

Recovery Benefit Plan

Claim Form



▶ Please provide all relevant information completely and legibly.

www.metlife-gulf.com

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, Gulfifeclaims@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 - - Mobile - -

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. - - 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 Signature

Date

Part B - Physician's Statement

History of Risk Factors:

A. Hypertension

Yes No

If yes , exact date of onset

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

B. Diabetes Mellitus

Yes No

If yes , exact date of onset

DM Questionnaire 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

 Signature

Date

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: Customer Care - MetLife Kuwait, P.O. Box 669 Safat 13007, State of Kuwait
Mail us	P.O. Box 669 Safat 13007, State of Kuwait						
E-mail us	Gulfifeclaims@metlife.com						
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 www.metlife-gulf.com to see how you can get in touch and learn about our Complaints Handling Process.