



Completing this form

Please complete this *Statement of Claim – Option C* form by following the instructions on the form. **Only use this form for the death of a dependent. If you are filing a claim for the death of a Federal employee, annuitant, or compensationer, user form FE-6.** Provide all the information requests so OFEGLI may process your claim as quickly as possible. If you have questions, or need help completing this form, call OFEGLI at **1-800-633-4542**. Our Customer Service Center is open Monday through Friday, 8:30 a.m. to 4:00 p.m. EST.

Payment

While your TCA is similar to a checking account, it is a draft account not a bank account. MetLife has contracted with Bank of New York (BNY) to provide draft processing and record keeping services. A TCA provides you with management over the funds from your claim and it is our standard claim payment method. The funds are immediately available to you and start earning interest the same day your account is established. A TCA account offers a smart, safe way to grow your funds and the fastest way to access your funds. For more information on the Total Control Account please read About the Total Control Account (Page 3).

Return

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 death 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.

Claimant submission instructions

Please do not send your claim form and other documents directly to MetLife/OFEGLI. This claim form should not be sent to MetLife/OFEGLI until the certification on Page 8 has been completed by your employing agency/OPM.

- **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: FE-6 DEP
Boyers, PA 16017

Instructions to the employing agency/retirement system

- Complete Part E 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 definition on Page 5 and then complete Part E of this claim form. Please note that MetLife does not need the background documentation.
- We require a certified copy of the death certificate with the cause and manner of death. The funeral director taking care of the funeral arrangements or your state bureau of vital statistics can usually provide a certified copy of the death certificate.
- If the insured signed a document with a funeral home that authorizes OFEGLI to make a payment directly to them, a copy of that document.
- Send the completed claim form and certified death certificate to:

OFEGLI
PO BOX 6080
Scranton, PA 18505-6080

Overnight address: OFEGLI
10 Ed Preate Drive
Moosic, PA 18507





A. About TCA Digital Welcome Package

MetLife\OFEGLI provides TCA Digital Welcome Package as a convenient option to you. Please review the following terms and conditions carefully before providing (a) your agreement to them, and (b) your consent to receiving TCA Digital Welcome Package. By agreeing to the terms of this Agreement, you are consenting to receive your TCA Welcome Package in one or more of the following ways:

1. When your claim has been adjudicated, we will send you an email advising you that your Digital Welcome Package is ready. Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of your TCA Digital Welcome Package by text message (SMS - Short Messaging Service). If you agree to receive notification of the availability of your TCA Digital Welcome Package by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife or any of its affiliates. There may be other third party costs for Internet access fees or text message (SMS) charges that are not reimbursable by MetLife or any of its affiliates. We will continue to deliver information in writing to you by U.S. mail.

2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling OFEGLI at 1-800-633-4542.

 A valid signature in section E is required for this claim to be processed.

 Please correct and initial errors on the form.

**If you have questions, or need help completing this form, call OFEGLI at 1-800-633-4542.
We're available Monday - Friday, from 8:30 a.m. to 4:00 p.m. ET.**



We're here to help

Scan the QR code to visit [MetLife.com/FEGLIeducation](https://www.metlife.com/FEGLIeducation) for more information and FAQs.

Total Control Account[®]

Providing you with security and confidence to manage your insurance proceeds

MetLife's Total Control Account[®] (TCA) can reduce the worry of having to make financial decisions while grieving the loss of a loved one. We pay the full amount owed to you by placing the proceeds from your life insurance claim into the TCA to provide you the time you need to best decide how to use your funds. TCA is comparable to an interest-bearing checking account, but it's so much more...

