Accident & Sickness benefit claim

Employer's Statement for leave indemnity claim

MetLife

▶ Please provide all relevant information completely and legibly.

American Life Insurance Company (MetLife)
P.O. Box 371916 Dubai, United Arab Emirates
T. +971 4 415 4444, F. +971 4 415 4445, Gulflifeclaims@metlife.com

This statement must be completed by the employer, or his duly authorized agent, such as a Superintendent Paymaster, etc. It must not be completed by a clerk, bookkeeper or foreman, unless specially authorized, nor by any Agent of MetLife.

1. Full name of the Insured
2. Name and business address of Insured's employer
3. When was the Insured compelled to give up his/her duties? (Give exact date)
4. When did the Insured return to work?
5. Was the Insured's njury/sickness the sole cause of his/her absence from duty for all of the above period? if not, give particulars.

Title

Witness

Signature and seal X

Date D D M M Y Y Y Y

Need help?

How to contact us						
Country	**UAE**	**Kuwait**	**Oman**	**Bahrain**	**Qatar**	**Any other Country**
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555
Mail us	P.O. Box 371916, Dubai – U.A.E.					
E-mail us	Gulflifeclaims@metlife.com					
Website	www.metlife-gulf.com					

How to submit the form

Please send **original** documents to:

Customer Care - MetLife
P.O. Box 371916
Dubai – U.A.E.

We are committed to providing you with the highest service standards. If you feel that we have not lived up to these standards we would like to hear about it, so we can put it right for you. Please visit our "Feedback and complaints" page on www.metlife-gulf.com to see how you can get in touch and learn about our Complaints Handling Process.