

LIFE INSURANCE INFORMATION REQUEST – PRUDENTIAL AND METLIFE

NEW YORK STATE

OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

TO:

DATE _____

INSURANCE COMPANY: _____

COUNTY: _____

DEPARTMENT: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

(Addresses of companies appear on reverse side)

Sir or Madam:

The insured is unable to furnish the information requested below. We are authorized to secure this information from you.

_____ CASE NAME

_____ ADDRESS

CITY: _____

CASE NUMBER: _____

NAME AND TITLE OF SOCIAL SERVICES REPRESENTATIVE

Note: Always furnish policy numbers including any prefix or suffix.	POLICY NO.		POLICY NO.		POLICY NO.	
	PREF.	SUFF.	PREF.	SUFF.	PREF.	SUFF.
First Name of Insured						
Kind of Policy						
Face Amount of Policy						
Date Issued						
Age of Issue						
Amount of Premium						
Status of Policy (if lapsed, date of lapse and non-forfeiture value, if any.)						
Policy Liens or Loans						
Present Net Cash Surrender Value including Accumulated Dividends						

OTHER INFORMATION *(Specify)*

TO THE SOCIAL SERVICES AGENCY

The information requested is provided according to current records. If your state laws or regulations require any change or adjustment to qualify the insured for Temporary Assistance, please complete the reverse side of this form and sign it.

INSTRUCTIONS FOR ADJUSTMENT FOR THE SOCIAL SERVICES AGENCY

If the policies for this individual, or family, are to be adjusted, use Form DSS-1412 (INS-PM-2). If there is more than one policy, and if more than one adjustment is necessary, complete a separate form for each policy unless requesting change forms (item 4, Form DSS-1412 (INS-PM-2)).

METLIFE POLICIES:

Send completed Form DSS-1412 (INS-PM-2) TO:
(See Below for appropriate name*) Division

MetLife
P.O. Box 336
Warwick, RI 02887-0336

*Type of Transaction

Cash Surrender
Lapsed for Reduced Paid Up Insurance
Policy Loan
Change of Plan or Amount

Name of Division

Cash Correspondence (also submit the policy)
Cash Correspondence (do not submit the policy)
Loan Correspondence (do not submit the policy)
Change

PRUDENTIAL POLICIES:

Send completed Form DSS-1412 (INS-PM-2) for all transactions to:

For: All counties in New York State

To: Prudential Financial
PO Box 7390
Philadelphia, PA 19176

Send the policy together with the Form in all instances except requests for policy loans.