Benefits of your TCA:

Immediate access to funds

- Earn interest from day one
- Guaranteed minimum interest of 0.50%¹
- No need for a separate bank account

Ongoing support and service

- Dedicated US-based customer service team
- View current balances, recent statements and transactions any time via our website

Valuable account features

- Start earning interest immediately at a competitive interest rate that is often higher than what many traditional banks pay on savings and checking accounts²
- No monthly maintenance or service fees
- No ATM fees or charges for writing drafts, reordering drafts or making withdrawals

Simple and flexible

- Fee-free Visa debit card/ATM card
- Ability to link to popular payment apps/services such as PayPal[®], Venmo[®], Cash App[®], Apple Pay[®], and Google Pay[™]
- Transfer funds from your TCA at any time without fees through ACH and bank to bank wires

You can email TCA customer service at TCAService@metlife.com or call us at 1-800-638-7283. We're available Monday through Friday, from 8:00 a.m. to 7:00 p.m. ET.

Easy to set up and manage:

1. File your claim and receive proceeds

Once your claim is approved, MetLife will place the insurance funds into the new TCA and send out an informational TCA Welcome Package.

2. Access funds easily

Access your insurance funds immediately through either the TCA Visa debit card or by writing a draft. You can use your TCA debit card at the ATM, add it to Google Pay or Apple Pay, or link your TCA to PayPal, Venmo and Cash App. With your TCA debit card, there's no minimum transaction amount and any fees you incur using your TCA debit card are credited right back to your account! If you prefer drafts, you can access your funds in any amount. You can use your TCA account to pay your bills on-line or by phone and even set up recurring payments for things like your mortgage, car payment, gym membership and more!

3. Manage your account

Quarterly statements will be issued for this account³. You can also designate a beneficiary for your new TCA account, as well.



We're here to help

Scan the QR code to visit [MetLife.com/FEGLIeducation](https://www.metlife.com/FEGLIeducation) for more information and FAQs.

**Please see 'Other Important TCA Information' on page 4.*

Other important TCA information

1. You can use a single draft to access the entire amount, including interest, in the TCA at any time or several drafts for smaller amounts. There are no limits on the number of drafts you can write. Processing time is similar to check processing.
2. There is no minimum payment amount required for a beneficiary to establish a TCA account.
3. If you do not want to receive your payment in the form of a TCA, you may request a check as an alternative to TCA by writing “check” beneath “Your Signature” on the enclosed claim form.
4. The assets backing TCAs are maintained in MetLife’s general account and are subject to MetLife’s creditors. MetLife bears the investment risk of the assets backing the TCAs and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to the Total Control Account will never fall below the guaranteed minimum rate listed in the welcome package.
5. While your TCA is similar to a checking account, it is a draft account not a bank account. Your Total Control Account is backed by the financial strength of MetLife. While the funds in your account are not insured by the Federal Deposit Insurance Corporation, they are guaranteed by your state insurance guaranty association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**
6. The interest rate on your account is set weekly and will always be the greater of the guaranteed rate stated in your TCA package, or the rate established by one of two indices monitored by MetLife. We calculate interest daily and compound it, so you earn interest on your interest. The interest is added to your account monthly.
7. There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no charges for ordering additional drafts.
8. If there is no activity on your account for a period of time, state regulations may require that we contact you at the address we have on file. If we aren’t able to reach you, we may be required to close your account and transfer the funds to the state.
9. You may designate one or more beneficiaries to receive the balance of your TCA, if any, upon your death.
10. We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
11. We use the services of The Bank of New York, 500 Ross Street, Pittsburgh, PA 15215, for Total Control Account draft clearing, electronic transfer, debit card processing and recordkeeping.
12. You may move all or a portion of your Account balance into any other settlement option for which you then qualify, provided your Account balance is above the minimum balance requirement.
13. We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
14. The interest earned may be taxable. We recommend you consult a tax, investment, or other financial advisor regarding tax liability and investment options.

To learn more about TCA, please call us at 1-800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6300, Scranton, PA 18505-6300.

¹Refer to your Customer Agreement for more details.

²Typical Savings Account and Money Market Account rates from FDIC: National Rates and Caps (www.fdic.gov/resources/bankers/national-rates/index.html).

