MetLife
Attn: Worldwide Benefits
600 King Street Wilmington DE, 19801 USA
Toll Free (Within U.S.): 1-800-451-1847
Direct: +1-302-661-8674 Fax: +1-302-427-0817
Email: wilmclaims.metlifeexpat@alico.com
www.metlifeworldwide.com

International Claim Form

To be used by employees who reside outside the United States for services rendered outside the United States Medical, Dental and Vision

Please mail or fax this completed form with itemized bills and receipts to the address or fax number listed above. Please tape small receipts on 8.5 X 11 inch or ISO A4 paper. Please do not staple receipts to claim form. If already enrolled with electronic fund transfer (EFT), we will automatically send payment by wire transfer if criteria are met, unless noted otherwise below. *To enroll for ETF, please download a Wire Transfer Request Form from our website at www.metlifeworldwide.com

PLEASE PRINT ALL INFORMATION CLEARLY

Part A

Employee's Name: **Employer Information:**

First ☐ Middle ☐ Last ☐ Employer Name ☐ Group Policy Number ☐

Mailing Address ☐ E-mail ☐

City ☐ State ☐ Postal Code ☐ Country ☐ Birth Date ☐

Is this a permanent change of address? ☐ Yes ☐ No Employee status ☐ Active ☐ Retired ☐ Disabled ☐ Deceased

Part B

Patient's Name: **Patient's Gender:** **Relationship to Employee:**

First ☐ Middle ☐ Last ☐ Birth Date ☐ ☐ Male ☐ Female ☐ Self ☐ Child ☐ Spouse ☐ Other

Does your family have any other form of medical or dental coverage? If so, please provide details so that we may coordinate coverage. ☐ Yes ☐ No Details: ☐

Part C

Diagnosis or Chief Complaint: ☐

Is condition due to an injury or accident arising out of patient's employment? ☐ Yes ☐ No

Part D

Payment to Employee: Please indicate where the payment should be sent.

☐ Check (payment to address as listed above)

☐ Wire Transfer (*if not already enrolled, please see above)

AUTHORIZATION TO PAY PROVIDER (Contingent upon provider accepting assignment)

☐ Make payment directly to provider (please sign below)

Currency Preference ☐ (If currency is not specified, payment will be made in U.S. Dollars)

Employee's Signature Date

Part E

AUTHORIZATION TO RELEASE, OBTAIN AND PROCESS INFORMATION

I authorize any personal information, including sensitive information, relating to this claim to be disclosed to and acquired by DelAm and its affiliates and agents Such information will be used for the purpose of processing, administering, evaluating and adjudicating claims, utilization review, financial audit and to service and provide insurance benefits. This authorization includes any transfer of personal information, including sensitive information, from outside the United States, including the European Economic Area, into the United States or other jurisdictions for the purposes described above. DelAm will take appropriate technical and organizational measures to protect this personal information. If applicable, I understand I may access, rectify or delete my personal information by sending a written communication to wilmclaims.metlifeexpat@alico.com. This authorization shall remain valid and effective from the date of signing until revoked by sending a written email communication to the address listed above or until the policy identified above expires, provided such information shall be retained if required by law.

To the best of my knowledge and belief, the information I provided in this claim form is true, complete, and correct. Any person who knowingly and with intent to defraud any insurance company or other person files a claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a crime, and may be subject to civil and criminal penalties.

New York: 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.