Application for Health Certificate

MetLife

In connection with:

- ☐ Reinstatement
- ☐ Removal / Reduction in Rating
- ☐ Change in Plan
- ☐ Change in Coverage
- ☐ Addition of Benefits

Gulf Operations
P.O. Box 371916, Dubai, United Arab Emirates
Tel +971 4 415 4555, Fax + 971 4 415 4445

Policy No. _____ Application No. _____

Instructions: Use this form to request for above changes or reinstatement of your individual Life policy. Please complete this form in its entirety to avoid any delays in processing. If you need any assistance in completing this form, please contact our customer service representatives.

Requirement(s): (1) Copy of Valid I.D.

SECTION 1: All insured details under the policy - Please fill both tables

	Full Name of Insured / Owner / Spouse / Child	Nationality	Relationship to Policy Owner	I.D. No	Date of Birth	Height	Weight
1	Full Name						
2	Full Name						
3	Full Name						
4	Full Name						
5	Full Name						

	Full Name of Insured / Owner / Spouse / Child	Current Residence		Employer's Name	Nature of Business	Daily Duties	
		City	Country				
1	Full Name						
2	Full Name						
3	Full Name						
4	Full Name						
5	Full Name						

SECTION 2: Declarations: (Please tick each box to confirm)

***If any part of the Declarations cannot be confirmed, provide details in the Exceptions to the Declaration* table below:**

I, Full Name the undersigned, declare that since the date of signing the Application for the said Policy, I and all Insured's named above and covered in this policy:

1. Annual Income in the last 12 months. Currency Amount
2. ☐ I / We have not had any change in the place of residence, nature of business, financial status, occupation, or hobbies.
3. ☐ I / We have not applied for new insurance, change in plan or reinstatement, which was declined, or postponed, withdrawn, or modified in kind, amount or rate.
4. ☐ I / We do not intend to travel during the next twelve months.
   If **'Yes'**, here are the travel details:

Full Name	Destination - Country / City	Purpose	Duration

Insured's Signature X Signature

Policy Owner's Signature X Signature

5. ☐ a) I / We do not intend to fly other than a fare-paying passenger in an aircraft operated by a commercial passenger airline on a scheduled service over an established passenger route.

☐ b) I / We do not undertake or have plans to undertake any hazardous sport or activity such as Diving, Mountain Climbing, etc.

6. ☐ Are in good health and do not intend to seek medical advice or undergo medical tests.

7. ☐ I / We have not met with any illness or accident, and have not consulted any medical facility, or done any tests including those connected with HIV or AIDS.

8. ☐ No deaths have occurred in the family (Parents, Brothers, Sisters).

9. ☐ If I am a female; I am not pregnant. (If yes, how many months?) _____

10. **Smoker's details:** YES NO

Do you use or smoke any type of tobacco cigarettes, cigar, pipe, shisha, chewing? ..... ☐ ☐

If yes, type _____ quantity _____ per day

Non-smoker details:

If currently you are not using or smoking a tobacco product, have you ever smoked or used any type of tobacco (cigarettes, cigar, pipe shisha, chewing)? ..... ☐ ☐

	Insured	Joint Insured	Owner
What type you used to smoke?			
What is the quantity you used to smoke per day?			
For how long did you smoke?			
When did you stop?			
Why did you stop?			

Exceptions to the Declaration*

No.	Details

Please mention in the below table the insurance details of active policies for both Insured and Owner (including personal accident coverage)

Name	Company's Name	Policy No.	Amount	Effective Date	Rating	Type of Coverage	Benefits	Amount

Current Correspondence Address

Country _____ City / Town _____ P.O. Box _____

Area / Street _____ Building _____ Flat/Villa No. _____

Telephone Country Code – Area Code – _____ Mobile Country Code – Area Code – _____

Email address _____

Insured's Signature X Signature

Policy Owner's Signature X Signature

Declarations

(a) I declare that each of the above answers is full, complete and true and agree that they shall be taken as the basis of the reinstatement, change or issue of the above insurance, and that such reinstatement, change or issue shall not be considered as affected by reason of settlement made in payment of or on account of the amount now due until this application shall be duly approved by the Company, and that the receipt, retention, deposit or cashing or any such payment or settlement by the Company or its agent shall not constitute a waiver or forfeiture, or otherwise affect this condition. I also understand that, not withstanding any provisions to the contrary in said Policy, the policy, but not any part thereof granting Disability or Accident Benefits, if reinstated or modified in such a manner to increase the risk, shall become incontestable after it has been in force during the lifetime of the insured for two years from the date of this application, except for non-payment of premium, fraud and willful misrepresentation, and any part hereof granting Disability or Accident benefits.

(b) I understand that Coverage and / or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction under any applicable laws.

(c) I hereby grant MetLife my unambiguous consent, to process, share and transfer my Personal Data* to a recipient inside or outside this country (including but not limited to MetLife Inc. and/or American Life Insurance Company's Headquarters and their branches, affiliates, reinsurers, business partners and / or to any actual or potential assignee, novatee or transferee of MetLife) where the processing, transferring or sharing of my Personal Data is requested by any of the above mentioned recipients or necessary or required for the performance of MetLife's obligation under this application and/or the insurance policy, or to comply with any obligation which MetLife is subject to.

***Personal Data** means all information relating to me (whether marked "personal" or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with MetLife".

(c) I hereby authorize MetLife to send me notifications and notices via short message service "SMS" and I accept receiving SMS and understand that MetLife makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on MetLife and I acknowledge that I shall not file any complaint or claim against MetLife for any SMS error or interruption or for any reason related to receiving / not receiving SMS.

