



MetLife
 Attn: Expatriate 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.metlifeexpat.com

Claim Reimbursement Wire Transfer Request Form

To avoid conversion costs and delays associated with international benefit reimbursement, Delaware American Life Insurance Company offers a wire transfer option. Payments to an insured can be made, as permitted, via wire transfer directly into the insured's bank account. Please note claims submitted for wire transfers must be in excess of US \$100 equivalent. There is no minimum requirement for ACH transactions (applies to USA only).

To begin this process, please complete and sign the form below and mail or fax it to the address indicated at the bottom of this form.

Once we receive your form, any reimbursement equivalent to \$100 or greater will be wire transferred to your account. All explanations of benefits (EOBs) will continue to be mailed to your current mailing address. You may revise your submitted information and/or stop or change the process at any time by notifying us in writing.

Please Type

Employer / Policyholder: _____ **Group Policy #:** _____

EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Employee ID	Date of Birth (yyyy-mm-dd)
Mailing Address				

BANKING INFORMATION

Bank Name: _____	Bank Address: _____
Account Number: _____	Sort Code: _____
ABA number (banks in the USA only) IBAN & Swift Code Number (banks outside the USA): _____	Currency Requested (must be in same currency as bank account): _____
ACH Routing Number (banks in the USA only) : There is no fee for ACH transactions. _____	

Please contact your bank to obtain your ACH routing number. Your ACH routing number may be different from your ABA number. If we are unable to process your ACH transaction the reimbursement will be wire transferred and associated fees may apply.

ACCOUNT HOLDER INFORMATION (Some banks require this to match their file records in order to credit your account)

Name on Account: _____	Phone Number: _____
Address: _____	Email*: _____

REQUIRED SIGNATURE

I hereby authorize the company to wire transfer submitted claim reimbursements to the account indicated above. I understand that the information contained in this form will be transferred to the United States and will be used only for the purpose provided.

Employee Signature: _____ Date: _____

ADDRESS FOR MAILING FORM

Mail completed form to:	MetLife Attn: Expatriate Benefits 600 King Street Wilmington DE, 19801 USA	Phone: (01) 302-661-8674 Fax: (01) 302-427-0817 Email: wilmclaims.metlifeexpat@alico.com
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*In case we need to contact you for clarification of information