³If your account has no activity, we'll send you a statement once every three months. Each statement, whether monthly or quarterly, will include the current account balance, the interest credited, any drafts written, and any other account activity.

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs).



Part A: Information about you (Insured)

First name	Middle Initial	Last Name	Date of birth (mm/dd/yyyy)	Social Security Number

Department or agency in which last employed, including bureau or division	Location of last employment (City, State, Zip Code)

Are you retired and receiving a monthly annuity under any Federal civilian retirement system?

If "Yes", provide the Claim number (CSA, CSF, CSI) _____

Yes No
 If "Yes", provide the effective date of retirement (mm/dd/yyyy) _____

*Special Note: Social Security monthly payments are not Federal civilian retirement annuities.

Part B: Information about the deceased family member

Deceased's First name	Middle initial	Last Name	Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)	Social Security Number (Optional)

If this claim is for your spouse, complete this section

Date of marriage (mm/dd/yyyy)	Place of marriage (City and State)	Were you divorced from the deceased at the time of death? Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage was performed by:		If you were divorced, provide the date of divorce: _____
Clergy or Justice of the Peace <input type="checkbox"/> Other <input type="checkbox"/> Specify _____		

If this claim is for your child, complete this section

Child's marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Child's relationship to you: <i>See below for definitions of relationships</i> <input type="checkbox"/> Legitimate child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted child <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) _____
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)	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)	

Glossary of terms

Legitimate child, adopted child, and stepchild means a child born within a marriage; an adopted child; a stepchild or foster child who lives with you in a regular parent-child relationship; or a recognized natural child. It does not include a stillborn child or a grandchild (unless the grandchild qualifies as a foster child).

Recognized natural child means a child born outside of marriage. An insured individual is considered to be the father of such a child under the following conditions - the individual acknowledged paternity in writing; a court ordered the individual to provide support; before the individual died, a court pronounced the individual to be the father; the individual names them-self as the father on a certified copy of the public record of birth or church record of baptism; or public records, such as records of schools or social welfare agencies, show that - with the individual's knowledge - the individual was named as the father of the child.

Foster child means a child who is unmarried and under age 22 (if the child is over age 22, they must be incapable of self-support because of a physical or mental disability that existed before age 22); who lives with you; who has a parent-child relationship with you, not the child's biological parent; who is dependent upon you for their primary source of financial support; and whom you expect to raise to adulthood

Disabled dependent child 22 yrs. or over means a child must be unmarried and under age 22 or, if age 22 or over, must be incapable of self-support because of a physical or mental disability that existed before the child reached age 22.

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.



Part C: How you will receive your payment

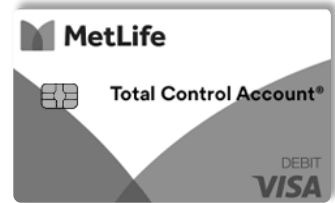
The payment method for your claim will be through the establishment of a Total Control Account (TCA). A TCA Welcome Package will arrive within 7-10 business days and contain information about your account and will include features, benefits, and a draft book. Our standard and quickest payment method is the Total Control Account.

As an alternative, a payment can be made in the form of a paper check if requested. Please see instructions on page 4.

Debit Card Option

Check here if you would like us to send you a free TCA Visa® debit card.*

The TCA debit card is safe, secure, convenient, and free. We cover all fees charged by ATMs or networks (including transactions, balance inquiries, and out-of-network surcharges). You can use the card in-store or online to pay for anything, as you would with any other debit card. Note: The Debit card will be mailed separately from your TCA package.



Digital TCA Option – “Fastest Way to Receive your Claim Payment!”

Check here if you would like to receive your claim benefit payment even faster by way of a digital TCA package. An electronic message will arrive within **two business days** to initiate the process. The digital feature is an alternative to the hardcopy TCA package described above. Please provide your email address and/or mobile phone number to initiate this digital TCA option. Please see page 2 section A for additional details.

