## **Accident & Sickness benefit claim**



Employer's Statement for leave indemnity claim

American Life Insurance Company (MetLife)

Please provide all relevant information completely and legibly.

Bahrain, Airport Road, P.O. Box 20281, Manama - Kingdom of Bahrain T. +973 1 755 6608, F. +973 1 731 1229 - 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.
<b>.</b>	
Lit	Signature and seal X
Wi	itness Date D D M M Y Y Y

## Need help?

		How to submit the form					
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send <b>original</b> documents to:  Customer Care - MetLife
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555	
Mail us		Bahrain, Airport Road P.O. Box 20281  Manama - Kingdom of Bahrain T. +973 1 755 6608 F. +973 1 731 1229					
E-mail us							
Website	www.metlife-gulf.com						

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 <a href="www.metlife-gulf.com">www.metlife-gulf.com</a> to see how you can get in touch and learn about our Complaints Handling Process.