Tax ID Number									
Date <i>(mm/dd/yyyy)</i>		Daytime telephone number () Area Code				Evening telephone number () Area Code			

Please return pages 3 through 5 to OFEGLI



Statement of Claim — Option C
Family Life Insurance
Federal Employees' Group Life Insurance (FEGLI)



Part A. Information about You

1. Your name (Last) (First) (Middle)	2. Date of birth (mm/dd/yyyy)	3. Social Security Number
4. Department or agency in which last employed, including bureau or division	5. Location of last employment (City, state, ZIP code)	
6. Are you retired and receiving a monthly annuity under any Federal civilian retirement system? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide the Claim number (CSA, CSF, CSI) _____ *Special Note: Social Security monthly payments are not Federal civilian retirement annuities. If "Yes", provide the effective date of Retirement _____ (mm/dd/yyyy)		

Part B. Information about the Deceased Family Member

1. Deceased's full name (Last) (First) (Middle)	2. Date of birth (mm/dd/yyyy)	3. Date of death (mm/dd/yyyy)
Complete Items 4 through 9 if this claim is for your spouse		
4. Date of marriage (mm/dd/yyyy)	5. Place of marriage (City and state)	6. Marriage was performed by: <input type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (specify) _____
7. Were you living with the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Were you divorced from the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce. (City and state)
Complete Items 10 through 13 if this claim is for your child		
10. Child's marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	11. Child's relationship to you <input type="checkbox"/> Legitimate child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild <input type="checkbox"/> Recognized natural child	<input type="checkbox"/> Foster child <input type="checkbox"/> Disabled dependent child 22 yrs. or over <input type="checkbox"/> Other (Specify) _____
12. If the deceased was a stepchild, recognized natural child, or foster child was the child living with you at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	13. If the deceased was a recognized natural child and was not living with you at the time of death, did you provide financial support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain on separate sheet)	

Part C. Your Certification

If your claim is for less than \$5,000, MetLife will mail you a check. If your claim is for \$5,000 or more, you must choose one of two payment options. See Page 2 for details. See Page 3 to make your selection. FEGLI death benefits are not subject to Federal income tax, but the interest that MetLife pays on those benefits is subject to such tax. MetLife will report all interest payments to the Internal Revenue Service.	Your name (Please print)
	Address (Number, street, apt. no.)
	City, State, ZIP code
	Your Social Security Number or Estate / Trust / Tax ID Number

Under penalty of perjury, I certify:

1. That the number shown on this form is my correct taxpayer identification number; and
 2. That I am NOT subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding.

If you are currently subject to backup withholding, check this box:

3. I am a U.S. citizen or a U.S. resident for tax purposes. Check one: Yes No

If you are not a U.S. citizen or resident for tax purposes, we will send you a W-8BEN that you are required to complete to certify your foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

My signature (Do not print) _____ () _____ () _____
 Area Code Daytime telephone no. Area Code Evening telephone no.

Warning – If you knowingly and willfully make any materially false, fictitious or fraudulent statement or representation on this form, or conceal a material fact related to the requests for information on this form, you may be subject to a monetary fine or imprisonment for not more than five years, or both, under 18 U.S.C. 1001.

Part D. Employing Agency/OPM Certification of Insurance Status

<p>• Employing agency completes items 1, 2 and 4 through 8 for Active Employees</p> <p>• OPM completes all items 1 through 8 for Retirees and Compensationers</p>		
<p>1. Did the insured have Option C on the date of death of the family member? No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes" provide effective date of election _____ (mm/dd/yyyy)</p> <p>If "Yes" mark the box to show the number of multiples <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>	<p>2. Did the insured indicate in Part B - Item 11 that the deceased was a foster child or disabled dependent child? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If "Yes" do you certify that the child qualifies for Option C coverage? No <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>If the insured is retired or receiving compensation, complete items 3a. through 3c.</p>		
<p>3a. What is the effective date of the insured's retirement or receipt of compensation? _____ (mm/dd/yyyy)</p> <p>3b. What is the insured's date of birth? _____ (mm/dd/yyyy)</p>	<p>3c. What was the insured's Option C election?</p> <p>Number of multiples for full reduction <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Number of multiples for no reduction <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>	
<p>4. Agency Name</p> <p>_____</p> <p>_____</p> <p>Agency Telephone Number</p> <p>(_____) _____ Area Code</p>	<p>5. Agency Mailing Address</p> <p>_____</p> <p>_____</p> <p>Number, Street</p> <p>_____</p> <p>City, State, ZIP code</p>	
<p>I certify that the information I gave in Part D of this form is correct and that I obtained it from the employee's/retiree's/compensationers' official records.</p>		
<p>6. Name of authorized agency official (Please print)</p> <p>_____</p>	<p>7. Signature of authorized agency official (Do not print)</p> <p>_____</p>	<p>8. Date signed</p> <p>_____</p> <p style="text-align: center;">(mm/dd/yyyy)</p>

Send this completed claim form and certified death certificate to: MetLife, OFEGLI, P.O. Box 6512, Utica, NY 13504-6512

Definition of Terms

Disabled dependent child age 22 years or over means a child who was incapable of self-support because of a mental or physical disability that existed before the child became 22 years of age.

Foster child means a child living with you in a regular parent-child relationship where you are the primary source of financial support for the child and expect to raise the child to adulthood. A child placed in your home by a welfare or social service agency under an agreement where the agency retains control of the child or pays for maintenance does not qualify as a foster child. Grandchildren, as such, are not eligible family members. However, grandchildren can qualify as foster children if they meet all of the requirements.

Recognized natural child means a child born out of wedlock whom you recognized as your child during the child's lifetime. In addition, at the time of the child's death, he/she must have either lived with you in a regular parent-child relationship or been dependent on you financially.

Regular parent-child relationship means that you exercise parental authority, responsibility, and control over the child by caring for, supporting, disciplining, and guiding the child, including making decisions about the child's education and health care.

If you have any questions concerning your child's eligibility for coverage, you must contact your employing agency or retirement system, and not MetLife/OFEGLI.