Recovery Benefit Plan

Claim Form

www.metlife-gulf.com

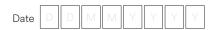
Please provide all relevant information completely and legibly.

MetLife

American Life Insurance Company (MetLife) Kuwait, P.O. Box 669, Safat 13007, State of Kuwait Tel + 965 2 208 9350, Fax + 965 2 208 9334, Gulflifeclaims@metlife.com

Policy No.] (Certificate No.				
Part A - Insured	l's Statement						
Insured's Name							
First Name		Middle Name			Last Name		
Insured's Address							
Country		City / Town			P.O. Box		
releonone	untry ode Area Code =		Mobile	Country Code	Area Code 🗕 –		
1. Nature of diseas	e						
2. Date of first cons	sultation						
3. Date of diagnosi	s of disease						
4. Payment method	d: Wire Transfer						
Bank details of B	eneficiary / Payee required for v	vire transfer					
Beneficiary / Paye	ee Name						
Beneficiary / Paye	ee Full Address						
Mobile No.	Country Code – Area Code –		E-mail				
Bank Name					Currency Ac	count	
Bank Address							
Bank Account Ho	lder Name						
Bank Account No				Sv	wift Code		
IBAN No.							
I, the undersigne	d, hereby confirm that all above i	nformation is corr	ect and related t	o my Bank Acc	ount.		
medical history in gen effective and valid as I hereby grant MetLife MetLife Inc. and/or Ar novatee or transferee or required for the perfor *Personal Data mean concerns, including by transactions undertake Declaration I hereby confirm that of the insurance comp favor if and when Met Moreover, I hereby co	my unambiguous consent, to process, s merican Life Insurance Company's Head of MetLife) where the processing, transfe mance of MetLife's obligation under this as all information relating to me (whethe ut not limited to, my medical conditions	ican Life Insurance C hare and transfer my l quarters and their brar erring or sharing of my application and/or the r marked "personal" of treatments, prescrip this form are true and od of this claim and u e claim for payment a	ompany (MetLife). I Personal Data* to a m nches, affiliates, reins Personal Data is rec e insurance policy, o or not) disclosed to I tions, business, ope d unaltered and I ha up to one year follow and consider this do	agree that a copy recipient inside or surers, business pa quested by any of i r to comply with a MetLife by whate rations, contact d ve all the original ving the claim dec cument as Receip	v of this authorize outside this cou- artners and/or to the above ment iny obligation w ever means either etails, account documents that cision. I hereby it & Discharge.	zation shall b untry (includin o any actual c tioned recipie which MetLife er directly or balances/act t can be pres confirm to pr	e considered as g but not limited to or potential assignee, nts or necessary or is subject to. indirectly which ivities or any ented upon request ocess payment in my

Signature of Insured



	Part B - Physician's Stateme	ent	
His	tory of Risk Factors:		
Α.	Hypertension	Yes No	
	If yes , exact date of onset		
	HTN Questionaire should be con	mpleted by the Doctor who diagnosed this condition first.	
в.	Diabetes Mellitus	Yes No	
	If yes , exact date of onset		
	DM Questionaire should be com	npleted 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 p	per day and since when	
E.	Ischeamic Heart Disease	Yes No	
	If yes , exact date of onset		
Na	me of Attending Physician		
Sig	nature of Physician	X Signature DDMMYYY	Y

Need help?

How to contact us							How to submit the form
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	Please send original documents to:
Mail us P.O. Box 669 Safat 13007, State of Kuwait						Customer Care - MetLife Kuwait, P.O. Box 669 Safat	
E-mail us	il us Gulflifeclaims@metlife.com					13007, State of Kuwait	
Website	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 <u>www.metlife-gulf.com</u> to see how you can get in touch and learn about our Complaints Handling Process.