Email Address _____

Mobile Phone Number _____

FEGLI death benefits are not subject to Federal income tax, but the interest that OFEGLI pays on those benefits is subject to such tax. OFEGLI will report all interest payments to the Internal Revenue Service (IRS).

*Not all accounts qualify for a debit card. Generally, estates, guardians, conservators, trusts, powers of attorney, minors and certain other Accountholders cannot obtain a debit card.

Part D - Information about you (Everyone must complete and Sign)

Name <i>(please print)</i>			Relationship to the insured	Date of birth
Address <i>(number, street, apartment number)</i>				City
State	Zip	Phone number	<input type="checkbox"/> Social security number: or <input type="checkbox"/> Estate/Trust/Tax ID#	

Remember to sign your form on the next page

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.


You must cross out Item 2 below if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.

If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out Item 3 below, and complete form W-8BEN (individuals) or W-8BEN-E (entities).

Under penalties of perjury, I certify:

- 1. That the number shown as my Social Security Number in "Part D: Information about you" 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 and dividends, or (b) I am exempt from backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- 3. I am a U.S. citizen, resident alien, or other U.S. person*, and**
- 4. I am not subject to Foreign Account Tax Compliance Act (FATCA) reporting because I am a U.S. person* and the account is located within the United States.**

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

	
Your Signature <small>Everyone must sign this form</small> <small>(If you are completing this claim form for someone else as a Power of Attorney or Guardian, sign your name "on behalf of" that person.)</small>	Today's Date

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.

Some services in connection with your FEGLI claim may be performed by MetLife Services and Solutions, LLC. These service arrangements in no way alter Metropolitan Life Insurance Company's obligation to you. OFEGLI must pay the life insurance benefits to the beneficiary according to Federal law, as described in the enclosed Order of Payment document.

The remainder of this claim form is to be completed by your employing agency/OPM. Please send pages 5-7 which were completed by you (the insured) to your agency, or OPM if retired, along with page 8 (certification) which they will complete, and a certified copy of the death certificate. Once the certification on page 8 has been completed your agency/OPM will send all of the documents to OFEGLI for processing.



Part E: Employing Agency/OPM Certification of Insurance Status

Please note: This section is to be completed by an authorized agency representative or OPM.

Insured's Name

- If the insured is an active employee then the agency will need to complete items 1,2, and 4 through 8
If the insured is a retired employee or compensationner then OPM will need to complete items 1 through 8

1. Did the insured have Option C on the date of death of the family member? No Yes

If "Yes" provide effective date of election

(mm/dd/yyyy)

If "Yes" mark the box to show the number of multiples

1 2 3 4 5

2. Did the insured indicate in Part B - Item 11 that the deceased was a foster child or disabled dependent child? No Yes

If "Yes" do you certify that the child qualifies for Option C coverage? No Yes

If the insured is retired or receiving compensation, complete items 3a. through 3c.

3a. What is the effective date of the insured's retirement or receipt of compensation?

(mm/dd/yyyy)

3b. What is the insured's date of birth?

(mm/dd/yyyy)

Number of multiples for full reduction

1 2 3 4 5

3c. What was the insured's Option C election?

Number of multiples for no reduction

1 2 3 4 5

4. Agency Name

Agency Phone Number

5. Agency Mailing Address

Number, Street

City, State, ZIP code

I certify that the information I gave in Part E of this form is correct and that I obtained it from the employee's/retiree's/compensationner's official records.

6. Name of authorized agency official (Please Print)

7. Signature of authorized agency official (Do not print)

8. Date signed

(mm/dd/yyyy)

Once pages 5-7 have been completed by the insured, and page 8 has been certified by the agency, please send this claim form and a certified copy of the death certificate to:

OFEGLI
P.O. Box 6080
Scranton, PA 18505-6080

Form FE-6 Dep
January 2026