

MetLife Personal Information Request Report

Reference ID: REF-2024-001234

Date: January 15, 2024

Request Type: Access to Personal Information

Dear John Smith,
123 Main Street
New York, NY 10001

Why we're contacting you:

You have requested access to your personal information that MetLife maintains about you in accordance with applicable privacy laws. This report fulfills your request and provides comprehensive information about the personal data we have collected.

What you need to know:

This report contains all personal information we have collected and processed about you, including data from various sources and systems. The information is organized by category and includes details about collection sources and purposes.

What you need to do:

Please review this information carefully. If you notice any inaccuracies or have questions about how your information is being used, please contact us using the information below. You have the right to request corrections or deletions.

We're here to help:

For questions about this report or your personal information:
Phone: 1-800-METLIFE (1-800-638-5433)
Email: privacy@metlife.com
Mail: MetLife Privacy Office, 200 Park Avenue, New York, NY 10166

MetLife collected information from the following sources:

- Application forms and enrollment documents
- Claims and benefit administration systems
- Customer service interactions and communications
- Third-party data providers and verification services
- Public records and databases
- Medical providers and healthcare networks
- Employers and group policy administrators

Purposes of collecting information:

- Policy administration and claims processing
- Customer service and support
- Legal and regulatory compliance
- Fraud prevention and risk assessment
- Marketing and communication (with consent)
- Product development and analytics

Disclosures of your information outside of MetLife:

- Service providers and business partners
- Regulatory authorities as required by law
- Healthcare providers for claims processing
- Legal counsel in connection with legal proceedings
- Other parties with your explicit consent
- Reinsurance companies for risk management

Personal Information Elements Collected About You:

Category	Data Element	Source
Personal Identity	Full Name: John Smith	Application
	Date of Birth: 01/01/1980	Application
	SSN: ***-**-1234	Application
	Gender: Male	Application
Contact Information	Email: john.smith@email.com	Application
	Phone: (555) 123-4567	Application
	Address: 123 Main St, NY 10001	Application
Financial Information	Annual Income: \$75,000	Application
	Bank Account: ****1234	Claims
	Payment History: On-time	System
Health Information	Medical History: [Protected]	Claims
	Prescriptions: [Protected]	Claims
	Provider Network: Dr. Johnson	Claims
Policy Information	Policy Number: POL-2024-001	System
	Coverage Type: Life Insurance	System
	Premium: \$250/month	System
	Beneficiary: Jane Smith	Application
Digital Interactions	Login History: [Tracked]	System
	Website Activity: [Tracked]	System
	App Usage: [Tracked]	System