Guide to Service Provider Payment - Informal

We will only pay invoices for approved providers. Charges are not reimbursable if services were provided from an unapproved provider. To initiate payment to your service provider(s), follow these steps:

1. Complete
   - Complete the Informal Care Provider Monthly Invoice.
   - Submit proof of service.
     - All bills must be itemized and typed, and include your name and the name of the provider on the invoice.
     - Bills must include service dates and types, and fees charged per day or visit.
     - If another insurance carrier or government agency paid the charges, please submit a copy of their Explanation of Benefits statement.
   - The Monthly Invoice Log, itemized bills and other insurance Explanation of Benefits statements may be considered proof for the satisfaction of the waiting period, elimination period, or deductible period, according to your coverage.
   - Please do not submit invoices until after you’ve received service, even if you’ve prepaid. We do not accept invoices until after services have been received.
   - Submit proof of payment if someone other than an immediate family member is providing services (cancelled checks, bank statements, copies of money orders, cashier’s check, payroll journals, pay stubs with caregiver’s name, etc.).

2. Return
   Submit all forms and documents to:
   MetLife Long-Term Care Claims
   P.O. Box 14407
   Lexington, KY 40512-4633
   Fax: 1-866-722-1180
   Email: longtermcareclaims@metlife.com

What will happen after we receive your invoice
Payment is generally processed within ten business days after we receive complete invoices as described above.
Informal caregiver monthly invoice

Enter information for each day services were provided. Copies of cancelled checks or other proof of payment acceptable to MetLife should be attached when submitting this form.

<table>
<thead>
<tr>
<th>Month/Year (xx/xx)</th>
<th>Time</th>
<th>Description of Services Provided (Use &quot;X&quot;)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Bathing, Grooming, Personal Hygiene Care, Incontinence Care, Dressing Undressing, Toileting, Transfer Assistance, Medication Reminders, Grocery Shopping, Meal Prep, Feeding, Laundry, House Work, Other (Specify)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Daily Hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Fee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total amount billed: $</td>
</tr>
</tbody>
</table>

Fee/Day: $ | Total hours: $ | Total amount billed: $ |

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Caregiver: ___________________________ Date (mm/dd/yyyy) ___________________________

Signature of Insured or Insured's representative: ___________________________ Date (mm/dd/yyyy) ___________________________