U.S.A. Internal Revenue Service (IRS) declaration:

In submitting and in signing this form, the applicant(s) certify(ies) that the Insured, Joint Insured, Applicant, and any designated Beneficiary(ies):
(select the answer that applies)

☐ **ARE** ☐ **ARE NOT** United States persons for United States (U.S.) Federal Income Tax purposes [1][2]

The Applicant(s) agree(s) to inform the Company within thirty (30) days of the Applicant(s) knowledge of such change if the Applicant(s) or any designated Beneficiary become(s) a U.S. person of U.S. Federal Income Tax purposes or if the Applicant(s) assign(s) the policy to such a U.S. person.

Please note that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.
If you are a United States person, fill in the details below:

- **U.S. Tax ID number of Applicant(s) & Insured:**
- **U.S. Tax ID number of Beneficiary(ies):**

1. This question is for U.S. Federal Income Tax purposes. The U.S. Internal Revenue Service requires the Company to report the taxable income paid to persons subject to United States Federal Income Tax. PLEASE NOTE that if you are a U.S. person for U.S. tax purposes and fail to provide a U.S. Tax Identification Number to the Company, the IRS requires the Company to withhold tax from taxable income payments made to you at the rate of up to 31%.
2. For purposes of this declaration a U.S. person is a citizen or resident of the United States, a United States partnership, and trust which is controlled by one or more U.S. persons and is subject to the supervision of a U.S. court.

Foreign Account Tax Compliance Act (FATCA) declaration:

The Insured / Owner consents to MetLife, its officers and agents disclosing any Confidential Information to:

(i) Any group member and representatives of MetLife in any jurisdiction (together with MetLife, the "Permitted Parties");

(ii) Any persons as required by any law (including but not limited to the U.S.A. Foreign Account Tax Compliance Act) or authority (including but not limited to the U.S.A. Internal Revenue Service) with jurisdiction over any of the Permitted Parties;

(iii) Professional advisers, insurer, reinsurer or insurance broker and service providers of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties;

(iv) Any actual or potential assignee, novatee or transferee in relation to any of MetLife's rights and / or obligations under this Policy (or any agent or adviser of any of the foregoing);

"Confidential Information" means all information relating to the Insured / Owner (whether marked "confidential" or not) disclosed by whatever means either directly or indirectly to MetLife which concerns the business, operations or customers of the Insured / Owner (including but not limited to contact details, tax identification number / social security number, account balances / activities or any transactions undertaken with MetLife)."

MetLife will deduct any withholding required by the US Foreign Account Tax Compliance Act ("FATCA").

MetLife reserves the right, within its sole discretion, to terminate the Policy in the event that appropriate documentation of Insured's / Owner's US or non-US status for purposes of FATCA is not timely provided to MetLife. In particular, in the event that applicable local laws or regulations would prohibit withholding on payments to the account or prohibit the reporting of the account, and no waiver of such local law is obtained, MetLife reserves the right to close the account.

CRS Individual tax residency Self-Certification declaration:

The Common Reporting Standard (CRS), is a tax information exchange standard developed by the Organization for Economic Co-operation and Development ("OECD") and approved on 15 July 2014.

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's Tax Identification Number for each country/ jurisdiction indicated.

Note: If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a Tax Identification Numbers is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A
The country/jurisdiction where the Account Holder is resident does not issue Tax Identification Numbers to its residents

Insured's Signature X Signature

Policy Owner's Signature X Signature

Reason B
The Account Holder is otherwise unable to obtain a Tax Identification Number or equivalent number, please explain why you are unable to provide the required information

Reason C
No Tax Identification Number is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the Tax Identification Number issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available enter reason A, B or C	If reason B Selected, please explain
1.			
2.			
3.			

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with MetLife setting out how MetLife may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

Declaration:

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to both advise **MetLife** of any change in circumstances which affects the tax residency status of the individual identified in the application or in this form or causes the information contained herein to become incorrect or incomplete, and to provide **MetLife** with a suitably updated self-certification and Declaration, within 90 days of such change in circumstances.

E-mail Declaration:

By providing your E-mail address and signing this application you agree to receive the policy document, certificate and / or any other documents ["Documents"] via electronic mail ["E-mail"]. Please be aware that having chosen this electronic delivery of Documents, it is your responsibility to ensure that the E-mail address you have provided us is correct at all times.

MetLife is not responsible for non-receipt of E-mails due to invalid E-mail addresses or other technical problems related to your E-mail service.

If you would like to change your E-mail address with MetLife, or if you would like a paper copy of the Documents, or if you believe that you have not received your Documents, please notify us immediately.

By signing this application, you understand and agree that if you wish to discontinue receiving Documents electronically it is your obligation to revoke this Authorization by another written document.

By signing this application also, you declare that you have read and understood MetLife's privacy policies and Terms of Use on www.metlife.com/about/privacy and you will review any Terms of Use or Privacy Statement of any future service providers used by MetLife. You understand that although MetLife take every precaution to protect the privacy of members' information, MetLife cannot guarantee safety of your information. You consent to provide your E-mail address to be included in MetLife's E-mail list and accept any inherent risks involved with E-mail communications.

I have paid _____ on account of charge for reinstatement, change or issue on Insurance under policy number stated above in accordance with the provision of the Conditional Receipt bearing the number of this application.

Signatures

Signed at _____ (City) _____ (Country) D D M M 20 Y Y (Day Month Year)

Full Name of Policy Owner	Full Name in his/her own handwriting	Signature	X
Full Name of Irrevocable Beneficiary or Assignee	Full Name in his/her own handwriting	Signature	X
Full Name of Witness / Agent	Full Name in his/her own handwriting	Signature	X
Agent Code			

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