Recovery Benefit Plan

Claim Form

MetLife

Please provide all relevant information completely and legibly.

www.metlife-gulf.com

American Life Insurance Company (MetLife)
Bahrain, Airport Road,P.O. Box 20281, Manama - Kingdom of Bahrain
T. +973 1 755 6608, F. +973 1 731 1229 - Gulflifeclaims@metlife.com

Policy No. _____ Certificate No. _____

Part A - Insured's Statement

Insured's Name

First Name _____ Middle Name _____ Last Name _____

Insured's Address

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

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

1. **Nature of disease** _____
2. **Date of first consultation** _____
3. **Date of diagnosis of disease** _____
4. **Payment method:** Wire Transfer

Bank details of Beneficiary / Payee required for wire transfer

Beneficiary / Payee Name _____

Beneficiary / Payee Full Address _____

Mobile No. Country Code – Area Code – _____ E-mail _____

Bank Name _____ Currency Account _____

Bank Address _____

Bank Account Holder Name _____

Bank Account No. _____ Swift Code _____

IBAN No. _____

I, the undersigned, hereby confirm that all above information is correct and related to my Bank Account.

Signature _____

Authorization

I hereby authorize all doctors or other persons and all hospitals or other institutions to furnish all information (including full copies of their records) regarding myself, my medical history in general and this claim in particular to American Life Insurance Company (MetLife). I agree that a copy of this authorization shall be considered as effective and valid as the original.

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.

Declaration

I hereby confirm that the documentation submitted including this form are true and unaltered and I have all the original documents that can be presented upon request of the insurance company at any time during the process period of this claim and up to one year following the claim decision. I hereby confirm to process payment in my favor if and when MetLife approves and decides to accept the claim for payment and consider this document as Receipt & Discharge.

Moreover, I hereby confirm that the funds MetLife is paying will not be transferred, either directly or indirectly, to an OFAC-sanctioned country. These countries currently include Syria, Iran, North Korea, Cuba, Sudan and Crimea.

Signature of Insured x Signature _____ Date D D M M Y Y Y Y

Part B - Physician's Statement

History of Risk Factors:

A. Hypertension ☐ **Yes** ☐ **No**

If yes , exact date of onset

HTN Questionaire should be completed by the Doctor who diagnosed this condition first.

B. Diabetes Mellitus ☐ **Yes** ☐ **No**

If yes , exact date of onset

DM Questionaire should be completed by the Doctor who diagnosed this condition first

C. Dyslipidemia ☐ **Yes** ☐ **No**

If yes , exact date of onset

D. History of smoking ☐ **Yes** ☐ **No**

If yes , no of cigarettes smoked per day and since when

E. Ischeamic Heart Disease ☐ **Yes** ☐ **No**

If yes , exact date of onset

Name of Attending Physician

Signature of Physician

x Signature

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 20281, Manama 319, Kingdom of Bahrain					
E-mail us	Gulflifeclaims@metlife.com					
Website	www.metlife-gulf.com					

How to submit the form

Please send **original** documents to:

Customer Care - MetLife
Bahrain, Airport Road
P.O. Box 20281
Manama - Kingdom of Bahrain
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F. +973 1 731 1229

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.